



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

PHSSC 04-2019

Tuesday, April 16, 2019

2:00 p.m.

Council Chamber

Niagara Region Headquarters, Campbell West

1815 Sir Isaac Brock Way, Thorold, ON

	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 08-2019</u> Increasing Capacity for Suicide Prevention Efforts in Niagara A presentation will precede the discussion of this item (to be distributed).	3 - 15
5.2 <u>COM 13-2019</u> Actions to Inform Procurement Process of EarlyON Child and Family Centre	16 - 31
5.3 <u>COM 16-2019</u> Emergency Shelter Funding Adjustments	32 - 34
6. <u>CONSENT ITEMS FOR INFORMATION</u>	
6.1 <u>PHD-C 01-2019</u> Number of Persons Impacted by a Death by Suicide	35 - 36

6.2	<u>COM 15-2019</u> Housing and Homelessness Action Plan Update 2018	37 - 49
6.3	<u>COM 18-2019</u> Senior Services Homes - Volunteer Report	50 - 52
6.4	<u>COM 19-2019</u> Medical Directors Annual Report 2018 - Long-Term Care Homes	53 - 58
6.5	<u>CWCD 112-2019</u> 2019 aIPHa Boards of Health Fitness Challenge	59 - 62
6.6	<u>CWCD 131-2019</u> Opioid Work Update	63 - 66
7.	<u>OTHER BUSINESS</u>	
8.	<u>CLOSED SESSION</u>	
9.	<u>NEXT MEETING</u> The next meeting will be held on Tuesday, May 7, 2019, at 2:00 p.m. in the Council Chamber, Regional Headquarters.	
10.	<u>ADJOURNMENT</u>	

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Subject: Increasing Capacity for Suicide Prevention Efforts in Niagara

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 16, 2019

Recommendations

1. That Regional Council **APPROVE** the creation of 2 full time equivalent positions in Public Health & Emergency Services to support mental health resiliency and community capacity-building, with these positions having a dedicated focus on addressing the burden of suicide in Niagara for 2 years.
2. That the ongoing operating budget requirements for this initiative **BE REFERRED** for consideration as part of the 2020 budget process.

Key Facts

- Suicide is complex with many contributors. The best scientific evidence and expertise indicates that suicide can be prevented only through a comprehensive, multi-pronged approach.
- In January 2019, in addition to approving a means prevention initiative at one location with several deaths by suicide, Council directed staff to develop a broader proposal for suicide prevention, with that proposal to consider identification/intervention training, suicide risk assessment capacity-building, and a Mental Health Hub/Clubhouse in St. Catharines
- Niagara has an existing Suicide Prevention Coalition (NSPC) consisting of community partners and service agencies. This group does not have sustainable funding but has done foundational work towards community prevention.
- Through use of a comprehensive suicide prevention framework, current activities by the NSPC, Niagara Region, and others were examined and a gap analysis performed identifying initiatives that would have the most impact on reducing deaths by suicide. These initiatives are recommended for implementation.
- These initiatives require 2 FTEs and associated training at a cost totaling \$399,215 over two years to implement and will significantly enhance the community's capacity for a suicide safer Niagara.
- A funding application was submitted to the province for this request. If the application is not approved, staff will attempt to fund the 2019 operating budget impact of \$111,000 from any operating surplus that may arise in other areas of the department.

Financial Considerations

There is very little funding in Niagara dedicated to suicide prevention.

The Chronic Disease and Injury Prevention division allocates 0.5 FTE specifically to suicide prevention work. This health promoter provides Mental Health First Aid training and suicide prevention training (safeTALK), and represents Public Health & Emergency Services (NRPH & ES) on the Niagara Suicide Prevention Coalition (NSPC).

To dedicate focus on suicide prevention, it is recommended that 2.0 full-time FTEs for 2 years to implement suicide intervention training and a community forum at a total cost of \$399,215.

Table 1. Proposed Budget Implications for Suicide Prevention

2 FTEs (over two years) - Health promoter - Training specialist	\$348,844
1000 individuals SafeTALK trained over two years - Staff certification (to become facilitators) - Manuals - Venue and administrative costs - Five train the trainers within organizations outside of NRPH & ES	\$14,246
200 individuals Applied Suicide Intervention Skills Training (ASIST) trained over two years - Staff certification (to become facilitators) - Manuals - Facilitator costs - Venue and administrative costs - Reimbursement of Distress Centre for additional facilitators	\$30,528
Suicide Risk Assessment forum	\$5,597
Total	\$399,215

After these two years, ongoing work will continue to sustain community capacity and build mental health resiliency across Niagara, but with greater focus on the full gamut of mental health and addictions as well as in early child hood and youth.

The 2019 approved operating budget does not include any funds for this work. Through the Annual Service Plan and Budget Submission (*PHD 05-2019*), the Board of Health has applied for base funding from the Province to implement this initiative. We will not know until later in the calendar year whether this funding request is approved or not. Given the provincial government's emphasis on balancing the budget and restraining health sector spending, staff is unsure that any funding requests will be approved.

Nonetheless, given the community interest and local urgency to address deaths by suicide, staff is recommending that the initiative outlined in this report proceed. Should the Province not fund this request, staff will attempt to fund the 2019 estimated operating budget impact of \$111,000 from any operating surplus that may arise in other areas of the department. If it is determined during the remainder of 2019 that these costs cannot be offset by surpluses in other areas of the department, staff will return to Council with options including a budget amendment request in order to fund from Regional reserves, or to end the initiative until a sustainable funding source is identified through the 2020 budget process.

Analysis

Self-harm is the second most common cause of injury-related death in Niagara (approximately 18% of all injury-related deaths). For each death by suicide, there are an estimated five self-inflicted injury hospitalizations, 25 to 30 suicide attempts and many more people impacted by any loss.^{1, 2}

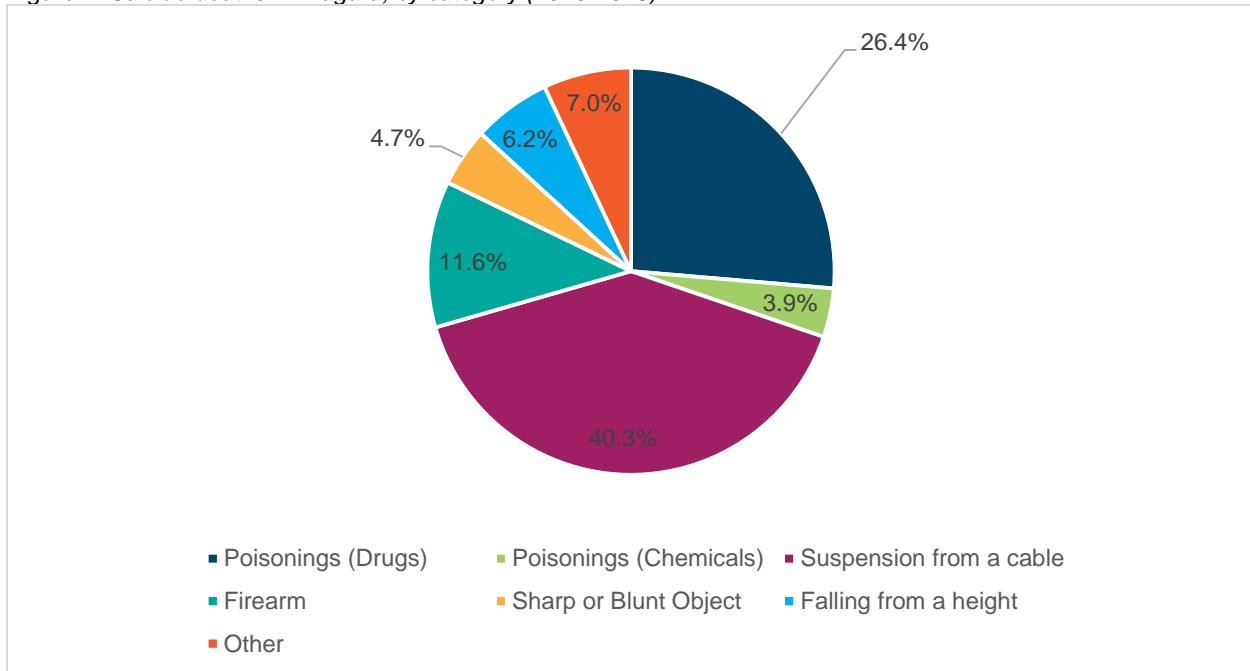
When someone dies, the attending physician or the coroner (depending on the type of death) will complete the death certificate. The information on the death certificate is compiled by Statistics Canada into the Vital Statistics dataset, however, there is significant lag to this process. Current data is available up to 2015.

According to this data, between 2013 and 2015, there were 129 deaths by suicide in Niagara. Of these, the most common methods of suicide were suspension from a cable (40.3%) and poisoning by drugs (26.4%).

¹ Public Health Agency of Canada (2015). *Suicide in Canada*. Retrieved from: <https://infobase.phac-aspc.gc.ca/datalab/doc/SuicidePrevention-Infographic-en.pdf>

² PHD-C 01-2019 Number of Persons Impacted by a Death by Suicide

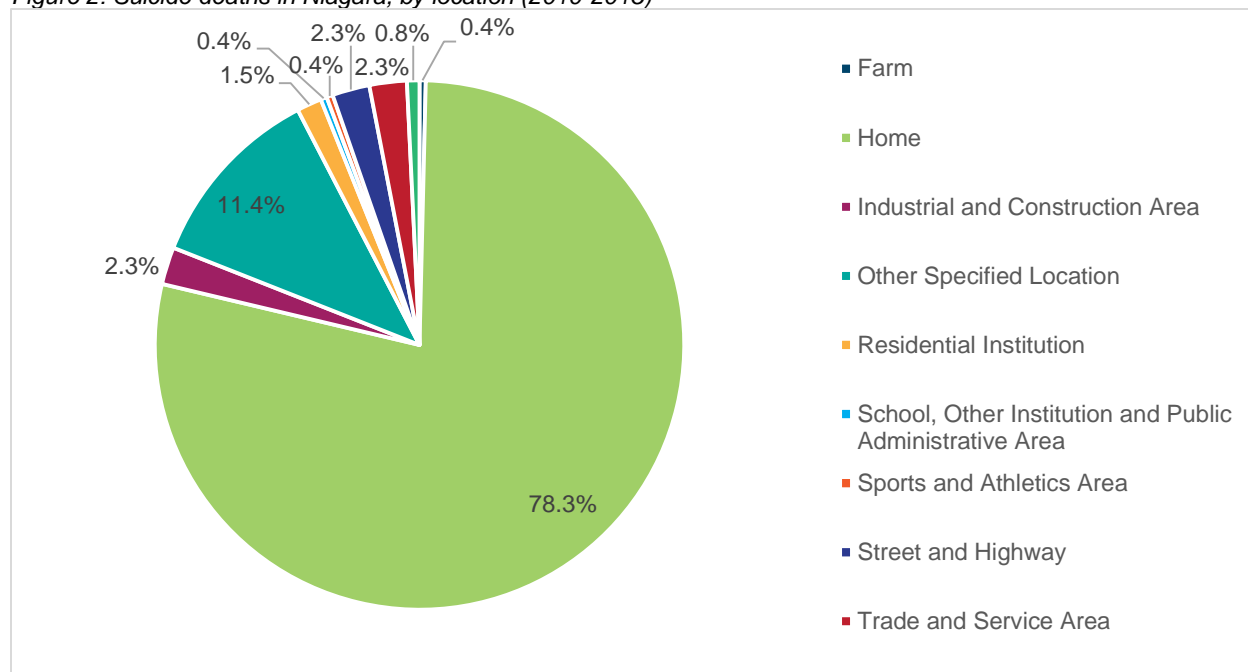
Figure 1: Suicide deaths in Niagara, by category (2013-2015)



Data Source: Vital Statistics, 2013-2015.

Approximately 78% of suicides in Niagara occur in the home (Figure 2. Excluding other private property (e.g. farms, industrial properties), at most, 14.8% of deaths occurred in public places.

Figure 2: Suicide deaths in Niagara, by location (2010-2015)



Data Source: Vital Statistics, 2010-2015.

Challenges exist in obtaining timely data due in part to the workload of the coroner, the reality that the coroner's files are for investigative purposes and not designed for easy and reliable data extraction, and the time needed to investigate a death. In discussion with the Regional Coroner, given that we do not have access to accurate, timely, local data, we plan to ask for data updates on an annual basis. This will balance our need to follow the data with the intensity of the work that the coroner's office must conduct in order to pull more recent or specific data for us, as was done for *PHD 03-2019 Preventing Deaths by Suicide on Public Infrastructure*.

Framework to Prevent Suicide

We reviewed industry-specific, regional, national, and international frameworks, and found both that broad suicide prevention is very complex, and that in general, frameworks suggest a focus on prevention, intervention and postvention.

Put very simply, prevention is a group of activities such as increasing awareness, eliminating stigma, knowing what to do in the event that you or someone you know experiences thoughts or behaviours associated with suicide. Intervention is helping someone who is having thoughts of suicide. Postvention is helping someone heal after the experience of suicide thoughts, attempts or death; this is important as these individuals are at greater risk for suicide. Many activities cross two or more of these three broad areas.

After extensive review, we present a framework to prevent suicide. This framework is broader than the one presented in *PHD 03-2019* which focused on public infrastructure only. The framework here incorporates prevention, intervention and postvention. Several of the activities are underway and ongoing, while others (highlighted) are recommended for immediate undertaking.

Table 2. Framework to Prevent Suicide in Niagara

Area of Suicide Prevention: Public Awareness		
Activity	Examples	Roles and Responsibility
Media reporting guidelines	Engagement with media on reporting of deaths by suicide.	ONGOING This is a focus of NSPC and was addressed by Council in one of the recommendations in <i>PHD 03-2019</i> . Several productive discussions have occurred with Niagara's media around current Canadian media guidelines for suicide reporting.
Awareness raising	Raise awareness about suicide and suicide-prevention strategies.	ONGOING Local mental health and addictions service providers support anti-stigma and awareness events and campaigns (e.g. Distress Centre Niagara hosts an annual Suicide Awareness Walk). NRPH & ES will consult with NSPC around supporting the launch of a larger campaign with a goal of reducing stigma around mental health.
Area of Suicide Prevention: Restricting & Deterring Means		
Activity	Examples	Roles and Responsibility
Barriers on public infrastructure	Barrier at locations with frequent deaths by suicide	ONGOING Council has approved and budgeted for one barrier at a

		location with several recent deaths.
Gun control	In 1977, Canada restricted firearms. This decreased overall suicide rates and suicide by firearm rates ³	Federal jurisdiction. There is little additional that can be done locally on this.
Reduced access to pharmaceuticals	Prescribing practices may have an impact, this area needs more study.	Federal and provincial jurisdiction regulate approval, access, and procurement of most pharmaceuticals. The health care sector is actively addressing opioid prescribing.
Other means restrictions	Examples from other jurisdictions include use of catalytic converters in motor vehicles, prison regulations to reduce death by hanging, and regulation of pesticides.	Hanging is the most common mean of suicide in Niagara, unfortunately it is not practical nor likely possible to restrict this mean.
Individual means restriction as follow-up to suicide risk assessment	Asking clients about means, and planning to restrict those means.	ONGOING NRPH & ES is working on implementing a suicide risk assessment strategy with partners across the mental health, addictions, and primary care sectors.
Area of Suicide Prevention: Increasing Opportunities for Help Seeking		
Activity	Examples	Roles and Responsibility
Signs & phones	There is some evidence that signs and phones have a helpful impact. Signs have been installed at the recent infrastructure of interest and phones are being explored	ONGOING Public Works is lead for this.

³ Sarchiapone, M., Mandelli, L., Iosue, M., Andrisano, C., & Roy, A. (2011). Controlling access to suicide means. *International journal of environmental research and public health*, 8(12), 4550-62.

Crisis lines	Distress Centre is available 24/7 and Crisis Outreach and Support Team (COAST) provides supports (not a rapid response service)	IN PLACE These agencies are members of NSPC
Walk in crisis counselling	Canadian Mental Health Association and Pathstone Mental Health have walk-in counselling services	IN PLACE These agencies are members of NSPC
School-based programs	Mental health is a priority area for schools in Ontario and much is being done to address student needs. More high quality studies are needed to know the best interventions in schools.	ONGOING DSBN and NCDSB mental health leads are part of the NSPC.
Staffed sanctuary	HUB or Clubhouse model in St. Catharines. This is a desire of the community.	NRPH & ES could offer to complete a situational assessment around the option of a HUB or Clubhouse model if additional capacity is created. The Oak Centre operates a Clubhouse in Welland.
Area of Suicide Prevention: Increasing Probability of Intervention		
Activity	Examples	Roles and Responsibility
Surveillance cameras	NRPS surveillance pilot at locations where suicide may occur.	ONGOING NRPS is leading this work
Police patrols	Increase police patrols in locations where suicide may occur	IN PLACE NRPS is the lead for this
Suicide awareness & intervention training	ASIST & safeTALK training to prepare the community to identify and intervene with those who may be having thoughts of suicide.	NRPH & ES in partnership with NSPC can expand trainings to be offered in the community. We could facilitate more certified trainers to sustain impact of training over time.

Area of Suicide Prevention: Enhancing Capacity of the Mental Health System		
Activity	Examples	Roles and Responsibility
Treatment of mental illness	Treatment such as cognitive behavioural therapies and/or pharmaceutical interventions for those with a mental illness	ONGOING NRPH & ES and community partners are engaged in working with individuals with mental health and addictions issues.
Increasing suicide risk assessment	Build capacity among health care providers for using a common risk assessment	NRPH & ES will facilitate a community forum with a subject matter expert on suicide risk assessment for health service and primary care providers.
Mental health service coordination	Integration and coordination of mental health and addictions services to provide seamless care	ONGOING NRPH & ES to support the Mental Health and Addictions (MHA) Project Manager over the next two years. This LHIN-funded position will be responsible for advancing the development of an integrated and coordinated mental health and addictions system in Niagara.

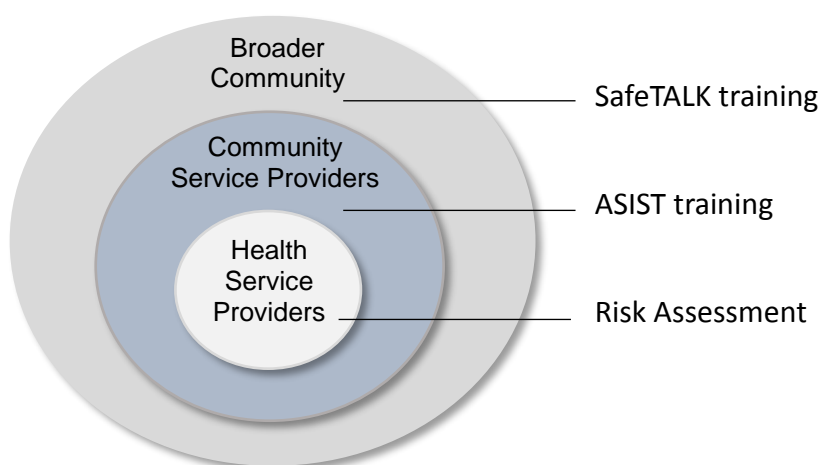
After reflecting on current activities and completing a gap analysis, several initiatives are recommended for implementation. To have a greater impact on suicide, we need to enable a more extensive community response. We are recommending that NRPH & ES support the NSPC to increase the availability of training and the number of qualified trainers for suicide awareness and intervention. We are also recommending that NRPH & ES facilitate capacity building among health care providers for suicide risk assessment, starting with a community forum facilitated by a subject matter expert. This identified work, taken together, will require the addition of a Health Promoter and a Training Specialist to current staff complement working on suicide prevention. This work will be done in partnership with the NSPC.

NSPC is an unfunded community group that was formed in 2003 in response to a cluster of deaths by suicide by identical means in the Niagara region attributed to intense suicide contagion. NSPC members include dozens of organizations, service providers and community-minded individuals from across Niagara that work together to

make Niagara a suicide-safer community. See Appendix A for a list of member organizations.

Proposed Next Steps

If this proposal is approved, NRPH & ES, in collaboration with the NSPC, will facilitate various training and capacity building opportunities, including “train the trainer” sessions to enhance sustainability beyond the two years. Also if approved, the Health Promoter and the Training Specialist will also offer to conduct a situational assessment of the potential for a HUB or clubhouse in St. Catharines.



SafeTALK and ASIST are trainings that can make a community suicide safer by training individuals in a community who have face-to-face contact with other community members as part of their usual routine.

SafeTALK workshops are effective in teaching the practical skills necessary for actively evaluating and responding to individuals having thoughts of suicide. ASIST is an internationally recognized training for helping people gain the skills to recognize someone at risk of suicide, and to know how to intervene to support a person with thoughts of suicide.

A Suicide Risk Assessment Strategy has been developed by NRPH & ES's Mental Health program and is currently being implemented across all Mental Health's services. The Strategy has potential to be expanded across the professional community among health service and primary care providers. The goal is to build capacity for use of a common suicide risk assessment by all providers. Efforts will begin with a community forum facilitated by a subject matter expert on suicide risk assessment for health service and primary care providers.

The following is a sampling of the different groups targeted by the various training and capacity building strategies proposed:

Table 3. Priority Groups for Training/Capacity Building

	SafeTALK	ASIST	Suicide Risk Assessment
Public Works employees across municipalities	X		
Older adults	X		
People who work with the older adult population	X	X	
Family members of older adults	X		
Family members of clients accessing mental health services	X		
Media with additional support around best practice guidelines for safe reporting around suicide	X		
Health care providers across Niagara	X	X	X
Staff in the shelter system	X	X	
Adults that work with youth	X	X	
Primary care providers			X

Alternatives Reviewed

Staff recommend a comprehensive approach to suicide prevention, and commensurate funding to enable that work.

The alternative, taking a single-pronged approach of means restriction at only one location, will end the very significant spike in deaths by suicide at that location (equivalent to 28% of deaths by suicide expected for October 2018 to March 2019), but not address the broader burden of deaths by suicide across Niagara. As well, a comprehensive approach is necessary to address the complex, multi-factorial causes of death by suicide.

If additional work to combat suicide is not funded, efforts will continue by both NRPH & ES and NSPC to address this issue with less potential. This status quo level of effort can be expected to yield the status quo outcomes, with minimal reduction in deaths by suicide community-wide.

Other Pertinent Reports

[PHD 03-2019 – Preventing Deaths by Suicide on Public Infrastructure](#)
[PHD 05-2019 – 2019 Public Health Annual Service Plan and Budget Submission](#)

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Appendices

Appendix 1 Niagara Suicide Prevention Coalition Membership

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Appendix 1

Niagara Suicide Prevention Coalition Membership

Our Mandate

Niagara Suicide Prevention Coalition exists to bring interested community organizations, groups, individuals and volunteers together to make Niagara a suicide-safer community.

Members include

- Contact Niagara
- Canadian Mental Health Association
- Distress Centre Niagara
- Niagara Health
- Community Addiction Services of Niagara
- John Howard Society
- Family and Children Services of Niagara
- Kristen French Child Advocacy Centre of Niagara
- District School Board of Niagara
- Niagara Catholic District School Board
- Niagara College
- Brock University
- Bridges Community Health Centre
- Centre de Santé Communautaire Hamilton/Niagara
- Ontario Centre of Excellence for Child and Youth Mental Health Justice Niagara
- Bethany Community Church
- Wellness Opportunities
- Niagara Region Public Health

Subject: Actions to Inform Procurement Process of EarlyON Child and Family Centres

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 16, 2019

Recommendations

1. That all current service provider agencies (Appendix A) continue to operate EarlyON Child and Family Centres until the conclusion of the procurement process, and that Staff **BE AUTHORIZED** to negotiate any and all required amendments and documentation related to existing agreements for current service provider agencies;
2. That the Negotiated Request for Proposal (NRFP) process **BE INITIATED** in Q2 2019 and that Staff **BE AUTHORIZED** to enter into negotiations with the selected proponents based on the NRFP process, subject to confirmation of provincial funding;
3. That the evaluation scoring matrix (Appendix B), to be used to score NRFP submissions from potential service providers, **BE APPROVED**;
4. That Staff **BE AUTHORIZED** to negotiate with Bethlehem Housing and Support Services as the sole sourced EarlyON service provider to operate an EarlyON Child and Family Centre specifically for high needs families in Niagara;
5. That Staff **BE AUTHORIZED** to negotiate with Fort Erie Native Friendship Centre as the sole sourced EarlyON service provider to operate a culturally relevant, Indigenous-led EarlyON Child and Family Centre in Niagara;
6. That Staff **BE AUTHORIZED** to negotiate with Centre de santé communautaire Hamilton/Welland as the sole sourced EarlyON service provider to operate a French-language EarlyON Child and Family Centre in Niagara;
7. That Staff **BE AUTHORIZED** to negotiate with Sault Ste Marie Innovation Centre to license the use of KEyON data collection software in all EarlyON Child and Family Centres across Niagara; and
8. That the Commissioner of Community Services, or their designate, **BE AUTHORIZED** and directed to execute any and all documents required to implement sections 1, 2, 4, 5, 6 and 7 of the Recommendations.

Key Facts

- The purpose of this report is to seek Regional Council's approval of a number of recommendations pertaining to the formal procurement for the EarlyON Child and Family Centre service system.
- As of January 1 2018, the provincial government added the EarlyON Child and Family Centre service system planning and administration to Niagara Region, as the Consolidated Municipal Services Manager (CMSM).
- Now in addition to its existing responsibility of service system management of the local early learning and licensed child care system, Niagara Region's Children's Services has the additional responsibility of service system management of all EarlyON Child and Family Centres across Niagara.
- Children's Services will be issuing a Negotiated Request for Proposal with the goal to seek preferred proponents who will be invited to enter into direct contract negotiations with Children's Services in order to operate an EarlyON Child and Family Centre in one or more service zones across Niagara, and to participate in the transformation to a new integrated early years system.
- In order to support and provide consistent and accessible core services throughout Niagara, 16 service zones have been identified (Appendix C). Service zones have been developed based on detailed analysis of population data, density and distribution of children ages 0-4 years, areas identified for population growth for young families, and feedback from parents/caregivers, service providers, and community service agencies.
- Throughout 2018 information was gathered through ongoing planning activities and community engagement to inform the NRFP framework and procurement process, evaluation scoring matrix, and other service system components outlined within the report, for consideration and approval by Regional Council.

Financial Considerations

Of the \$4.09 million EarlyON service system funding allocation from the Ministry of Education (MEDU), \$2.7 million is directed for operation of EarlyON Child and Family Centres. The remaining \$1.3 million is provincially mandated to support a number of services:

- Professional resource centre to support professional learning and development of staff,
- Early Literacy Specialist to support early literacy and numeracy by providing resources, workshops, and consultations for parents/caregivers and staff,
- Data analysis services to inform service system planning, and
- Planning activities by the local, provincially mandated Best Start Network.

As well, the \$1.3 million includes funding allocated to the three specialized service providers, (recommended to be sole-sourced), and the KEyON data collection software

to be used in all EarlyON Child and Family Centres across Niagara (also recommended to be single-sourced), in compliance with Niagara Region's Procurement By-law and as outlined in this report.

This funding allocation, received in January 2018, reflects a net increase of approximately \$120,000 (included within the \$1.3 million noted above) over previous years provincial amounts. The additional funding, consistent with provincial expectations, was used to increase service for Indigenous, French language, and high risk families, identified as provincial priorities. These are 100% MEDU funding dollars with no expectation for municipal cost share contributions.

Analysis

Effective January 1 2018, Niagara Region Children's Services became responsible for planning and administration of EarlyON Child and Family Centres, in addition to its responsibility for local licensed child care system and other human services, on behalf of the province. Children's Services has been charged to locally implement the provincial vision of an integrated and coordinated early years system, with seamless transitions between programs and services that support early learning and healthy child development.

At the initiation of this new responsibility, as a short-term strategy, Niagara Region entered into service agreements with existing service providers to allow for a period of local planning, analysis and review of provincial policy. As a next step towards implementing the provincial vision, Children's Services will be issuing a Negotiated Request for Proposal (NRFP). The NRFP process will support the transition and transformation of the existing EarlyON service system as per MEDU expectations within provincial budget allocations. The NRFP will identify preferred proponents who will enter into contract negotiations to operate an EarlyON Child and Family Centre in one or more of the 16 service zones. Proponents will also be expected to participate in the transformation to a new integrated early years system.

The sixteen service zones have been developed based on detailed analysis of population data, density, and distribution of children ages 0-4 years, areas identified by Niagara Region's Planning Department for population growth for young families, and feedback from parents/caregivers, service providers, and community service agencies. Children's Services goal is to have a minimum of one EarlyON Centre operating within each service zone; however, this is contingent on annual provincial funding and the proposals received by the proponents to the NRFP procurement.

Throughout 2018, ongoing planning (through an EarlyON Advisory Committee), data collection, and community engagement with key stakeholders (children and their parents/caregivers, service providers, and staff) was used to inform the NRFP framework and process. Surveys and facilitated sessions were used to:

- Help develop service zones to meet the planning goal that each resident have equitable access to EarlyON Centres across Niagara,
- Locally define core services available across all EarlyON Centres in Niagara,
- Better understand service delivery needs of smaller and/or rural communities.

More information was subsequently collected from five (5) focus group sessions in rural and/or smaller communities and a pilot project. Results are consistent with findings from the local needs assessment completed in 2017. Staff continue to hear that families who attend EarlyON Child and Family Centres place a high value on the free programs and services and support they receive from staff. Parents/caregivers also noted their desire to:

- Have more flexible hours (open over lunch hour, evenings, weekends, and over summer months and other school closure times),
- Have more opportunities for outdoor play, and
- Have increased awareness of the Centre and programs and services offered.

A pilot project, established to support system transformation, started in April 2018, allowed for testing of stakeholder recommendations and key service delivery components, such as co-location with existing community services, flexible service hours and multiple aspects of accessibility and inclusion (e.g. universally accessible space, free and ample parking, within a 15 minute drive from home, increased access for Indigenous, French language services and services for high needs families).

To further support the formal procurement process, a Review Panel was struck, with members selected based on criteria, such as:

- Knowledge of the early years sector,
- Having no conflict of interest, real or perceived,
- Professional qualifications,
- Years of experience within the human services/children's services industry, and
- Local area knowledge.

The Review Panel role is two-fold. First, to provide advice and feedback to inform development of the NRFP framework, by reviewing information gathered from the aforementioned planning, data collection and community engagement activities in 2018. The Review Panel provided advice and feedback on components such as service zone selection, staffing ratios, evaluation scoring criteria and matrix to assess submissions, and submission eligibility requirements. Once NRFP submissions are received, the role of the Review Panel will shift, and members will review and score written submissions and presentations.

As was the intention when Children's Services was granted approval to temporarily defer the formal procurement process for a period of one year (COM 21-2017), this time allowed staff to gain experience and knowledge of systems management

responsibilities of the EarlyON Child and Family Centres. Information gathered through planning and engagement in 2018 has informed the NRFP framework and procurement process, evaluation scoring matrix, and other service system components outlined below.

Procurement approach and evaluation scoring matrix

The NRFP shall request proposals per identified service zone. Proponents will be required to complete a written submission for each service zone of interest. After the NRFP closing date, Niagara Region's Strategic Sourcing division will review all submissions to determine eligibility based on established mandatory criteria. All eligible written submissions will be distributed to Review Panel members for review and scoring.

Written submissions will be scored, out of a possible 80 points based on:

- Organizational and Administrative Capacity and System Readiness (32 points)
- High Quality Accessible Service Delivery (24 points)
- Family Relationships and Partnerships (16 points)
- Innovation (8 points).

See Appendix B for further details on the above.

All proponents will be invited to present to the Review Panel, as the second phase of the evaluation process. Proponents will receive a question/scenario to inform their presentation, to consist of 20 points of the overall score.

The preferred proponent for each service zone will be based on the highest score, and will be invited to enter into contract negotiations with Niagara Region to operate an EarlyON Child and Family Centre for that particular service zone, and participate in the transformation to a new integrated system.

Should those contract negotiations fail, Niagara Region will enter into a new round of contract negotiations with the proponent having the second highest score for the specific service zone. While the goal is to have a minimum of one EarlyON Centre operating within each service zone, this is contingent on annual provincial funding. Children's Services will not exceed the funding allocation of \$2.7 million, therefore any changes to the funding allocation will impact contract negotiations, and require changes to the service zone goal.

Pending Committee and Council approval of this report, following is the proposed NRFP schedule:

Steps	Timelines
Council Approval	April 2019
NRFP Information Session (for interested proponents)	April 2019
NRFP Issuance	May 2019
NRFP Close	June 2019
Evaluation of NRFP (including Presentations)	June - July 2019
Announcement of Preferred Proponents	August 2019
Negotiations	Until complete (anticipated by the end of Q4 2019)

Subject to provincial funding, and following negotiations, Children's Services will enter into purchase of service agreements with preferred proponents on a phased in basis in order to ensure continuity of services across Niagara.

Term of service agreements with successful EarlyON proponents

Children's Services Staff are recommending the term for the successful proponents remain in effect for one year and automatically renew for further terms of one year on each service agreement anniversary date.

This allows for long-term service system planning, and is consistent with current practice within the Children's Services Division for service agreements with licensed child care service providers and agencies delivering special needs services. As is the case with licensed child care and special needs services, Children's Services will monitor to ensure EarlyON programs and services are provided in accordance with the service agreement. Should the EarlyON service provider fail to perform these programs and services, Niagara Region may terminate the service agreement in accordance with the terms and conditions of the agreement.

Approval for entry into a sole source agreement with Bethlehem Housing and Support Services as high needs family service provider:

Children's Services staff recommends that Bethlehem Housing and Support Services be exempt from the NRFP process, and that Niagara Region be allowed to amend its existing service agreement with Bethlehem Housing and Support Services to continue operation of an EarlyON Child and Family Centre for high needs families in Niagara.

Since 1996, Bethlehem Housing and Support Services has operated a child and family program within a building that provides one year transitional housing to children and their families who are homeless due to issues with poverty, physical disability, mental health, domestic violence and family breakdown. Co-location has ensured accessibility and intensive supports available for high needs families, to improve child and family outcomes.

In January 2018 these child and family programs were integrated within the local EarlyON system, as part of a cohesive system of services and supports for children ages 0-6 years and their families/caregivers.

While the funding provided to Bethlehem Housing and Support Services is part of the overall \$4.09 million allocation, it is not included in the \$2.7 million allocated as part of the NRFP for the operation of EarlyON Child and Family Centres.

Approval for sole source agreement with Fort Erie Native Friendship Centre as Indigenous EarlyON service provider:

Children's Services staff recommends that Fort Erie Native Friendship Centre be exempt from the NRFP process, and that Niagara Region be allowed to amend its existing service agreement with Fort Erie Native Friendship Centre to continue operation of an Indigenous led EarlyON Child and Family Centre in Niagara.

Niagara Region is required, by the MEDU, to offer programs and services that reflect local Indigenous cultures, and are expected to work in close partnership with Indigenous organizations to plan for and deliver culturally relevant early years programs and services off-reserve.

Since 1996 Fort Erie Native Friendship Centre has been operating culturally relevant, Indigenous-led early years programs and services off-reserve, including licensed child care and a child and family program. In January 2018, the child and family program was integrated within the EarlyON system

While the funding provided to Fort Erie Native Friendship Centre is part of the overall \$4.09 million allocation, it is not included in the \$2.7 million allocated as part of the NRFP for the operation of EarlyON Child and Family Centres.

Approval for sole source agreement with Centre de santé communautaire Hamilton/Welland as French language EarlyON service provider:

Children's Services staff recommends that Centre de santé communautaire Hamilton/Welland be exempt from the NRFP process, and that Niagara Region be allowed to amend its existing service agreement to continue operation of a French language EarlyON Child and Family Centre in Niagara.

Niagara Region is required to provide French language child and family programs and services in accordance with its legislated responsibilities under the *French Language Services Act*. Currently the municipalities of Welland and Port Colborne are designated communities.

Centre de santé communautaire Hamilton/Welland is a multi-service agency providing health and social services to French-speaking clients and serves the entire Niagara region. Since 1996, Centre de santé communautaire Hamilton/Welland has been operating a French language child and family program. In January 2018, this was integrated within the EarlyON system.

While the funding provided to Centre de santé communautaire Hamilton/Welland is part of the overall \$4.09 million allocation, it is not included in the \$2.7 million allocated as part of the NRFP for the operation of EarlyON Child and Family Centres.

Approval for Sault Ste Marie Innovation Centre as single source vendor, for licensing agreement for KEyON software to be used at all Niagara EarlyON Child and Family Centres

Accurate and quality data is required for MEDU quarterly reporting requirements, local measurement of participation and critical for ongoing local system planning. The current system used by many EarlyON Centres is aging and no longer supported, while other locations rely on manual data tracking. As well, the MEDU has noted no additional investments will be made at the provincial level for data collection software. Therefore, Children's Services staff sought to find data collection software that would:

- Collect the MEDU required data variables,
- Be subject to ongoing system improvement and updates,
- Allow for central collection of participant data across Niagara,
- Be in use by other municipalities, and
- Be user friendly for both parents/caregivers and staff.

Since September 2018, the KEyON data collection software, created by the Sault Ste. Marie Innovation Centre, has been in use at the EarlyON pilot site at Seaway Mall in Welland. This software was created specifically to collect MEDU data variables, is used by eight other Ontario municipalities, is being piloted by two municipalities, and meets all other aforementioned criteria.

Based on positive results of the software pilot, Children's Services staff recommend purchasing a license and related service maintenance for the KEyON data collection software. The license purchase cost is approximately \$13,000 annually. The software would improve data quality to support reporting to the MEDU, as well as support informed decision making and local ongoing system planning.

Alternatives Reviewed

Not issue a formal procurement and work with existing providers and negotiate single source service agreements to provide EarlyON services

Children's Services staff have reviewed the alternative and are not recommending it due to the challenges noted below:

- A formal procurement process will ensure openness, accountability and transparency with current service providers and any possible new service providers are given equal opportunity to make a submission
- A formal procurement process will ensure preferred proponents, who enter into contract negotiations with Children's Services, are fully aware of service system expectations, and willingly participate in the transformation to a new integrated early years system.
- A formal procurement process will allow Children's Services to build on existing strengths of the current EarlyON system, and also capitalize on opportunities that occur through system transformation (e.g. eliminate duplication of services, more equitable access across Niagara, consistency of program delivery).

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

- COM 9-2016 Ontario Early Years Child and Family Centres
- COM 21-2017 Ontario Early Years Child and Family Centres
- COM 23-2017 Ontario Early Years Child and Family Centre Plan
- CWCD 289-2018 Pilot EarlyON Child and Family Centre at Seaway Mall in Welland

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

- COM 9-2016 Ontario Early Years Child and Family Centres
- COM 21-2017 Ontario Early Years Child and Family Centres
- COM 23-2017 Ontario Early Years Child and Family Centre Plan
- CWCD 289-2018 Pilot EarlyON Child and Family Centre at Seaway Mall in Welland

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Submitted by:
Ron Tripp, P. Eng
Acting Chief Administrative Officer

This report was created in consultation with Margaret Penca, Manager, Compliance and Community Engagement, Jeff Mulligan, Manager, Strategic Sourcing, Lilly Lo Manto, Legal Counsel and reviewed by Darlene Edgar, Director, Children's Services.

Appendices

Appendix A – List of current EarlyON Child and Family Centre service provider agencies

Appendix B – Proposed Evaluation Scoring Matrix

Appendix C – Map of Service Zones

Appendix A – List of current EarlyON Child and Family Centre service provider agencies

Name of Agency	Operating EarlyON Centre(s) in the following municipalities:
Bethlehem Housing and Support Services	St. Catharines
Centre de santé communautaire Hamilton/Niagara	Welland
District School Board of Niagara	Fort Erie, Niagara Falls, St. Catharines, Welland
Family and Children Services Niagara	Pelham, Welland
Fort Erie Native Friendship Centre	Fort Erie
Niagara Catholic District School Board	Niagara Falls, Niagara-on-the-Lake
Port Cares	Fort Erie, Lincoln, Port Colborne, Welland, West Lincoln
Strive Niagara	Grimsby
YMCA of Niagara	St. Catharines, Thorold

Appendix B – Proposed Evaluation Scoring Matrix

Item	Evaluation Components	Points Total 100
<i>Demonstrate Organizational and Administrative Capacity and System Readiness</i>	<ol style="list-style-type: none"> 1. The organization has experience in directly delivering early years programs and services and working with community partners. 2. The delivery of EarlyON Child and Family Centre(s) is aligned with organization's mandate, services and structure. 3. Organization supports the Provincial strategy of one common brand to achieve greater coherence across the EarlyON Child and Family system. 4. The organization has a realistic readiness and transition plan, including engagement and communications to minimize disruption during start up and transition; clearly identify challenges and appropriate mitigation strategies. 5. Human resource plan for the recruitment and retention of Registered Early Childhood Educators (RECEs) and other staff supports: <ol style="list-style-type: none"> a. Qualified staff teams, consisting of a minimum of 1 RECE, to deliver mandatory core services related to supporting early learning and development b. Staff engage in professional learning opportunities to ensure they remain aware of current practice and new research on child development 6. Administrative and financial capacity to operate and sustain EarlyON Child and Family Centre(s): <ol style="list-style-type: none"> a. Proposed budget that is aligned with the EarlyON Child and Family Centre objectives and supports equity across the system: <ul style="list-style-type: none"> ▪ Administration costs do not exceed 10% of total budget 	32

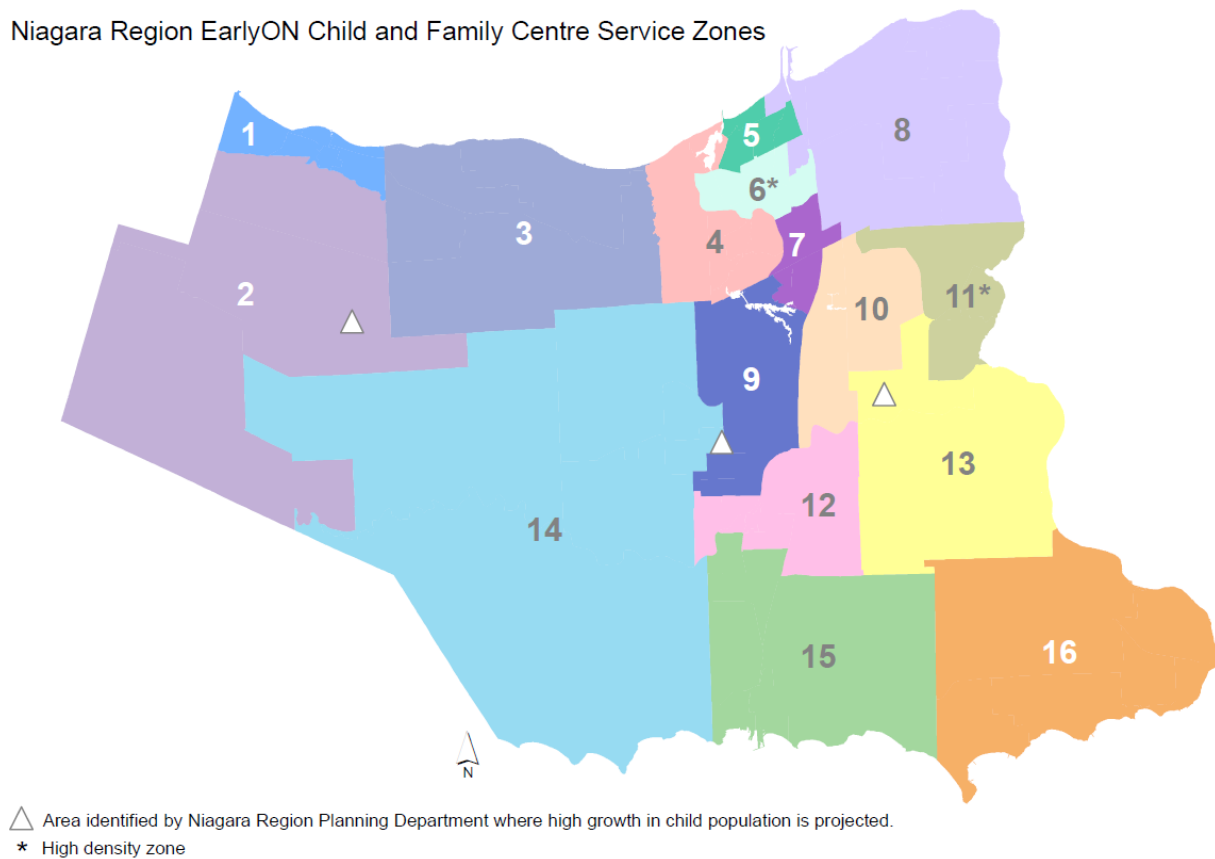
Item	Evaluation Components	Points Total 100
	<ul style="list-style-type: none"> ▪ An established, fair and equitable remuneration plan for staff ▪ The organization shows a healthy financial position 	
<i>Demonstrate High Quality Accessible Service Delivery</i>	<ol style="list-style-type: none"> 1. Clearly demonstrates understanding of population needs and community assets within the service zone: <ol style="list-style-type: none"> a. Proposal is informed by research/evidence (e.g. community or program data, key community planning/research documents, statistics or community trends, regional/local planning documents, etc.) 2. Submission includes sound schedule, staffing and costing for the proposed service zone. 3. Offers inclusive barrier free environment where programs and services are designed and delivered in a way that is responsive to diverse populations in alignment with local needs (i.e. diverse cultures and languages, children of varying abilities, various family structures, Francophone and Indigenous families, and newcomers to Niagara). 4. Service delivery is evidence informed, offers no fee programs and services for all children aged 0-6 years and their parents/caregivers that contribute to healthy child development and align with the expectations outlined in the EarlyON Child and Family Centres Planning Guidelines for Service System Managers. 5. Service delivery includes mandatory core service requirements as defined in the Ontario Early Years Child and Family Centres Business Practices and Funding 	24

Item	Evaluation Components	Points Total 100
	<p>Guidelines for Service System Managers such as:</p> <ul style="list-style-type: none"> a. engaging parents and caregivers, b. supporting early learning and development c. making connections for families <p>6. Expertise in the delivery of programs and services in alignment with the pedagogical approach described in the Ministry of Education How Does Learning Happen? Ontario's Pedagogy for the Early Years.</p>	
<p><i>Demonstrate Ability to Establish Family Relationships and Partnerships to Create Customized Community Connections</i></p>	<ul style="list-style-type: none"> 1. Commitment to working collaboratively and effectively with organizations (public, non-profit or private) to complement core services and offer additional programs and services at the EarlyON Centre that align with the unique needs and priorities of individual communities. 2. Making connections for families through established linkages to other agencies or programs that would support further integration, facilitate smooth transitions and referrals, within a broader system context of local community services (e.g. public libraries, child care, public health, employment and training programs). 3. Engaging communities, educators, parents and caregivers in designing EarlyON and Family Centre programs and services that embrace and build on strengths, address identified gaps and meet unique needs. 	16
<p><i>Demonstrate Innovation and Continuous Improvement</i></p> <p><i>Definition of Innovation-Innovative approaches</i></p>	<ul style="list-style-type: none"> 1. Organization demonstrates how the proposal supports an innovative approach; this results in clear impact to the target population, service delivery and/or organizational efficiency; innovative approach can be implemented. 	8

Item	Evaluation Components	Points Total 100
<i>can include: a new and/or improved way of delivering a service; initiatives that will result in greater efficiency within organizations; and/or that identify and respond to new and emerging needs.</i>	<ol style="list-style-type: none"> 2. Delivery of early years programs and services that are responsive and flexible and include strategies to support local assets/needs and/or circumstances. 3. Leveraging opportunities to provide multiple community services through fewer service delivery mechanisms/locations to ensure that children, parents/caregivers have easy and efficient access to services they need (reference to Community Hubs in Ontario: A Strategic Framework Action Plan). 4. The organization offers additional value added resources that demonstrate enhancement above and beyond mandatory core services, such as, but not limited to: <ol style="list-style-type: none"> a. community resources (e.g. toy lending library, employment services), to support unique needs of parents/caregivers b. specialized staffing and/or services to support unique needs of parents/caregivers c. Measure and report on key indicators aligned with measuring outcomes to assess progress; adherence to terms and conditions of funding, reporting, monitoring and tracking of participants. 	
<i>Presentation</i>	Scenario with evaluation components will be provided to proponent during scheduling of presentations.	20

Appendix C – Map of Service Zones

Niagara Region EarlyON Child and Family Centre Service Zones



Data source: Statistics Canada 2016 Census, Single Year Age Profile

Subject: Emergency Shelter Funding Adjustments

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 16, 2019

Recommendations

1. That the \$1,144,861 increase in emergency shelter homelessness contracts, from \$6,938,250 (initially approved in COM 16-2017) to \$8,083,111 for the (33 month) period July 1, 2017 to March 31, 2020 **BE APPROVED**;
2. That staff **BE AUTHORIZED** to execute any required amendments and documentation related to existing agreements for current service providers of emergency shelter to implement the increases in funding.

Key Facts

- Council is receiving this report because a funding adjustment to a previously approved amount is required in accordance with the Region's Purchasing By-law. Homelessness contracts for emergency shelter services were awarded in May 2017 to nine service providers, totalling \$6,938,250 for the period July 1, 2017 to March 31, 2020.
- Niagara Region funds and works collaboratively with 22 agencies in the region to deliver homelessness services to residents of Niagara, including emergency shelter service.
- Emergency shelter services include overnight accommodation, meals, hygiene items, and other supports including assisting clients to find stable and adequate housing.
- The past year (2018) saw increased costs in emergency shelter services where an increase to the number of shelter beds was necessary to meet rising demand for services, especially seasonally in fall/winter including a pilot "Out of the Cold" program in Niagara Falls, and where agencies deliver services through motel rooms. The requested adjustment in funding will cover these increased costs of system expansion and provide an additional contingency of \$200,000 should funding adjustments be necessary.

Financial Considerations

The increased emergency shelter contract costs were incorporated in the 2019 approved operating budget. These increased costs were accommodated through provincial funding increases, as well as under expenditures in other homelessness services areas (e.g. Housing Stability Plan, Niagara Emergency Energy Fund).

Homelessness services including shelters are largely funded by the Ministry of Municipal Affairs and Housing (anticipated to be \$7.5M for 2019-2020).

Analysis

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

The Homelessness Services division contracts with community agencies to provide emergency shelter services to individuals and families who are homeless. Most are also Housing First providers, aligning shelter services with rapid rehousing and support services consistent with best practice. In addition, shelters provide connections to other services as required including mental health supports, addictions supports, and counselling.

The overall number of shelter beds funded through this adjustment has increased by 50 since the initial contract awards and 30 beds included in the increase are seasonal in nature. Niagara, like most jurisdictions in Ontario has seen increased pressure in shelter operations. Niagara has seen a slight increase in the number of households presenting at shelters as well as an increase in the length of stay in shelters. This combination resulted in a shelter occupancy rate of 108% in 2017. Through system enhancements in 2017/2018, the occupancy rate has come down slightly to 104%.

To support system pressures, Niagara leverages motel rooms when additional capacity is required. The Social Assistance and Employment Opportunities division manages these during business hours, and after hours, a lead shelter agency ensures residents have a place to stay through motelling until a shelter bed becomes available.

Occupancy rates are calculated inclusive of the use of overflow motel rooms. Community Services will continue to monitor the occupancy rate of shelters and use of motelling and make system adjustments to ensure client service needs are addressed as well as prudent use of provincial and levy funding.

The contracts for shelter and homelessness services expire March 31, 2020. The division will be commencing a new procurement process in fall of 2019 with contracts being effective April 2020.

Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

- COM 16-2017 Emergency Shelter Expression of Interest (EOI) Award Results
- COM 01-2019 Community Homelessness Prevention Initiative Investment Plan 2019-20

Prepared by:

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Manager, Homelessness Services
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Kayla De Pauw, Program Financial Specialist, and reviewed by Cathy Cousins, Director, Homelessness Services and Community Engagement.

MEMORANDUM**PHD-C 01-2019**

Subject: Number of Persons Impacted by a Death by Suicide
Date: March 19, 2019
To: Public Health & Social Services Committee
From: M. Mustafa Hirji, Medical Officer of Health & Commissioner (Acting)
Renata Faber, Manager, Chronic Disease & Injury Prevention

At the January 8, 2019 meeting of PHSSC, a member of Council requested to know how many persons are impacted by a death by suicide. This memo summarizes the latest research evidence on this topic.

It was noted by a Councillor that he understood that six persons are impacted by a death by suicide. This is indeed the most widely used statistic. However, recent research implies that it is much higher. Central to this finding is a greater appreciation that those impacted by a death from suicide extend much more widely than family and friends, even to those who may passively learn about the death.

- In 2016, a study estimated the proportion of the population exposed to suicide and assessed impact on psychiatric and psychosocial morbidity. Exposure was defined as knowing someone who had died from suicide, whether one was close to that person or not. The study found a doubling of risks for diagnosable depression, for diagnosable anxiety, and for suicidal ideation.¹
- In 2017, a meta-analysis examined pooled estimates of exposure to suicide among family, friends/peers, and all relationships for youth and adults. Significantly more people were exposed to suicide in friends and peers than within families.²
- A study conducted in 2018 looked at how many people were affected by suicide and estimated the number to be 135, significantly higher than six.³

¹ Cerel, J., Maple, M., van de Venne, J., Moore, M., Flaherty, C., & Brown, M. (2016). Exposure to Suicide in the Community: Prevalence and Correlates in One U.S. State. *Public health reports* (Washington, D.C. : 1974), 131(1), 100-7.

² Andriessen K, Rahman B, Draper B, Dudley M, Mitchell PB. Prevalence of exposure to suicide: A meta-analysis of population-based studies. *Journal of Psychiatric Research*. 2017; 88:113-120. doi:10.1016/j.jpsychires.2017.01.017.

³ Cerel, J., Brown, M. M., Maple, M., Singleton, M., Venne, J., Moore, M. and Flaherty, C. (2018), How Many People Are Exposed to Suicide? Not Six. *Suicide Life Threat Behav*. doi:10.1111/sltb.12450

- Another 2018 study explored how responses to suicide death vary not just on kinship, but on the nature and perceptions of the relationship, further evidence to support that the number of people impacted are much higher than originally conceived.⁴

These recent research findings suggest that a large circle of people are affected by a death by suicide. A few public health implications naturally flow from this:

1. Suicidal ideation doubles with exposure to suicide, even if only in a limited way, underscoring the risk of contagion of suicidal behaviour with unsafe public discourse or descriptions of suicide.
2. There may be significant need for clinician services or support following a death by suicide.
3. Prevention of deaths by suicide can have wide-reaching public health benefits.

Respectfully submitted and signed by

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

⁴ Cerel, J., & Sanford, R. L. (2018). It's Not Who You Know, It's How You Think You Know Them: Suicide Exposure and Suicide Bereavement. *Psychoanalytic Study of the Child*, 71(1), 76–96. <https://doi.org/10.1080/00797308.2017.1415066>

Subject: Housing and Homelessness Action Plan Update 2018

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 16, 2019

Recommendations

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

Key Facts

- The purpose of this report is to update Council on actions completed in 2018 related to *A Home for All*, Niagara's 10-Year Housing and Homelessness Action Plan.
- Consolidated Municipal Service Managers (CMSM) 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 requirement for 2018.
- The 10-Year Plan includes a complete vision for providing *A Home for All* by addressing homelessness and access to affordable housing in response to identified local needs.
- *A Home for All* (2014 – 2023) was approved by Council in November 2013 to fulfil the *Housing Services Act, 2011, section 6*, which requires municipalities to establish and implement a ten-year plan to address housing and homelessness needs in their community.
- In 2018 *A Home for All* continued to shift in focus to activities which increase opportunities and options across the housing continuum, build capacity and improve effectiveness of the housing system.
- 2018 saw significant effort to align the work of Community Services, Niagara Regional Housing, Planning and Development, and Finance to further support a regional affordable housing strategy and ensure the next five years of the plan maximize coordinated efforts, address Niagara's local need and align with provincial priorities and policy direction.

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

A Home for All, Niagara's Housing and Homelessness Action Plan was developed in response to the *Housing Services Act 2011, section 6*, which requires municipalities to

establish and implement a ten-year plan to address local housing and homelessness needs. *A Home for All* was developed in consultation with 1,290 community members, approved by Niagara Regional Council, and submitted to the Ministry of Municipal Affairs and Housing in 2013. The work of *A Home for All* began in 2014, and the Ministry continues to support its work.

A Home for All has enabled the coordination of responses to address community housing and homelessness needs. *A Home for All* provides a complete vision for addressing local needs related to homelessness and access to affordable housing. All actions within *A Home for All* support achievement of the following four goals:

Goal 1 – Housing people who do not have a home.

Goal 2 – Helping people find and retain a home.

Goal 3 – Increasing opportunities and options across the housing continuum.

Goal 4 – Building capacity and improving the effectiveness of the housing system.

A Home for All outlines 80 actions to improve the service system and outcomes for individuals, by addressing identified needs that exist within Niagara through prevention, emergency interventions, services and supports, social and market housing, and system improvements. In 2018:

- 3,615 households accessed the Housing Stability Plan.
- 826 households were issued Niagara Emergency Energy Funds (NEEF).
- 1,835 households were supported in Niagara's emergency shelters.
- 136 Housing First program participants were in housing with supports.
- 1,370 households received rent supplements and housing allowances.
- 2,684 households were provided public housing rent-geared-to-income units.
- 3,601 households were provided non-profit and co-operative housing units.
- 40 Home for Good supportive housing participants were in housing.

The systems-level work of *A Home for All* requires engagement of many internal and community partners. The structure to support broad engagement includes the *A Home for All* Taskforce and five working groups developed in 2015 to support ongoing work. Each working group is led by a senior leader from a community partner organization and involves membership from a cross-section of service providers and other partners. Support for the working groups is provided by staff from Community Services, Planning and Development Services, Public Health and Emergency Services, and Niagara Regional Housing (NRH). The working groups and their leaders include:

- Service Hubs (Christine Clark Lafleur, Executive Director, Port Cares)
- 'No Wrong Door' service approach, (Mike Taylor, Executive Director, Youth Resources Niagara),
- Homelessness Prevention, (Michael Lethby, Executive Director, The RAFT),
- Housing First (Elisabeth Zimmermann, Executive Director, YWCA Niagara Region), and

- Affordable Housing Innovation (Lori Beech, Executive Director, Bethlehem Housing and Support Services).

The 80 actions outlined in *A Home for All* are staged over a number of years with some actions to be completed in the immediate (2014), short-term (2015-2016), mid-term (2017-2019) and long-term (2020-2023). While immediate and short-term actions focused on homelessness services, mid-term actions focus more on increasing available affordable and rental housing and building system capacity.

Mid-term actions increase the connection between activities of Community Services, Planning and Development Services and NRH, as well as provincially funded systems such as the Local Health Integrated Network (LHIN). By the end of December 2018, 24 mid-term actions were 91% complete and can be found in Appendix A.

Highlighted 2018 accomplishments related to the 24 mid-term (four - six year) actions of *A Home for All* include:

Goal 1: Housing people who do not have a home

- Operationalized 40 new community based Home for Good supportive housing units.
- Initiated capital/construction of 23 new apartments for Home for Good participants (scheduled completion of eight units by first quarter of 2020, at the latest and 15 units by second quarter of 2021, at the latest).
- Increased shelter capacity by 45 beds in response to increased system pressures.
- Introduced shelter standards for Regionally funded emergency shelters.
- Over 75 staff at funded agencies and other community partners were trained in harm reduction, motivational interviewing, person-centered service delivery, and human trafficking awareness.

Goal 2: Helping people find and retain a home

- NRH housing allowance program provided a set allowance for 639 applicants on waitlist.
- NRH granted a forgivable loan to help 47 households buy their first home.
- Community Services launched a landlord engagement pilot to recruit landlords for Housing First and Home for Good to serve those struggling with chronic homelessness.
- NRH identified St. Catharines' Manchester community as in need of enhanced community development. In collaboration with Niagara College and the RAFT, NRH hosted a family day, extended summer camps with weekend programming and introduced a social enterprise through two Manchester youth paid as "Community Attendants" to help maintain the grounds. These positive initiatives resulted in a dramatic increase in community engagement and reduction in social issues.

Goal 3: Increasing opportunities and options across the housing continuum

- NRH successfully negotiated rent supplement agreements with six of eight housing providers that reached End of Operating Agreements.
- NRH continued to develop new units, with the 85-unit Carlton Street (St. Catharines) development 92% complete (end of 2018), and eight units at the Roach Avenue (Welland) Intensification project 22% complete. Additionally, NRH purchased two buildings on St. David's Road and Ormond Street in Thorold (adjacent properties) through Social Infrastructure Fund (SIF Year 3) Program, which will add six units to NRH portfolio with potential to create five more units in future.
- Established an **Affordable Housing Working group** with Community Services, Niagara Regional Housing, Planning and Development, and Finance to coordinate and maximize efforts to support the Region's affordable housing efforts
- Recruitment of development industry consultant within Planning and Development Services.
- Further to the efforts of the Affordable Housing Working group staff retained the Canadian Center for Economic Analysis (CANCEA) to develop a Niagara Housing Statement to inform *A Home for All* and the *Official Plan* by identifying housing supply and demand for Niagara Region and all 12 local area municipalities out to 2041. Data will be available in April 2019.
- Further to the collaboration of the Affordable Housing Working group, staff from all areas have come together to meet with numerous interested developers to understand local development interests and describe what incentives and supports are available to local development.
- Functioned as an information resource for local area municipalities as several initiated their own Affordable Housing efforts (Fort Erie, Niagara Falls, and Port Colborne).
- Niagara Regional Housing, Homelessness Services, and the Canadian Mortgage and Housing Corporation partnered with the City of St. Catharines to host the 2018 National Housing Day event for 110+ attendees on the topic of "A Local Development Toolkit".

Goal 4: Building capacity and improving the effectiveness of the housing system

- Completed Niagara's second homelessness enumeration in March 2018.
- Enlisted Whitesell & Associates to complete a review of the homelessness services system.
- Launched a Lived Experience Advisory group to engage and receive input in service delivery and system planning from those with experience of homelessness.
- Worked with Niagara Region's Internal Control and Organizational Performance (ICOP) division to develop a draft theory of change and metrics for the work of years six to ten to fulfil provincial guidance for the five-year review of 10-year Plan (2018).
- Worked with Planning and Development to ensure that the strategies identified for the next five years of the HHAP also align with requirements and recommendations of the Official Plan.

A large portion of the work of *A Home for All* in 2018 was a five-year review of the 10-year Plan. The *Housing Services Act, 2011* mandates that service managers conduct a review and update of their 10-year plan at least every five years. The review provided an opportunity to make required updates to *A Home for All* to align with provincial priorities outlined in the Ministry's 2016 *Policy Statement: Service Manager Housing and Homelessness Plans* and the *Five-Year Review of Housing and Homelessness Plans* guide, released in April 2018.

Specifically, the policy requires CMSM's to develop strategies for years six to ten which support:

- Increased coordination with Indigenous peoples, service and housing providers.
- Strengthening partnerships across sectors to improve client access across service systems, including a move to human services integration.
- A more coordinated approach with Ontario's land use planning framework.
- An active role for the private sector in providing a mix and range of housing including affordable rentals and affordable ownership.

The update will also ensure the Plan remains responsive to recent changes in the community and housing market that impact the local demand for homelessness services and affordable housing over the long-term.

Niagara is well positioned to respond to these requirements. By the end of 2018 the following work which support these goals had been initiated:

- Increased engagement, consultation, and information sharing with Indigenous service and housing providers, non-profit and co-operative housing providers, the local health system, private developers and local municipalities.
- Enlistment of the Canadian Centre for Economic Analysis (CANCEA) to complete a Niagara Housing Statement to describe the current and future demand for a mix of housing options across the region and within each of the 12 local area municipalities.
- Engagement of ICOP to assist in development of required Key Performance Indicators (KPIs) for years six to ten of *A Home for All*.

The annually published Community Update will be distributed to the public through the Region's partner agencies as well as being available on Niagara Region's website.

Alternatives Reviewed

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

Relationship to Council Strategic Priorities

Not applicable.

Other Pertinent Reports

- COM 10-2018 Housing and Homelessness Action Plan Update 2017, Community Action Plan to Help People Find and Keep Housing
- COM 12-2017 Housing and Homelessness Action Plan Update 2016, Community Action Plan to Help People Find and Keep Housing
- COM 17-2016 Housing and Homelessness Action Plan Update 2015, Community Action Plan to Help People Find and Keep Housing
- COM 16-2015 Housing and Homelessness Action Plan Update 2014, Community Action Plan to Help People Find and Keep Housing
- COM 35-2013 Final Version of A Home for All: Niagara's 10-Year Community Action Plan to Help People Find and Keep Housing.

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Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

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

Appendices

Appendix A A Home for All Mid-Term Accomplishments

7

Appendix A - Housing and Homelessness Action Plan (HHAP) Mid Term Accomplishments

A listing of accomplishments pertaining to the medium term or longer HHAP actions, as of December 31, 2018

Goal 1: House people who do not have a home

Mid-Term Actions (Years 4-6)		Accomplishments to Date
1.3a	Refine homelessness service system mapping based on the results of the homeless system review	<ul style="list-style-type: none"> • Enlisted Global Information Systems (GIS) interns in 2017 and 2018 to develop and refine map of Niagara's homelessness system, to be completed March 2019. • Niagara's second homelessness enumeration, completed March 2018, gathered information to increase understanding of those experiencing homelessness in Niagara.
1.3b	Provide tools/resources that help support agencies that provide homelessness services in accordance with system review results	<ul style="list-style-type: none"> • Increased shelter capacity by 45 beds in response to increased system pressures. • Provided agency staff with training in best practices, including: <ul style="list-style-type: none"> ○ 39 staff received training in human trafficking awareness (November 2018) ○ 22 staff received training in harm reduction (April 2018) ○ 25 staff received training in person-centered service delivery (March 2018) ○ 15 staff received training in motivational Interviewing (February 2018) ○ 25 staff received training in Intensive Case Management (November 2017) ○ 99 staff received training in trauma counselling level 1 (April to May 2017) ○ 55 staff received training in Housing First core principles (March 2017). • Introduced Shelter Standards to Regionally funded emergency shelters. • Engaged landlord relationship specialist as pilot project to increase engagement of private sector landlords and increase market rental units for clients in Niagara's Housing First and Home for Good programs. • Ongoing support for community of practice (launched in 2017) to support knowledge sharing, innovation and adaption of best practices, and improved supports for clients among Niagara's Intensive Case Managers.
1.3c	Advocate for additional funding that is outcome-based in order to promote the Housing First principle of getting people housed more permanently	<ul style="list-style-type: none"> • Operationalized 40 new community based Home for Good supportive housing units in 2018. • Successful application to Ministry of Municipal Affairs and Housing attracted \$5.5 million dollars to Niagara for "Home for Good" to transition people out of chronic homelessness by creating 63 incremental units of housing with case management and wrap around supports, including: <ul style="list-style-type: none"> ○ Introduction of up to 40 new community-based supportive housing units. ○ Construction of 23 new units of supportive housing.

Goal 2: Help people find and retain their home

Mid-Term Actions (Years 4-6)		Accomplishments to Date
2.3a	Advocate for flexibility in the use of funding from other levels government (e.g. shifting funding between programs etc.)	<ul style="list-style-type: none"> • In 2018, NRH's Housing Allowance program provided a set allowance to 639 applicants on waitlist to help with affordability in private market until they can be housed in rent-geared-to-income unit (up from 505 households at the end of 2017). • NRH granted a forgivable loan to help 47 households buy their first home through Welcome Home Niagara in 2018 (up from 33 in 2017). • Changes to provincial (CHPI) and federal (HPS) funding prior to 2017 included a shift to more flexible funding use.
2.6a	Explore opportunities that help address transportation concerns of vulnerable populations by promoting better access to services	<ul style="list-style-type: none"> • Niagara Region and its local municipal transit partners continued their coordinated pursuit of significant transit service enhancements that would improve access, frequency, and reliability for users. In upcoming years, such enhancements are expected to include a new transit route pilot to west Niagara, strengthened connections with local feeder routes, an expanded bus fleet, and improvements to service frequency on main routes from every hour to every half-hour.

Goal 3: Increase opportunities and options across the housing continuum

Mid-Term Actions (Years 4-6)		Accomplishments to Date
3.3a	Explore off-reserve Aboriginal housing opportunities that can help augment current market options in collaboration with Aboriginal community	<ul style="list-style-type: none"> • Ongoing support of Indigenous Homeward Bound programs piloted in Niagara by Aboriginal service providers. • National Housing Day event hosted at Niagara Regional Native Centre in order to support dialogue and collaboration between Aboriginal and non-Aboriginal partners.
3.3b	Broaden access to the Niagara Renovates program to expand support for low income households in partnership with local area municipalities	<ul style="list-style-type: none"> • NRH provided funding to 56 (2017) and 49 (2018) low to moderate income homeowners to complete much needed repairs.

Mid-Term Actions (Years 4-6)		Accomplishments to Date
3.3c	Undertake financial sustainability analysis to help plan for and mitigate future step down of federal funding for social housing and impact of funding horizons under the Investment in Affordable Housing (IAH) programs	<ul style="list-style-type: none"> • NRH commissioned Building Condition Assessments (BCAs) for all non-profit housing providers and engaged a consultant to analyze the results to determine future capital funding needs. Currently, the consultant is assisting in the development of a loan program for housing providers. • NRH formed new relationships to preserve rent-geared-to-income units by negotiating rent supplement agreements with six of eight housing providers that reached End of Operating Agreements. • In 2017 NRH participated in Social Housing Infrastructure Fund and Investment in Affordable Housing Extension (IAHE) programs launched by the province to address step down of IAH.
3.3d	In concert with other Ontario municipalities, continue advocating for: <ul style="list-style-type: none"> • On-going, predictable funding for new housing initiatives • Sustained federal funding to maintain affordability in existing social housing post end of operation agreement (i.e. after mortgage/debt maturity) • Funding to repair, renovate and renew aging social housing stock 	<ul style="list-style-type: none"> • Supported St. Catharines in its successful application for provincial funding for development charge waivers. (Note - this program was subsequently cancelled by the province.) • In 2017, five housing provider agreements expired, representing a total of 142 units. NRH was successful in renegotiating rent supply agreements with four providers, with remaining provider offering rental assistance to their tenants using their own revenue. As a result, there was no impact on renters at these five housing providers. • NRH continued to develop new units, with the 85-unit Carlton Street (St. Catharines) development 92% complete (end of 2018), and eight units at the Roach Avenue (Welland) Intensification project 22% complete. Additionally, NRH purchased two buildings on St. David's Road and Ormond Street in Thorold (adjacent properties) through Social Infrastructure Fund (SIF Year 3) Program, which will add six units to NRH portfolio with potential to create five more units in future.
3.5a	Continue to implement Regional Policy Plan policies at the local level which promote a range of ownership housing options by sustaining existing stock through renovation, pursuing alternative development	<ul style="list-style-type: none"> • Enlisted Canadian Center for Economic Analysis (CANCEA) to develop Niagara Housing Statement to inform <i>A Home for All</i> and the <i>Official Plan</i> by identifying housing supply and demand for Niagara Region and all 12 local area municipalities out to 2041. Data to be available April 2019. • In 2017 staff from Community Services, Planning and Development Services, Enterprise Resource Management Services (Finance) and Niagara Regional Housing launched an inter-departmental initiative to develop an Affordable Housing Strategy which coordinates efforts to comprehensively address housing affordability and availability within Niagara Region.

Mid-Term Actions (Years 4-6)		Accomplishments to Date
	standards, promoting small lot singles, piloting innovative seniors housing options and establishing affordability targets	
3.5b	Expand and provide assistance to local municipalities on the use of development tools such as community improvement plans, brownfield incentives, targeted tax relief, and other forms of municipal capital facility bylaws	<ul style="list-style-type: none"> • Engaged with local area municipalities to provide provided feedback and direction regarding municipal studies, policy amendments, and other initiatives to address housing affordability. • Inter-departmental affordable housing strategy launched (See 3.5a above).
3.5c	Promote incentives that encourage private market investment in new affordable housing, and reinvesting and retention of existing affordable housing through community improvement plans and the Smarter Niagara initiative	<ul style="list-style-type: none"> • ICOP completed a value for money review of various grants and incentive programs. The review evaluated existing performance measures, reviewed the working relationship between the Region and Local Area Municipalities (LAMs) and benchmarked program administration against similar municipalities, cities and regions. Continued work on the recommendations of the incentive review is being completed by a working group consisting of representatives from Planning and Development, Economic Development, Finance, and ICOP. The working group will make recommendations to the leadership team in Q2/Q3 of 2019. • Inter-departmental affordable housing strategy launched (See 3.5a above).
3.5d	Advocate to senior governments for incentives to assist private and affordable housing landlords to make improvements to existing rental housing stock aimed at enhancing energy efficiency and reducing utility costs for tenants	<ul style="list-style-type: none"> • NRH hosted information sessions in collaboration with Canada Mortgage & Housing Corporation (CMHC) and the Housing Services Corporation (HSC) for housing providers to learn about the newly announced Federal Co-Investment Fund and the new Social Housing Sector Bank financing tool. NRH actively fostered and encouraged housing providers to participate in expanding the affordable housing supply and assists in applying for funds, building a business case and planning for new development. • In 2017, nearly \$6 million was issued through NRH to address capital repairs at non-profit housing providers through Social Housing Infrastructure Program (SHIP), while \$268,843 was provided through Social Housing Electrical Efficiency Program (SHEEP).

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

Mid-Term Actions (Years 4-6)		Accomplishments to Date
4.3a	Work with community to create and build innovative affordable housing solutions in order to take advantage of future funding opportunities	<ul style="list-style-type: none"> • NRH, Homelessness Services, and CMHC continue to annually partner to offer National Housing Day forums each November to broaden local discussion of key topics related to development of local affordable housing solutions. Events engage local planners, private developers, non-profits, Faith groups and other partners. <ul style="list-style-type: none"> ○ 2018 - partnered with City of St. Catharines to host event for 110+ attendees on topic of "A Local Development Toolkit". ○ 2017 - partnered with Niagara Regional Native Friendship Center to host event for 70+ attendees on topic of "Streamlining the Development Process for Affordable Housing". ○ 2016 - developed partnership and inaugural forum using new format to host event for 50+ attendees.
4.3b	Strengthen relationships with the private development sector and economic development sector in order to continue to build support for the housing agenda	<ul style="list-style-type: none"> • Recruitment of Development Industry Consultant. • Inter-departmental affordable housing strategy launched (See 3.5a above).
4.6a	Using the HHAP as an aligning vehicle for future housing initiatives, both regionally and in local area municipalities	<ul style="list-style-type: none"> • Engaged local area municipalities (See 3.5b above). • Inter-departmental affordable housing strategy launched (See 3.5a above). • Developed project charter in 2017 for mid-term work of HHAP which supports alignment of housing and other initiatives and development of metrics and targets for actions related to HHAP.
4.6b	Continue to work in conjunction with Niagara Homelessness Advisory Committee and Community Advisory Board (CAB) to align federally funded homelessness initiatives with priorities as expressed in the Homelessness Service	<ul style="list-style-type: none"> • Restructured group membership to improve connectivity between CAB and the <i>A Home for All</i> Task Force.

Mid-Term Actions (Years 4-6)		Accomplishments to Date
	Community Plan and the HHAP	
4.6c	Continue to collaborate and align support initiatives with the LHIN as an important service manager and funder, and with community health centres as an important service provider	<ul style="list-style-type: none"> • Collaborated with Niagara North Family Health Teams to introduce Primary Care in homeless shelters. • Community Services representation on Local Health Integrated Network (LHIN) Niagara Sub-region Anchor table to explore opportunities for human services integration between health services and homelessness services. • Niagara's Home for Good incorporates mental health and addiction supports in the comprehensive support program for clients • Launched a mental health social worker assessment and referral pilot in the shelter system for longer stay clients
4.6d	Explore opportunities for community-oriented funding incentives such as an endowment fund for donation matching, donor-matched government funding and no/low cost community group loans to support improvements in housing supply and related initiatives	<ul style="list-style-type: none"> • Engaged with Faith community and service clubs interested in supporting development of new affordable housing.
4.6e	Investigate approaches to reduce administrative burden and enhance capacity of non-profit agencies to deliver services in partnership with funders and non-profit organizations	<ul style="list-style-type: none"> • Roll out and training of a new data reporting tool, Homelessness Individuals and Families Information System (HIFIS).
4.9a	Develop and publish an annual community report	<ul style="list-style-type: none"> • Worked with ICOP to develop draft theory of change and metrics for work of years 6-10 to fulfil provincial guidance for the five-year review of 10-year plan (2018).

Mid-Term Actions (Years 4-6)		Accomplishments to Date
	card on HHAP priorities and progress	<ul style="list-style-type: none"> • Completed review of report cards from other Ontario municipalities to identify metrics that best describe experience of homelessness in Niagara (2016). • Initiated discussions with community partners regarding appropriate content for community report card (2016).
4.9b	Link/expand neighbourhood mapping (e.g. Niagara Prosperity Initiative) to further support housing reports, information and messaging	<ul style="list-style-type: none"> • Design of homelessness system map enables reference to neighbourhood mapping and indicators in Niagara Prosperity Initiative map. (See 3.1a above).
4.9c	Undertake a formal review of the HHAP by the five year mark to determine plan effectiveness and to adjust strategic directions for the next five years where necessary	<ul style="list-style-type: none"> • Review underway with planned consultations for Age Friendly Niagara, Housing Providers, and Indigenous providers planned for early 2019 (See also 4.9a above). • Worked with community partners in 2016 to identify a need to increase priority of local Indigenous population as well as LGBTQ2S population within core work of HHAP. Planned in 2017 for five-year HHAP review to be completed by late 2018 or early 2019.
4.9d	Partner with academic community to advance research and analyze data to support planning, attract funders and generate interest in ongoing housing and homelessness research	<ul style="list-style-type: none"> • Increased ability to engage academic research to support work of the HHAP by creating a pipeline to Brock University for course based projects, including projects related to shelter and system change completed in 2017.

Subject: Seniors Services Homes – Volunteer Report

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 16, 2019

Recommendations

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

Key Facts

- The purpose of this report is to highlight the contribution level of volunteers and students to the Long-Term Care homes in 2018.
- Four hundred and eighty volunteers provided 52,445 hours of service and 456 students completed 75,555 placement hours.

Financial Considerations

The monetary value of volunteer hours, when calculated at the 2018 minimum wage rate was \$734,230. The monetary value of student contributions, when calculated at the 2018 student minimum wage rate was \$993,548. Volunteer fundraising initiatives also raised \$261,828 in donations, used to purchase equipment, program supplies and services.

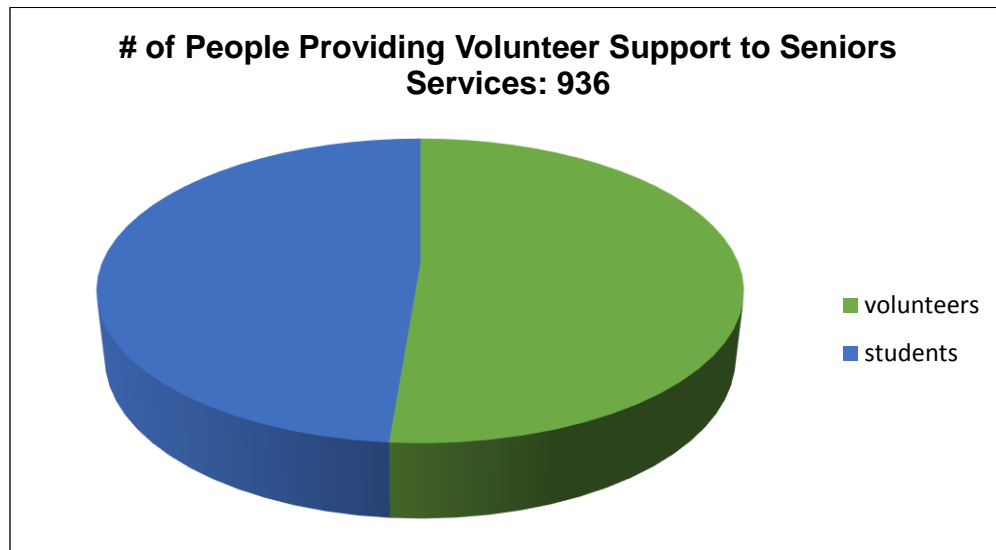
Analysis

The Benefit of Volunteerism to the Residents of Long-Term Care Homes

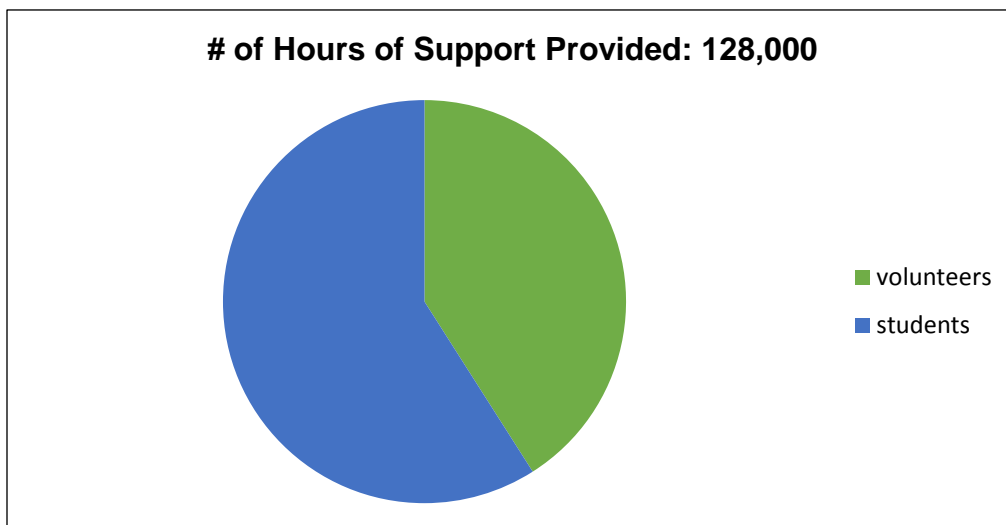
Seniors Services is grateful for and values the volunteer contributions made by members of the public, community groups and students. Volunteers support a wide range of programs across the eight homes including meal time assistance, friendly visiting, pet visits, help with cards and games, bingo, sing-a-longs, birthday parties, pastoral visits and services and pubs. Volunteers help to keep the gardens beautiful, operate tuck shops and help coordinate fundraising events. Volunteers make an invaluable difference to the lives of Niagara Region's Long-Term Care home residents.

Volunteer and Student Contributions

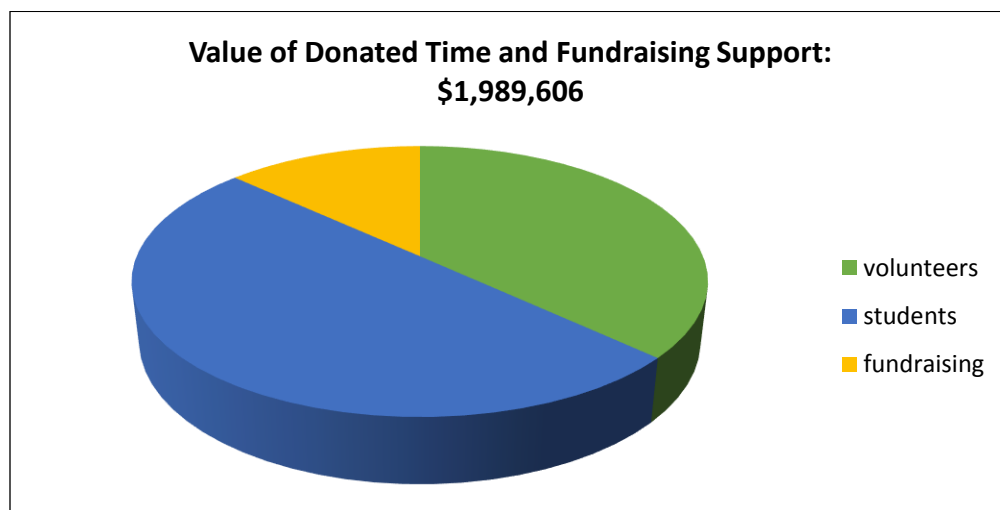
In 2018 there were 936 people who donated their time to Seniors Services including 480 volunteers and 456 students as depicted in the following chart.



Volunteers contributed 52,445 hours and students contributed 75,555 hours in 2018. In total, they represent 128,000 hours of support as captured below. The combined contributions represent the equivalent of 61.5 Full Time Equivalent (FTE's) staff.



The value of volunteer support when equated at the 2018 minimum wage rate of \$14.00 per hour is \$734,230. The value of student support when equated at the 2018 student minimum wage rate of \$13.15 per hour is \$993,548. In 2018 fundraising efforts to support the residents and clients in Seniors Services generated \$261,828. The total sum of all three categories of contribution as follows is \$1,989,606.



Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

Not applicable.

Other Pertinent Reports

Not applicable.

Prepared by:

Henri Koning
Director
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with LTC Resident Community Program Managers Lisa Coxon, Charlene Ferns, Dave Stortz, Aimie Taylor, Antonietta Todd, Richard Van Huizen, Tammy Wright, and Stefani Tworyczuck, Volunteer Coordinator, and reviewed by Henri Koning, Director, Seniors Services.

Subject: Medical Directors Annual Report 2018 – Long-Term Care Homes

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 16, 2019

Recommendations

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

Key Facts

The purpose of this report is to provide Committee and Council with summarized findings identified by the Medical Directors of the Region's eight Long-Term Care homes (LTCH) in their 2018 Annual Medical Directors' Reports.

Under the LTCH Act each home is required to have a Medical Director, who must be a physician. The Medical Director fulfills a number of functions including: liaising with the Director of Resident Care on matters related to medical care in the home, serves as a member of the Medical Advisory Committee and acts as co-chair on the Professional Advisory Committee in the LTC home, reviews, advises and revises medical and clinical policies / procedures based on best practice, ensures 24 / 7 medical coverage for residents, and acts in a supervisory capacity relative to Attending Physicians (holds Attending Physicians accountable to meet the homes policies, procedures and protocols for medical service).

Key recommendations identified by the Medical Directors are as follows:

- Continue to focus on staff training and capacity building to ensure residents' increasingly complex needs can be met in the Long-Term Care homes, minimizing the need for transfers to hospital.
- Continue to advocate for enhanced funding to increase Personal Support Worker (PSW) and recreation staffing levels.
- Enhance the level of support offered to families and caregivers related to the transition into Long-Term Care and in understanding the progression of dementia.

Financial Considerations

As per the Ministry of Health and Long-Term Care's (MOHLTC) Level-of-Care Per Diem Funding policy, Medical Directors are issued payment of \$.30/resident day through the Nursing and Personal Care envelope (MOHLTC/Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) funding.

Analysis

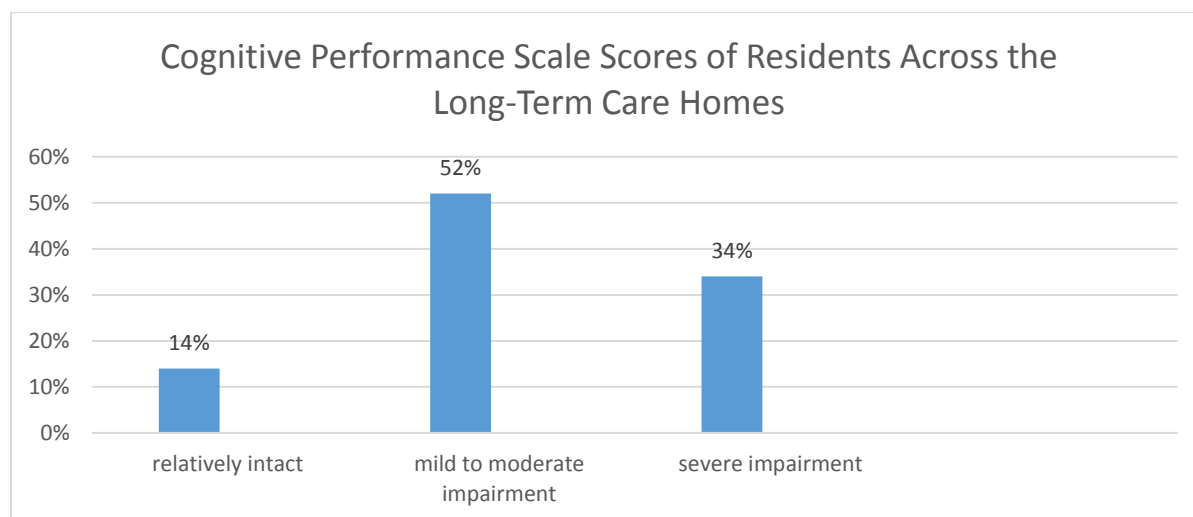
Profile of the Current LTC Resident Population

Niagara Region Seniors Services provided Long-Term Care (LTC) services for 1,525 residents in 2018. The eight LTC homes welcomed 571 new admissions throughout the year and at the end of 2018 there were 1,998 seniors on the waitlist for our homes.

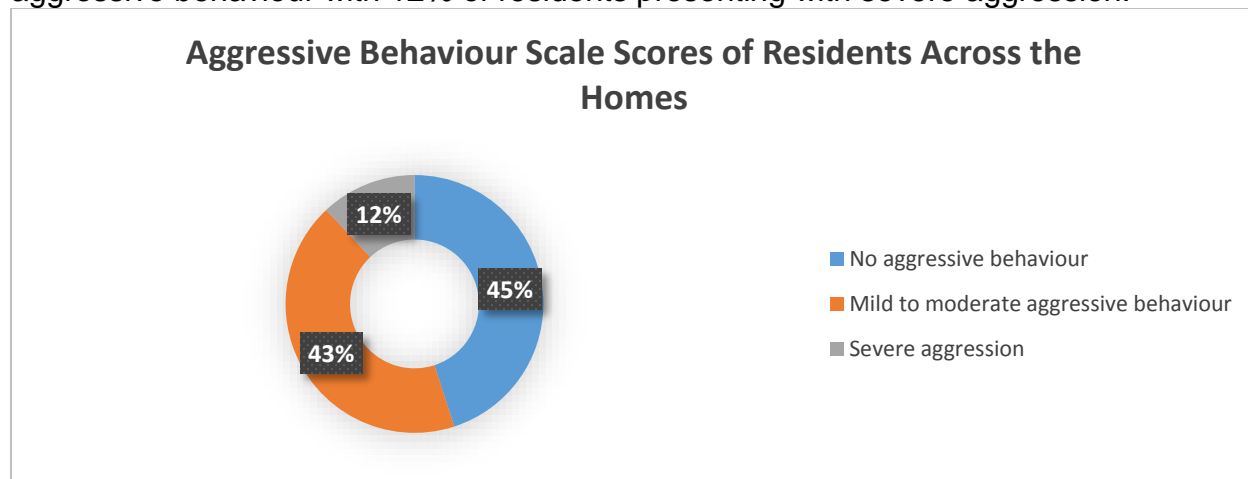
The average age of residents in the LTC homes in 2018 was 84. Many of the residents in the homes are dependent on a wheelchair or walker and require assistance with the activities of daily living (e.g. bathing, dressing, and mealtimes) related to physical functional challenges.

With the continued focus on aging at home, people are able to stay in their homes longer and as a result, residents admitted to Long-Term Care present with more acute needs. Newly admitted residents require more complex care, which may include use of oxygen, tube feeds, intravenous therapy, wound care and end of life needs. The attending physicians across the homes work to stabilize acute medical conditions and multiple co-morbidities (multiple chronic conditions) of residents, while collaborating with the full interdisciplinary team to optimize residents' functional capacity and quality of life.

Many residents of the LTC homes also present with cognitive impairment. The chart below details the Cognitive Performance Scale (CPS) scores of residents across the LTC homes. The CPS combines information on memory impairment, level of consciousness and executive function. As illustrated in the chart below, 86% of residents across the homes have mild to moderate or severe cognitive impairment.



Many residents across the LTC Homes also present with responsive behaviours. The Aggressive Behaviour Scale (ABS) is a measure of aggressive behaviour based on the occurrence of verbal abuse, physical abuse, socially disruptive behaviour and resistance of care. A score of 1 - 4 indicates mild to moderate aggressive behaviour and a score of 5 or more represents the presence of more severe aggression. The following chart illustrates that 55% of residents across the homes present some level of aggressive behaviour with 12% of residents presenting with severe aggression.



Based on their review of LTC in 2018 and anticipated future trends, the Medical Directors made three recommendations in support of continuous improvement.

Recommendation 1:

Continue to focus on staff training and capacity building to ensure residents' increasingly complex needs can be met in the LTC homes, minimizing the need for transfers to hospital.

To address the prevalence of cognitive impairment and responsive behaviours among the residents, Seniors Services staff have completed Gentle Persuasive Approaches (GPA) training, responsive behaviour training and Code White training (violent outburst response plan). In 2019 staff will receive further training in support of providing resident centered, individualized care for residents with cognitive impairment with the introduction of "Positive Approaches to Care" an effective companion training program to GPA training.

To address clinical needs given increasing acuity of residents, registered staff will be focusing on clinical capacity building in 2019 through the introduction of two new learning programs.

- (i) Intravenous Therapy Certification - This training will enhance the scope of practice of our registered staff and avoid resident hospital transfers for infusion of medications.

- (ii) York University Wound Care Certificate Course – This training will support registered staff to develop the necessary competencies to lead home based wound care teams, to effectively optimize use of the wound care app and to manage more complex wounds. Advanced wound care skills will help avoid transfers to hospital for complex wound related complications.

Recommendation 2:

Continue to advocate for enhanced funding to increase Personal Support Worker (PSW) and recreation staffing levels.

The Medical Directors identified a need for increased MOHLTC funding to enhance front-line staffing to support resident care needs. The Medical Directors also noted that additional dedicated recreation staff on each unit would relieve residents of boredom and loneliness. They felt that this would improve the resident experience by keeping them emotionally balanced, physically active and socially engaged.

As reported in COM 07-2019, Seniors Services completed a staffing study to determine optimal staffing levels across the LTC homes. In 2018 the MOHLTC provided an increase to base funding in the Nursing and Personal Care funding envelope which was used to add to PSW staffing levels. The MOHLTC also provided an increase to base funding in the Programs funding envelope which was used to add a four hour recreation shift to all dementia units. These additional four hours will help support care on the unit and help to manage escalating behaviours related to ‘sun-downing’ (a neurological phenomenon associated with increased confusion and restlessness in patients with dementia).

These staffing enhancements, approved through the 2019 budget process have increased the staffing by 0.16 hours/per resident/day, now operating at 3.32 hours/resident/day per day. Seniors Services and AdvantAge Ontario¹ continue to advocate for increasing staffing levels to achieve the target of 4.0 hours/resident/day.

Recommendation 3:

Enhance the level of support offered to families and caregivers related to the transition into LTC and in understanding the progression of dementia.

The Medical Directors identified the need for increased support to families and caregivers who admit their loved one to our homes. Families and caregivers are supporting their loved ones at home longer as part of the Aging at Home strategy, prior to being admitted to LTC. In the community, home care provides core supports to help people live independently in their homes as long as possible. The strategy promotes access to services and seeks to ensure co-ordinated care efforts.

¹ AdvantAge is an association for not-for-profit Long-Term Care homes and services for seniors in Ontario that Niagara Region Seniors Services is a member of.

In 2016, Health Quality Ontario (HQO) published a report called 'The Reality of Caring'. This report collected data from family, friends and neighbours who helped care for people in their homes. The burden and distress was evident and had doubled between 2009 and 2014. This has been recognized by the province and initiatives and supports are being trialed to ease the stress of the unpaid caregivers. The data from HQO showed that, generally, the caregivers are more distressed when they are caring for a cognitively impaired person.

The Medical Directors noted that more support should be provided to family members who have admitted their loved one to our LTC home. The stress these care providers felt at home can carry over to the long-term care experience. The families themselves are more complex. The Medical Directors noted that we are no longer just caring for the resident but the family members and friends as well. Currently across the eight LTC homes we have some social worker supports for families and are exploring options to add additional supports to provide care for burdened and stressed family members.

In summary, it was noted by the Medical Directors that even though there are multiple challenges and financial constraints placed on the home, staff overall provide excellent services across the interdisciplinary team to each resident.

Alternatives Reviewed

Not Applicable.

Relationship to Council Strategic Priorities

Not Applicable.

Other Pertinent Reports

- COM 07-19 Seniors Services Quality Improvement Report, Sept to Dec 2018

Prepared by:

Kim Eros
Associate Director Clinical and Support
Services
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared by Kim Eros, Associate Director, Clinical and Support Services and reviewed by Henri Koning, Director, Seniors Services.

From: Karen Reece <karen@alphaweb.org>
Sent: Wednesday, March 20, 2019 11:21 AM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Cc: various recipients
Subject: 2019 alPHa Boards of Health Fitness Challenge

CAUTION: This email originated from outside of the Niagara Region email system. Use caution when clicking links or opening attachments unless you recognize the sender and know the content is safe.

To Boards of Health Chairs please print, post and circulate widely – 2019 alPHa Fitness Challenge

Attention: All Board of Health Members

You might have heard about the alPHa Fitness Challenge for Public Health Units, well, we are pleased to tell you that there is now one for **Boards of Health!**

The challenge to our Board of Health members is to involve the entire Board in a 30-minute walk, wheel, whatever.....just be active for half an hour! Any Board of Health that achieves a 100% group participation will be deemed a winner, any Board of Health that receives 95% or better will also receive an honorable mention.

Remember, the key to completing this challenge successfully is 100 % Board of Health participation.

CORRECTION: Please send us all your photo`s to Loretta Ryan at loretta@alphaweb.org or at Twitter <https://twitter.com/phagencies?lang=en>
Attached are the rules and regulations.

Good luck to everyone, and we'll see you all at the finished line!

Take Care,

Loretta

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3
Tel: 416-595-0006 ext. 22
Cell: 647-325-9594
loretta@alphaweb.org
www.alphaweb.org





Association of Local
PUBLIC HEALTH
Agencies

2019 ALPHA FITNESS CHALLENGE FOR BOARD OF HEALTH MEMBERS



alPHa is inviting all Boards of Health to participate in the Fitness Challenge!

The challenge to our Board of Health members is to involve the entire Board in a 30-minute walk, wheel, whatever.....just be active for half an hour!



HERE'S HOW TO PARTICIPATE

READY - Designate someone to co-ordinate and keep count of your participants.

SET - Participate in a minimum of 30 minutes of walking or wheeling during the months of April or May as part of a Board of Health activity. Can't get together? You can still participate and head out on your own! As long as everyone on the Board participates, you are a winner!

GO - Have your designated co-ordinator complete the results form and email it back to us at info@alphaweb.org.

EASY TIPS TO GET ACTIVE!

Before or After Your Board of Health Meeting - Go out for a 30-minute walk before or after your Board meeting in April or May.

At Lunch - Many of us have sedentary jobs, why not brainstorm project ideas with fellow Board members during a lunchtime walk or wheel?

After work or on the Weekend - Not enough time before or after your Board meeting and lunch time is too busy? Set up another date and time to meet in April or May and go for a walk or wheel!

Completed forms must be received by 12:00 noon on Friday May 31, 2019; send them to info@alphaweb.org

30-minute walk...wheel...whatever!

HERE ARE THE RULES

Boards of Health must complete the attached alPHA Fitness Challenge Form. All Board of Health with 100% group participation will be considered winners

CONTEST RULES AND GUIDELINES

1 - Only members of Boards of Health are eligible.

2 - The 30-minute walk or wheel can be completed anytime during April or May and it is encouraged that this takes place before or after the May meeting. If no meeting is scheduled then the Board members are encouraged to get together and walk or wheel at another time.

3 - Board members can complete their 30-minute walk or wheel individually, however, it is encouraged that this to be a group activity.

4 - Any 30-minute walk or wheel will be considered as an eligible activity.

5 - The winning Board of Health(s) will be recognized at the Conference in June.

AND THE WINNER IS ..

The results will be broadcast on the allhealthunits listserv in June and via alPHA's Twitter account: @PHAgencies. The winning Board of Health(s) will also receive an award at the 2019 alPHA Annual General Membership meeting in June.

2019 BOARD OF HEALTH aPHa FITNESS CHALLENGE

Deadline to submit: Friday, May 31, 2019

Email completed form to: info@alphaweb.org

Please fill in the fields below:

BOARD OF HEALTH: _____

COORDINATOR(S): _____

COORDINATOR'S EMAIL: _____

Number of Members on the Board of Health (incl. Chair): _____

Number of BOH members participating in at least 30 minutes of physical activity: _____

BOH member participation rate: _____

If BOH members participated in a **group activity**, please include a short description of the activity:

If BOH members participated as individuals, please list the activities they participated in:

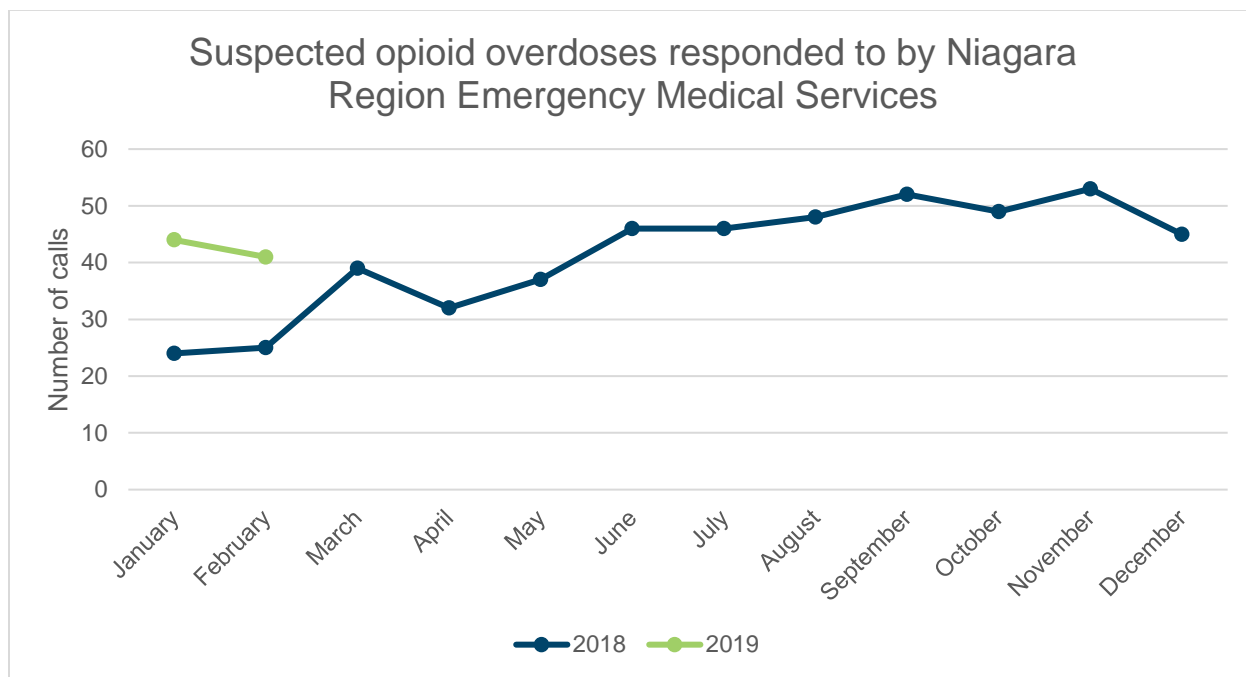
MEMORANDUM

CWCD 131-2019

Subject: Opioid Work Update
Date: April 5, 2019
To: Board of Health
From: Dr. Andrea Feller, Associate Medical Officer of Health

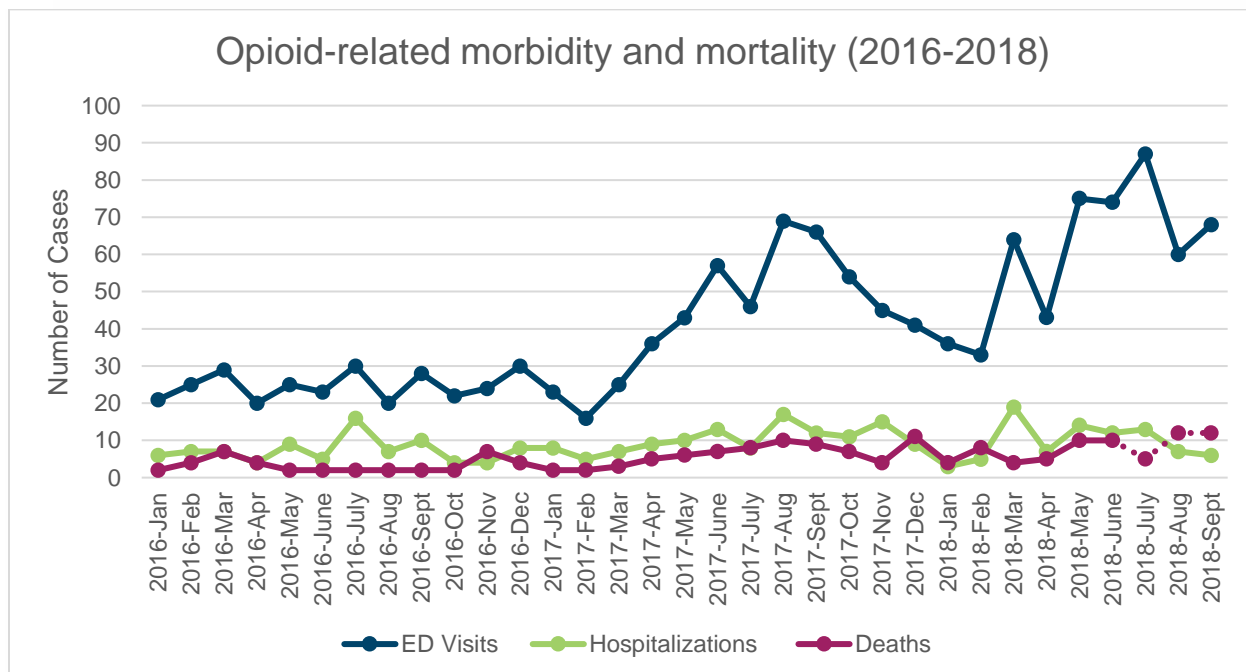
In our goal to continue to keep you updated around opioids, please see the following.

1. Positive Living Niagara and the community received the required federal exemption for supervised injection services. On March 29, approval was granted for funding a Consumption and Treatment Services (CTS) site for one year. Further details about the location and model will be released by Positive Living Niagara and Opioid Prevention and Education Network of Niagara (OPENN) in due course.
2. Naloxone has been distributed (over 2550 kits) to 25 key agencies who are actively distributing within the critical social and close peer network, in addition to appropriate patient provisions through St. John Ambulances, Niagara Health sites, and EMS. Naloxone training for Niagara Regional Police Service is almost complete. All agencies that have chosen to be a public access point are listed at: <https://www.ontario.ca/page/where-get-free-naloxone-kit>
3. OPENN updates: An advisory system on toxic drug/adverse reaction sharing is under development. Also, the Substance Use Strategy for Niagara, currently focused on prevention, is on track and in the lived experience consultation phase. Good progress is being made around capturing data that is more narrative in nature, as well as OPENN communications to share updates and additional education and information on social media.
4. The website is updated as data becomes available. These updates are available through PH&ES site (in addition to elsewhere on the Region's site). https://www.niagararegion.ca/living/health_wellness/alc-sub-abuse/drugs/overdose-prevention.aspx
5. For this report, we have included some **preliminary** data (in broken lines) in addition to the data found on the website. A summary of opioid-related population health outcome and naloxone distribution data available to date follows. As expected, 2018 trends were higher than 2017.



Data source: EMS Edge [2019].

- In 2018, there were 496 suspected opioid overdoses that were responded to by EMS. This was an average of 41 calls per month
- In the first two months of 2019, there have been 85 suspected opioid overdoses that were responded to by EMS. This is an average of 42.5 calls per month



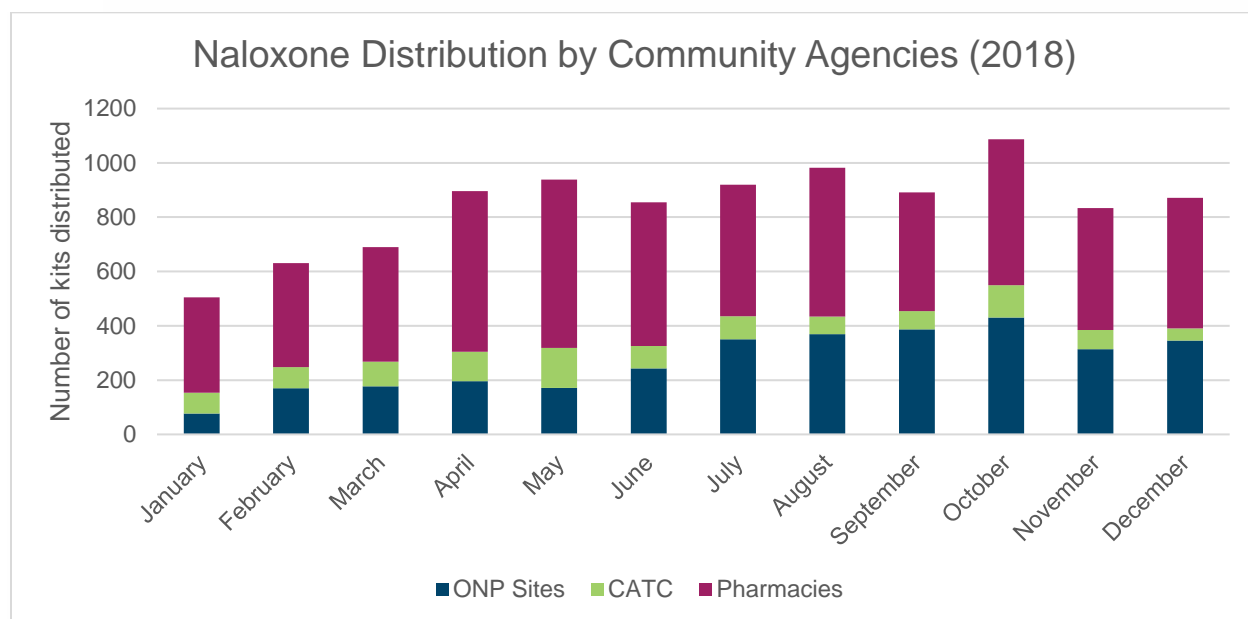
Data source: National Ambulatory Care Reporting System, 2016-2018; Discharge Abstract Database, 2016-2018; Office of the Chief Coroner of Ontario, 2016-2018.

Emergency Department Visits and Hospitalizations

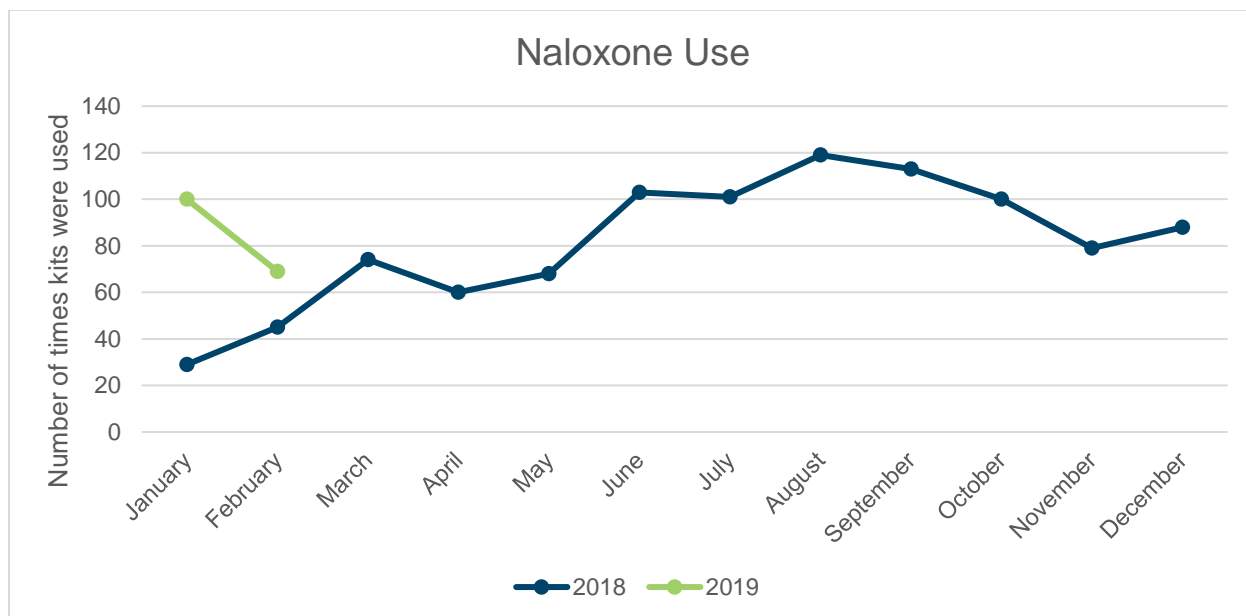
- In 2016, there were a total of 297 opioid poisoning emergency department (ED) visits, and 87 hospitalizations. This was an average of 25 ED visits per month and 7 hospitalizations per month
- In 2017, there was a total of 521 opioid poisoning ED visits and 124 hospitalizations. This was an average of 43 ED visits per month and 10 hospitalizations per month
- Up to the end of September 2018, there have been 540 opioid poisoning ED visits and 86 hospitalizations. This is an average of 60 ED visits per month and 10 hospitalizations per month

Deaths

- In 2016, there were 40 opioid overdose deaths. This was an average of 3 deaths per month
- In 2017, there were 74 opioid overdose deaths. This was an average of 5 deaths per month
- In the first half of 2018, there have been 41 opioid overdose deaths. This is an average of 7 deaths per month



Data source: Niagara Region Naloxone Distribution and Use [2018].



Data source: Niagara Region Naloxone Distribution and Use [2018].

- In 2018, there were 10,000 naloxone kits distributed by pharmacies, Ontario Naloxone Program sites, and the Canadian Addiction Treatment Centres.
 - In January 2019, 892 kits had been distributed
- In 2018, naloxone kits were reported to be used 979 times
 - In January and February 2019, 169 kits were reported to be used

We will continue to keep you updated. Other pertinent correspondence is listed below:

CWCD 440-2018

Respectfully submitted and signed by

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 Associate Medical Officer of Health