



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

PHSSC 4-2023

Tuesday, April 4, 2023

1:00 p.m.

Council Chamber

Niagara Region Headquarters, Campbell West

1815 Sir Isaac Brock Way, Thorold, ON

To view live stream meeting proceedings visit: niagararegion.ca/government/council

	Pages
1. <u>CALL TO ORDER</u>	
2. <u>DISCLOSURES OF PECUNIARY INTEREST</u>	
3. <u>PRESENTATIONS</u>	
3.1 <u>2022-2023 Record Review</u> Kim Friesen, Manager, Clinical Services and Diane Legros, Manager, Vaccine Preventable Disease	3 - 21
3.2 <u>Dental Program</u> Sarah Burciul, Manager, Dental Program, and Laura Blundell, Executive Director, Niagara Falls Community Health Centre	22 - 41
4. <u>DELEGATIONS</u>	
4.1 <u>SaveMyLife.ca</u> Steve Borisenko, Resident, City of St. Catharines	42 - 62
5. <u>ITEMS FOR CONSIDERATION</u>	
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6. CONSENT ITEMS FOR INFORMATION

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7. OTHER BUSINESS

8. NEXT MEETING

The next meeting will be held on Tuesday May 9, 2023, at 1:00 p.m. in the Council Chamber, Regional Headquarters.

9. ADJOURNMENT

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

2022-2023 Record Review

Public Health and Social Services Committee

April 4, 2023

Kim Friesen, Manager, Clinical Services

2022-23 Record Review

Vaccine Preventable Disease (VPD) program

Meningococcal Disease

Last updated: December 23, 2022

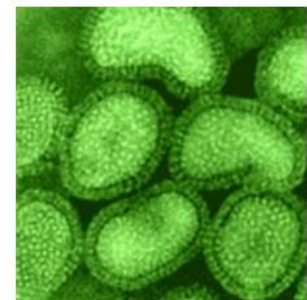
As part of Toronto Public Health's continued response to an [outbreak of invasive meningococcal C disease](#), residents 20 to 36 years of age are advised to check their immunization record to confirm they have received a dose of meningococcal vaccine. If not, please contact your healthcare provider or [book an appointment](#) ¹⁹ at a City-run clinic.

Meningococcal disease is a caused by the bacteria Neisseria meningitidis. Normally, some people carry this bacteria in their throat or nose without getting sick. In rare cases this bacteria can cause serious disease and may spread to others. It can lead to an infection of the brain, spinal cord and blood, as well as complications like hearing loss, brain damage, loss of limbs and even death.

columbus > public health > **measles information**



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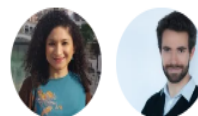
INFECTIOUS DISEASE

Program Information



There is a measles outbreak in central Ohio. Measles is a very contagious and serious illness. The MMR vaccine is safe and highly effective at preventing measles. MMR vaccines are available at Columbus Public Health during regular vaccine clinic hours and at Franklin County Public Health by appointment only. Children also can get MMR vaccines from their pediatrician or medical home. Learn more below.

Measles vaccination rates in Canada have decreased, PHAC says amid global concern



By **Saba Aziz & Sean Boynton** • **Global News**

Posted November 24, 2022 8:49 pm · Updated November 25, 2022 1:14 pm



Healthy Albertans.
Healthy Communities.
Together.



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Search AHS



[COVID-19 Info](#) | **Continuous masking** remains in effect at all AHS, APL and Covenant facilities provincewide.

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CAREERS ▾

NEWS ▾

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ENGAGE ▾

Home > News & Advisories > News Releases > [Pertussis outbreak declared in South Zone](#)

Pertussis outbreak declared in South Zone

January 26, 2023

LETHBRIDGE – Alberta Health Services (AHS) has declared an outbreak of pertussis (whooping cough) in the central part of the South Zone and is reminding all people of the importance of immunization, particularly in small children, to prevent further illness.

Communities impacted at this time involve those spanning the County of Lethbridge, Coaldale, Taber, Vauxhall, Grassy Lake and Bow Island. These are communities with significantly low childhood immunization rates. By age two, children should have received four doses of pertussis- vaccine, and in some of these areas only one -third of two-year-old children have.

Cost Effectiveness of Vaccination

- Healthcare costs for treating vaccine-preventable diseases are typically much greater than the cost of vaccination programs
- The cost savings for several vaccines in Canada range from \$6 - \$45 for every dollar spent on vaccination programs
- Overall, **vaccination programs provide a net economic benefit**

Public Health's Role in Immunizations

- Offer vaccinations in school setting
 - Immunization of School Pupils Act - a key element we will discuss
- Run general vaccination clinics in the community
- Distribute vaccines to all primary care providers
- Follow-up on reports of adverse events following immunization
- Child care record review
- Coordinate occasional mass vaccination campaigns (e.g. the COVID-19 vaccination campaign)

Immunization of School Pupils Act (ISPA)

- Law that requires students under the age of 18 to provide an up-to-date immunization record or valid exemption to attend school in Ontario
- ISPA doesn't require vaccinations but requires **reporting one's choice**
- Adopted in 1990 and last updated in 2017

Additional benefits to children and their families

- An up-to-date immunization record may be needed for
 - Attending summer camp
 - Travelling out of the country
 - Applying for college or university
 - Certain occupations or co-op placements
 - Receiving medical treatment
- If parents misplace their child's personal immunization record (yellow card), they can still access them by requesting for their child's records on our website

Required Vaccinations for Students

Under the Immunization of School Pupils Act

- Diphtheria
- Measles
- Meningococcal
- Mumps
- Pertussis
- Polio
- Rubella
- Tetanus
- Varicella – beginning with birth cohort 2010

1. Statement of Medical Exemption

Completed and signed by a health care provider **only if** the vaccine is deemed to be **unsafe** or **unnecessary** for the student

2. Statement of Conscience or Religious Belief

Parent must complete a video education session, fill the applicable form and have it **witnessed by a commissioner** for taking affidavits

Suspensions

- Students who do not have an up-to-date immunization record or valid exemption on file by the deadline will be **suspended from school for up to 20 school days**
- If an outbreak of a vaccine-preventable disease occurs at a school, Public Health will use immunization records and valid exemptions to quickly **identify who is at risk** so they can be notified and excluded from school for their protection

Previous Record Review Successes

School Year	Pre-Suspension Compliance Rate	Post-Suspension Compliance Rate
2017 – 2018	84%	95.99%
2018 – 2019	86%	95.94%
2022 – 2023	57.7%	TBD

Compliance = % of students who are up to date with their immunizations + students with an exemption on file

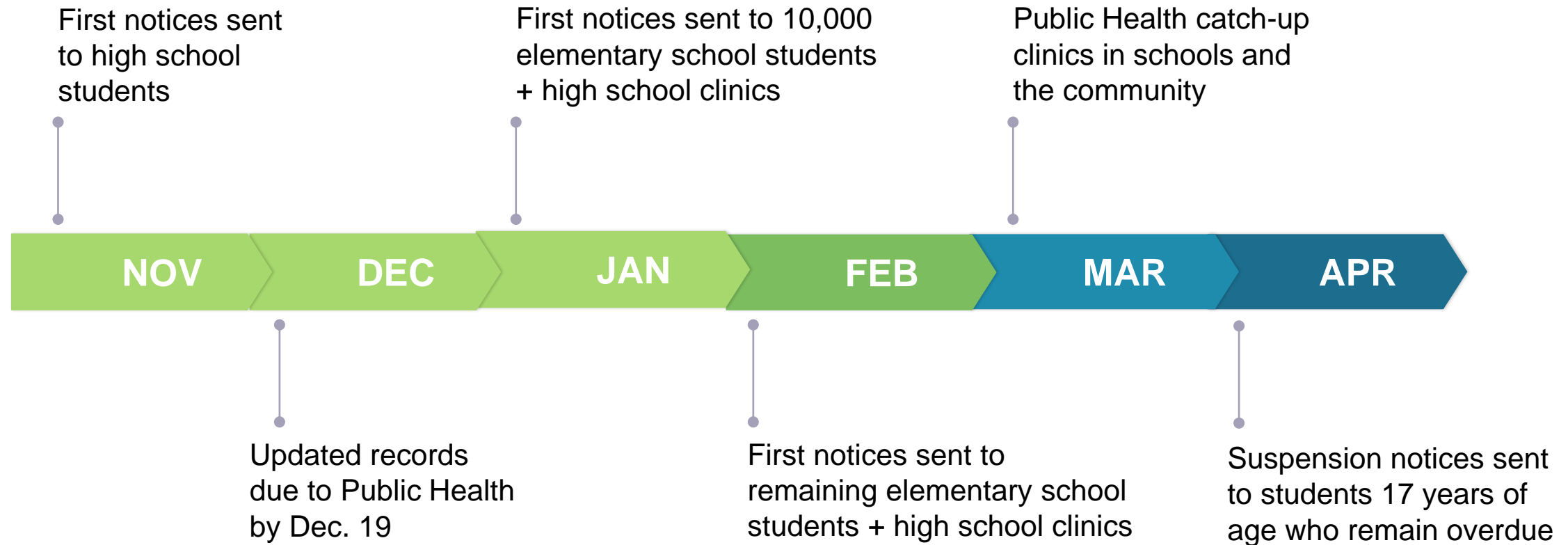
Over 28,000 students

in Niagara region are overdue and/or have not reported their vaccination information

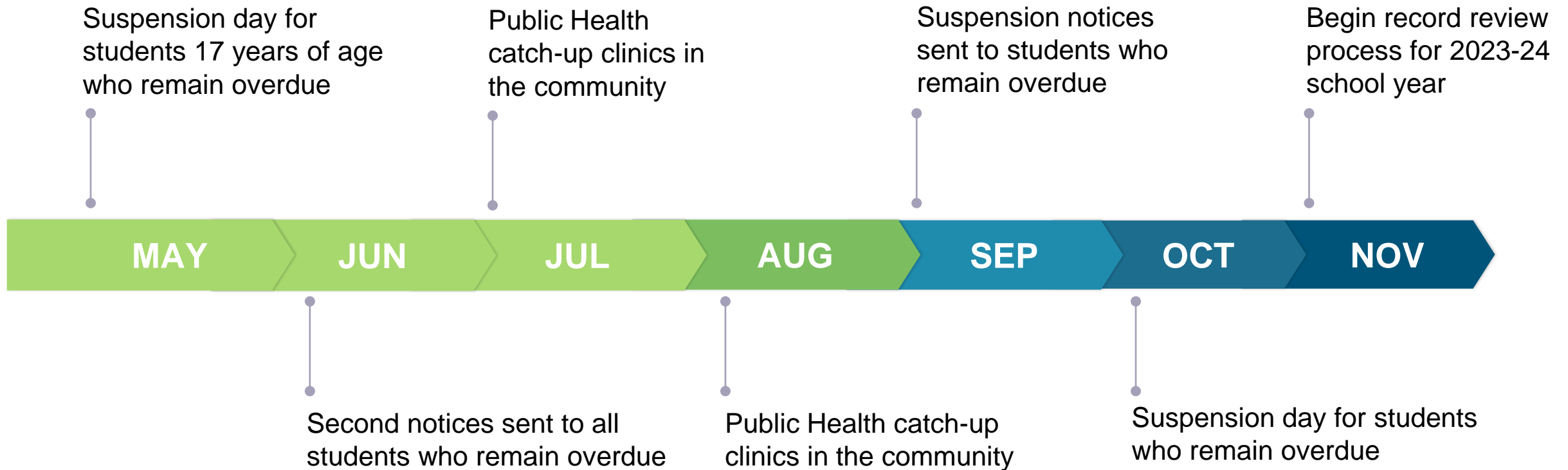
5,611 students

in Niagara region have no immunization record on file as of November 1, 2022.

Record Review Timeline – to date



Record Review Timeline - pending



How We are Supporting Families

Communication to the public through various media outlets

- Media release, news articles, radio interviews
- Public-facing dashboard available online to see schools by municipality

Regularly keep school boards/principals updated

- Presentations, emails, Google Drive with supporting documents

Regularly keep primary care updated

- Memos, Physicians' Newsletter

How We are Supporting Families

Increased access to school-based clinics

- High schools, elementary schools

Increased access to community-based clinics

- Locations across the region on weekdays, evenings and weekends

Devoted additional staff and budget

What Success Looks Like

- Meeting national vaccination coverage goals
- Maintaining collaborative partnerships with school boards/primary care
- Community immunity and no outbreaks

niagararegion.ca/vaccines

Public Health

Vaccinations

[Report Online](#)

[Request Vaccination Documents](#)

[Vaccination Clinics](#)

[Flu Shots](#)

[Yellow Fever Centres](#)

[School Vaccinations](#)

[Vaccine Safety](#)

[COVID-19 Vaccination](#)

[Contact the Vaccine Team](#)

Vaccinations and Immunizations

Got an immunization notice?

Public Health doesn't have complete vaccination information on file

[Update vaccination records](#)



[Children](#)

Requirements for children attending a licensed child care centre / home or school



[Where to Get Vaccinated](#)

Publicly funded immunizations and appointment information



[Grade 7 Vaccinations](#)

Report your child's vaccinations

Keep your child's vaccination record up-to-date using the [online form](#)

Vaccinations for elementary and high school students

We're hosting school vaccination clinics for

Immunization has saved more lives in Canada than any other health intervention.

– Immunize Canada

Dental Care Program

Public Health and Social Services Committee

April 4, 2023

Sarah Burciul, Manager, Dental Program

Laura Blundell, Executive Director, Niagara Falls Community Health Centre

Dental Program

PHSSC Presentation

Sarah Burciul

Manager, Dental Program

Laura Blundell

Executive Director, Niagara Falls Community Health Centre

Dental Program Overview

Youth Focused Programs (Cost –shared funding)

- School Screening
- Healthy Smiles Ontario
 - Emergency & Preventive Streams
- Fluoride Varnish Program
- Mobile Dental Unit
- Outreach

Seniors Focused Program (100% funded Ministry of Health)

- Ontario Seniors Dental Care Program

Public Health Dental

Programs are delivered through:

- Public Health Clinics
- Mobile Dental Unit
- Schools
- Childcare Centres
- Primary Care practices
- Community Health Centres
- Community Outreach



Current Mandate - Youth

To improve the oral health of children/youth by:

1. Using Data

- We collect, analyze, and utilize data regarding youth oral health status

2. Access Dental Care for Children at Risk

- Using our data, we identify children and youth at risk of poor oral health outcomes and connect them to appropriate oral health services

3. Improving Access to Oral Health

Mandate is met by:

- School-based dental screening in elementary schools
- Delivery of the Healthy Smiles Ontario program
- Provision of preventive services at fixed clinics and the mobile dental unit
- Fluoride varnish program for children age 5 and under
 - Schools/daycares
 - Physicians' offices
 - Community outreach



Mandatory School Screenings

- Anticipate screening 41,025 elementary students in the 2022-2023 school year (increased level of screening due to pandemic interruptions)
- 972 students were identified as having urgent oral health conditions (risk of infection within 5 days) in 2022
- 52% of Grade 2 students screened in the fall of 2022, had a history of dental decay. 18% had active decay
- Eligible students are offered preventive services (cleanings, fluoride treatment, sealants)

Healthy Smiles Ontario

Is a provincial program that provides **FREE** dental care for youth

Three streams of program:

- Emergency Stream
- Preventive Stream
- Core Stream



Healthy Smiles Ontario

Emergency Stream Eligibility:

- Assessed need of oral health issue
- Youth 17 & under
- Family can not obtain treatment due to financial hardship

Program covers services such as:

- Examinations
- X-rays
- Fillings
- root canals
- anesthesia if required with private dental practices

Healthy Smiles Ontario

Preventive Stream Eligibility:

- Assessed need of preventive treatment
- Youth 17 & under

Treatments include:

- dental cleanings
- fluoride treatments
- sealants

All preventive services can be accessed at a Public Health clinic, including the mobile clinic

Healthy Smiles Ontario

Core Stream Eligibility:

- Financial eligibility (based on # of children in household)
- Youth 17 & under
- Automatically enrolled if family receives Ontario Works or Ontario Disability Support, or live in a First Nations Community

Program provides coverage for restorative and preventive treatments

Healthy Smiles Ontario

- 668 Niagara children enrolled in Healthy Smiles - Emergency Stream in Ontario during 2022
- 1,440 children seen in Public Health clinics in 2022 to be assessed for Healthy Smiles Program
- 1,389 children provided with a preventive service (cleaning, fluoride or sealants) in PH clinics in 2022

2023 Estimates for Service Delivery

- 2,600 children/youth seen for assessments in Public Health clinics
- 2,400 children provided a preventive service in clinic (fluoride treatment, cleaning, sealant)
- Estimate screening 24,600 students in elementary schools next year
- Will offer fluoride varnish to approximately 8,000 JK/SK students in the 2023/2024 school year
- 2,500 children will be provided with fluoride varnish in child care centres

Fluoride Varnish Program

- Fluoride treatments were offered to 62 childcare centres and EarlyOn Centres, with 1,223 children receiving fluoride varnish in 2022
- Fluoride varnish provided at 32 elementary schools for JK/SK students in Niagara between October – December 2022
- Approx 1,700 Fluoride treatments provided by 17 Niagara Primary Care practices during well baby, and early years visits in 2022



Mobile Dental Unit

- 33ft retrofitted mobile dental unit with dental chair and equipment
- Visits 12 community locations on a regular basis
- Visits community events, social housing communities, social service agencies to provide preventive services
- Will visit 30 schools in the 2022-23 school year
- 612 children visited the Mobile in 2022 for assessments, preventive services, education
- Currently undergoing efforts to replace aging MDC with new version that can provide preventive youth and restorative seniors services



Current Mandate - Seniors

1. Provide oral health services to low income seniors enrolled in the Ontario Seniors Dental Care Program (OSDCP)
2. Assist low income seniors to improve their oral health knowledge and awareness of oral health services



Ontario Seniors Dental Care Program

Eligibility:

- 65+ and resident of Ontario
- Income of \$22,200 or less if single
- Income of \$37,100 or less if couple
- No other form of dental benefits

In Niagara

4 Clinical Service Delivery Sites

- Quest Community Health Centre – St. Catharines
- Centre de santé de communautaire Hamilton/Niagara – Welland
- Niagara Falls Community Health Centre – Niagara Falls
- Niagara Region Public Health – Fort Erie



System Navigational Support

Dental Health Community Workers at clinical sites, as well as Bridges Community Health Centre in Fort Erie/Port Colborne & Wainfleet:

- Assist clients with completing OSDCP applications
- Support with filing tax returns
- Assistance completing medical documents
- Promotion of OSDCP in local community
- Referral to other dental services
- Support accessing primary care services
- Education re: basic oral health needs

Funding

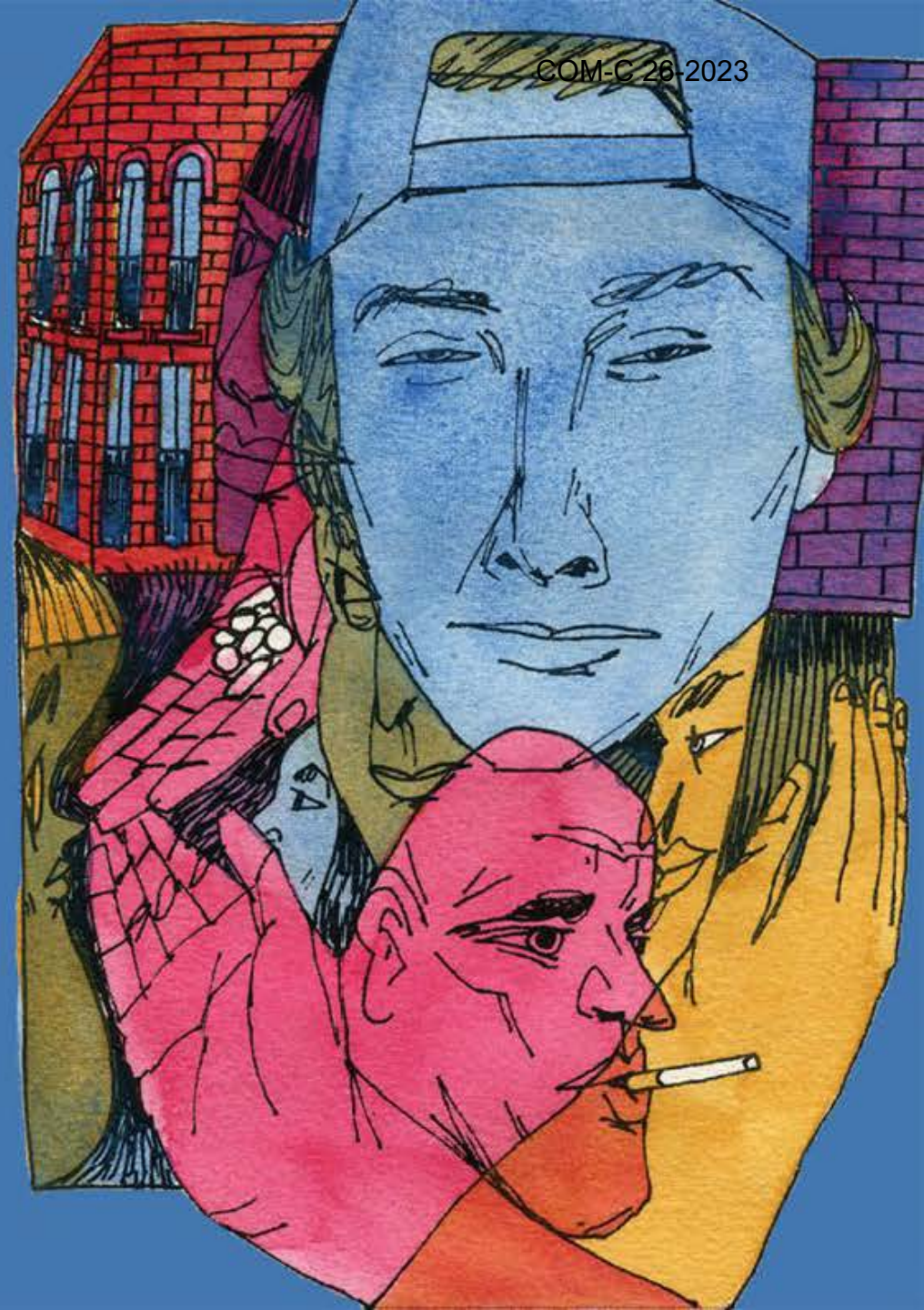
- 100% Ministry funded program
- Current annual budget is \$2,515,900.00
- 20.3 FTE funded between the 5 locations
- Quest Community Health Centre 6.3 FTE
- Niagara Falls Community Health Centre 4.5 FTE
- Centre de santé de Communautaire 5.5 FTE
- Niagara Region Public Health 3 FTE
- Bridges Community Health Centre 1 FTE

SaveMyLife.ca

I'M TIRED OF BEING MESSSED UP.

FIND THE SUPPORT YOU NEED
AT WWW.SAVEMYLIFE.CA

SaveMyLife.ca is your directory of services with a
full range of support to help with substance use.



COM-C 26-2023

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full range of support to help with substance use.



I DON'T KNOW WHAT TO DO

FIND THE SUPPORT YOU NEED
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COM-C 26-2023

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Niagara has a problem with addiction.

To address this, local organizations have come together to create a service for anyone seeking help. Here you can find all the programs around the region that can provide the support you or your loved ones may need.

Answer some basic questions, and we'll guide you to available resources.

Get Started





Question 1

I am a...

Loved One / Guardian

Substance User



Question 2

How old are you, or the individual you're concerned about?

18 and under

Over 18



Question 3

I am looking for...

Urgent Help

Available Programs

Resources available for you.

Local organizations have come together to create a service for anyone seeking help. Here, you can find all the programs around the region that can provide the support you or your loved ones may need.

FILTER BY

X Clear Filters

Categories

Age

Location

Urgency

Pathstone Mental Health

Pathstone Crisis & Support Line

Counseling Phone Support Support Groups Therapy

Pathstone Crisis Support Line is an intervention service providing immediate telephone counselling. It operates 24 hours a day, 7 days a week for those up to 18 and their families.

[Read More](#) [View Website](#)

Canadian Mental Health Association

Crisis Outreach and Support Team (COAST)

Counseling Phone Support Therapy

COAST is a mobile crisis outreach and intervention service that offers immediate telephone counselling and on-site crisis outreach intervention as needed.

[Read More](#) [View Website](#)

Distress Centre Niagara

Mental Health & Addictions Access Line

Phone Support Addiction

Access Line works with and refers people to mental health and addictions agencies which provide up to 100 programs access the region.

[Read More](#) [View Website](#)

CASON

Substance Use/Addiction Counsellor - Brock University

Addiction Counseling Student Services

Individual counselling and weekly workshops surrounding mental health, substance/alcohol and overall wellness relating to student life.

[Read More](#) [View Website](#)

CASON

CASON Youth Outreach

Addiction Counseling

Youth Outreach counsellors work directly with clients to achieve their personal recovery goals.

[Read More](#) [View Website](#)

CASON

CASON Youth SMART Recovery Group

Addiction Counseling Support Groups

SMART is an evidence-based program that aims to build practical, proven, self-management, and recovery skills.

[Read More](#) [View Website](#)

CASON

CASON 1:1 Counselling

Addiction Counseling Treatment Program Therapy

Support for individuals through solution-based substance counselling. CASON counsellors work collaboratively with clients to develop a individualized plan of care.

[Read More](#) [View Website](#)

CASON

CASON Family Services

Addiction Counseling

Family counselling offered either individually, or to a group of family members.

[Read More](#) [View Website](#)

CASON

CASON Day Treatment

Addiction Counseling Support Groups

A four week, group facilitated program for individuals who are motivated to make changes regarding their alcohol and/or substance use.

[Read More](#) [View Website](#)

counsellors work collaboratively with clients to develop a individualized plan of care.

[Read More](#)

[View Website](#)

make changes regarding their alcohol and/or substance use.

COM-C 26-2023

[Read More](#)

[View Website](#)

CASON

CASON Gambling/Gaming Programs

Addiction Counseling

Counselling and strategies for coping with the effects of a gambling/gaming problem.

[Read More](#)

[View Website](#)

Niagara Region Public Health

Youth Mental Health and Addiction Service

Addiction Counseling Therapy Treatment Program

The service provides assessment, treatment plan and counselling for young people experiencing emerging mental health and addictions.

[Read More](#)

[View Website](#)

Positive Living Niagara

StreetWorks Harm Reduction Program

Addiction Supervised Consumption

Access to a variety of harm reduction supplies and education

[Read More](#)

Positive Living Niagara

Consumption and Treatment Services

Addiction Supervised Consumption

A space to use pre-obtained substances under supervision of harm reduction workers and paramedics. Injection, nasal, and oral consumption permitted.

[Read More](#)

Positive Living Niagara

StreetWorks System Advocacy

Counseling

For needs outside of harm reduction supplies, system advocates are available to assist people navigating the social services and medical system.

[Read More](#)

Positive Living Niagara

Beyond the NOD - Naloxone

Education

Learn about opioid overdose prevention and response, including the administration of narcan. Take-home kits available.

[Read More](#)

Positive Living Niagara

StreetWorks Peer Program

Volunteer Opportunities Education

Get involved! Various opportunities available including outreach, community cleanups, and kit making. Participants are given honorariums.

[Read More](#)

Niagara Health

Rapid Access to Addiction Medicine (RAAM)

Counseling Treatment Program Therapy Addiction

The RAAM (Rapid Access Addictions Medicine) Clinic is a clinic for people looking for help with substance use (alcohol and /or other drugs).

[Read More](#)

[View Website](#)

Niagara Health

Withdrawal Management Services

Counseling Treatment Program Phone Support Addiction

Withdrawal Management Services is a twenty-bed program that includes phone support, safe withdrawal management, supportive counselling, access, and referrals to community services.

[Read More](#)

[View Website](#)



Question 3

I am looking for...

Urgent Help

Available Programs

Resources available for you.

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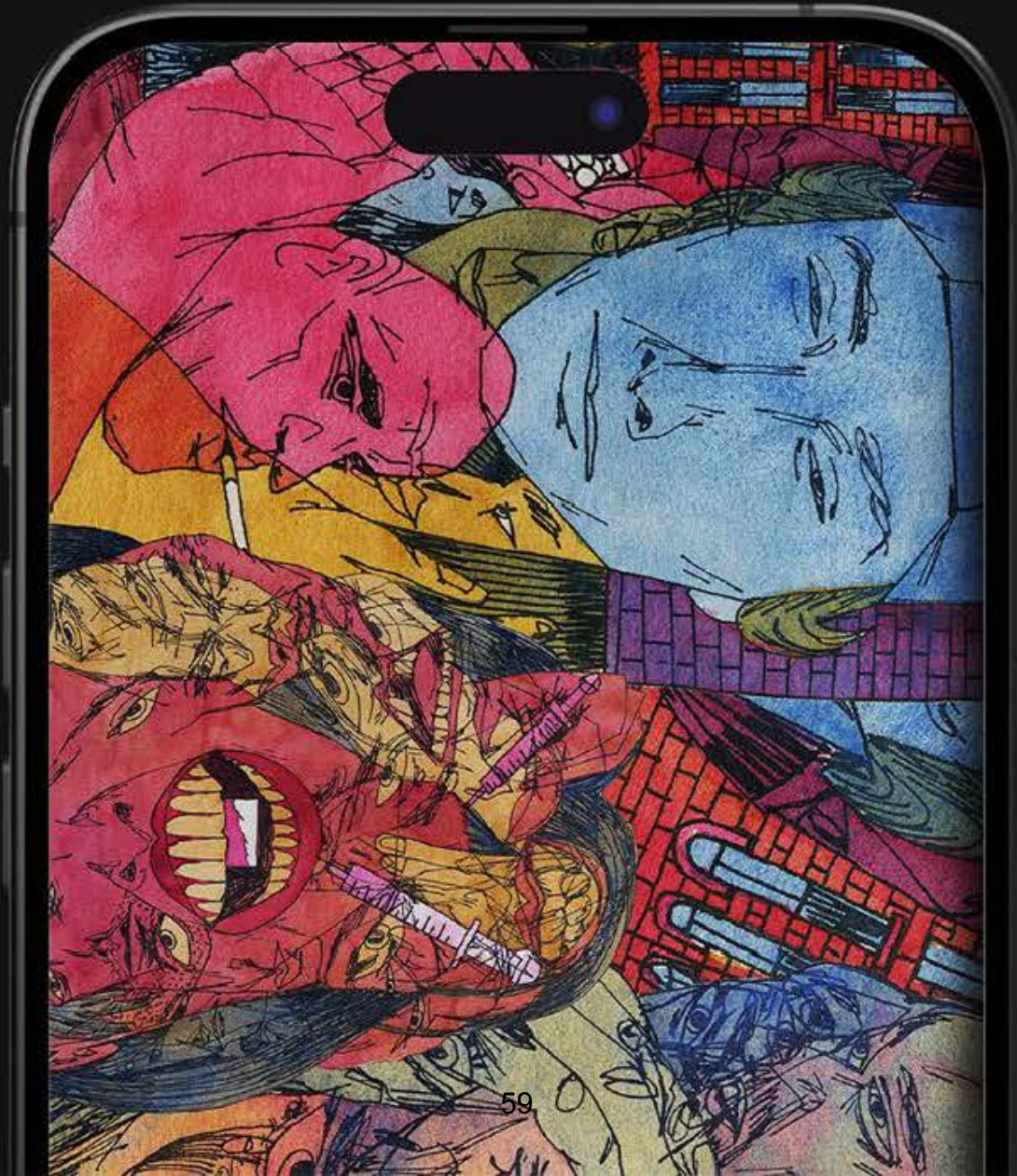
View Website















SaveMyLife.ca

Public Health 2023 Annual Service Plan and Budget Submission

Public Health and Social Services Committee

PHD 4-2023

April 4, 2023

M. Mustafa Hirji

Medical Officer of Health & Commissioner (Acting)

Diane Vanecko

Director, Organizational and Foundational Standards

Public Health Annual Service Plan and Budget Submission 2023

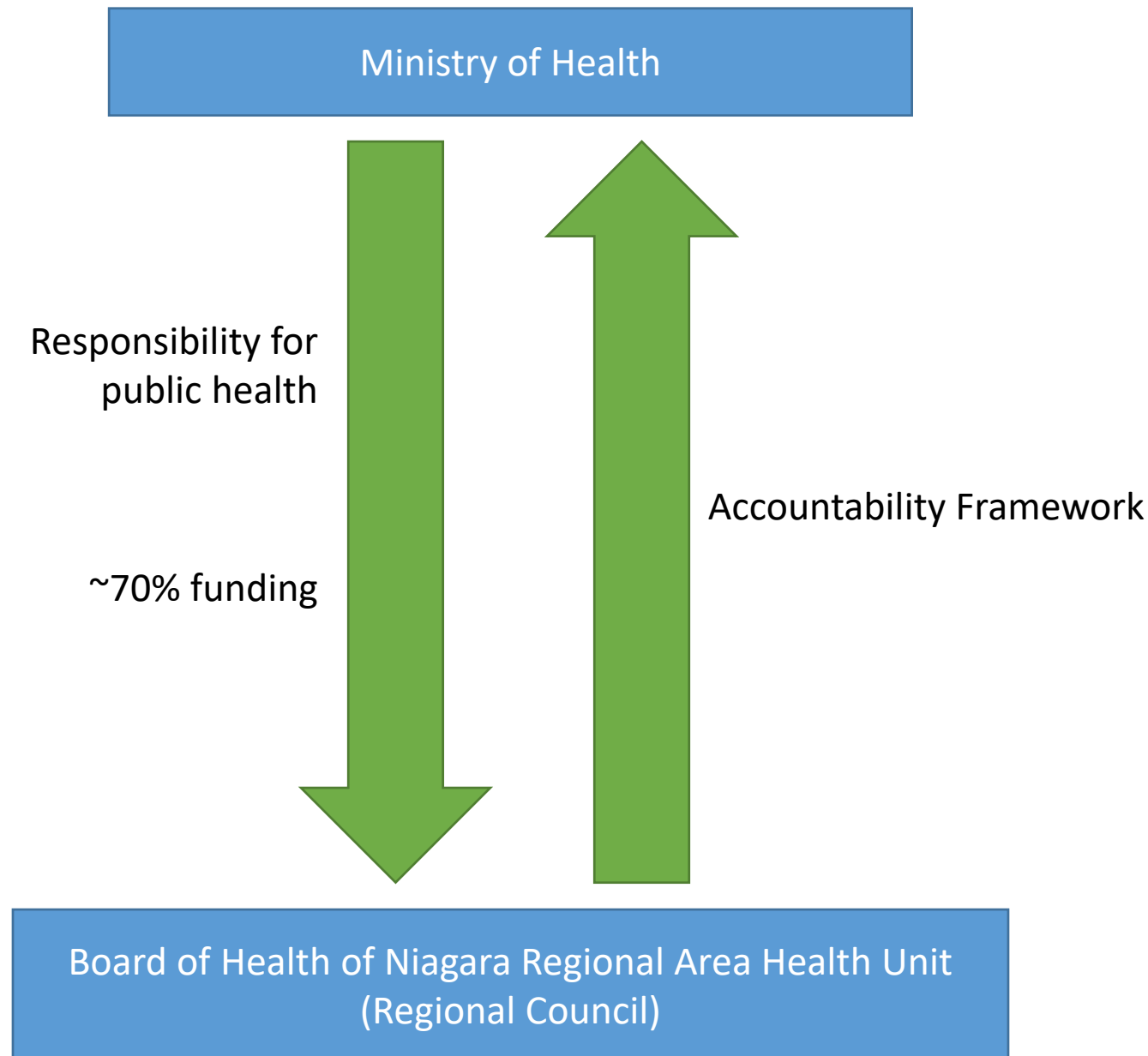
April 4, 2023

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

Diane Vanecko
Director, Organizational and Foundational Standards

Contents

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



Accountability Requirements

- Organizational Requirements
- Accountability Agreement

Plans to Fulfill

- Strategic Plan
- Annual Service Plan & Budget

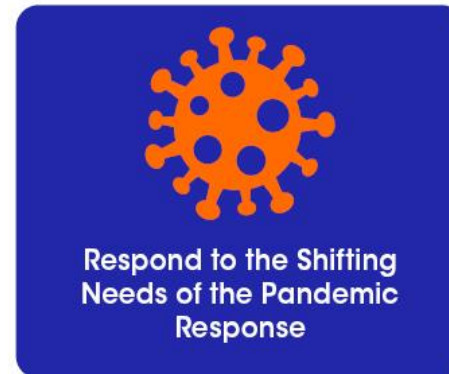
Performance & Funding Reports

- Quarterly Reports
- Annual Report



NRPH&ES Interim Goal



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

DEFINING OBJECTIVES:



STANDARD OPERATING OBJECTIVES:

-  Budgeting Priorities
-  Leverage Human Resources Flexibly for Impact

-  Policies and/or Processes
-  Data Driven Decision Making (incl Eval & CQI)

NRPH LONG TERM MISSION:

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

Annual Service Plan 2023

- Requirement to communicate program plans and budgeted expenditures required to deliver in accordance with the *Standards*
- Components of the template:
 - Community assessment
 - Program plans
 - Budget submission for each program;
 - One-time funding requests; and
 - BOH membership, apportionment of costs, and certification
- Due on or before April 3, 2023

Purpose of Report

- To seek Board of Health/Regional Council approval for the Public Health 2023 Annual Service Plan (ASP) and Budget submission

Ministry of Health ASP and Budget Submission

Description	Gross Budget Expenditure	ASP Funding Request	Net Levy Expense
Total 2023 ASP Mandatory (70% Provincial funded)	36,018,187	25,212,731	10,805,456
Total ASP Seniors Dental (100% Provincial funded)	3,283,009	3,283,009	-
Total 2023 ASP One-Time Requests (100% Provincial funded if approved)	14,892,698	14,892,698	-
Overall Total	\$54,193,894	\$43,388,438	\$10,805,456

Cost Shared Program-Based Funding

Description	Gross Budget Expenditure	ASP funding Request	Net Levy Expense
2023 Base Funding Request	36,018,187	23, 812,000	12,206,187
Request to align Funding to 70%/30%	-	1,400,731	(1,400,731)
Total 2023 ASP Mandatory at 70%	\$36,018,187	\$25,212,731	\$10,805,456

Seniors Dental Program Funding (100% Ministry Funded)

Description	Gross Budget Expenditure
2023 Base Funding Approved by Council	2,515,900
Request for Increase	767,109
Total 2023 ASP Seniors Dental Program	\$3,283,009

One-Time Funding Requests

- Eligible to submit up to eight one-time funding requests:
 - COVID-19 General
 - COVID-19 Vaccine Programs
 - Capital (minor/urgent)
 - Extraordinary costs (non-COVID-19)
 - Needle Syringe Program
 - Public Health Inspector Practicum Program
 - New Purpose-Built Vaccine Refrigerators
 - Smoke-Free Ontario Enforcement Tablet Upgrades
- Cost shared program-based funding must be fully spent before eligible for 100% COVID-19-related funding

One-Time Funding Requests (100% Ministry Funded if Approved)

Project Title	100% Funding Request
COVID-19 General Program	\$6,514,751
COVID-19 Vaccine Program	\$3,072,470
Extraordinary Costs: Childhood Vaccination Catch-up and Supporting School-Aged Children/Youth in Schools	\$3,496,985
Extraordinary Costs: Tackling Rising Rates of Substance Misuse and Sexually Transmitted Infections	\$200,076
Extraordinary Costs: Addressing Food Insecurity and Supporting Vulnerable Families	\$ 676,699

Council approved funding until Provincial funding confirmed

One-Time Funding Requests Continued (100% Ministry Funded if Approved)

Project Title	100% Funding Request
Capital: Dental Mobile Clinic and Operatories	\$590,000
Needle Syringe Program	\$283,117
Public Health Inspector Practicum Program	\$ 58,600

- One-Time Funding Requests totaling \$14,892,698

Example

Healthy Growth and Development Standard

Goal: To achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health

Community Needs and Priorities

- Approximately 4,100 live births annually
- 72.6% of Healthy Babies, Healthy Children screens are considered 'with risk'
- 13.4% of kindergarten students identify as vulnerable in emotional maturity, 11.7% in social competence, and 18.9% in physical health and wellbeing
- 20.0% of children experienced parental divorce or separation (2019)
- 17.7% of children were in one-parent households (2021)

Key Partners and Stakeholders

- Primary care and prenatal service providers
- Hospital sites
- Child care sector, EarlyON centres
- School Boards/schools
- Children's development services
- Children's Planning Council (and subcommittees)
- Niagara College and Brock University
- Family and Children's Services Niagara
- Local Indigenous programs
- Women's shelters
- Libraries
- Multicultural centre

Programs and Interventions

1. Healthy Pregnancy

- i. Health Teaching
- ii. Collaboration
- iii. Delegated Functions
- iv. Case Management

2. Parental Mental Health

- i. Counseling
- ii. Screening
- iii. Referral and follow-up
- iv. Collaboration

3. Infant Feeding

- i. Case Management
- ii. Health Teaching
- iii. Collaboration

4. Early Child Development

- i. Counseling
- ii. Health Teaching
- iii. Outreach
- iv. Social Marketing

Early Child Development: Program Description

- Healthy Growth and Development Requirement 2:
 - The board of health shall develop a program of public health interventions using a comprehensive health promotion approach to support healthy growth and development in the health unit population.
- Comprehensive program of interventions targeting parents/caregivers
- Interventions promote positive parenting practices and availability of services for parents who require support

Early Child Development: Program Objectives

- Increase proportion of registrants from target populations accessing Family Health Parenting services
- Maintain/increase rate of engagement with Niagara Parents social media
- Increase one-on-one connections with the program
- Increase proportion of clients who are assessed using a mental health assessment

Early Child Development: Interventions

- i. Counseling
- ii. Health Teaching
- iii. Outreach
- iv. Social Marketing

Recommendations

- That the Board of Health **APPROVE** the Public Health 2023 Annual Service Plan and Budget Submission to the Ministry of Health for a Total Gross budget of \$54,193,894, inclusive of eight one-time funding requests totaling \$14,892,698.

Subject: Public Health 2023 Annual Service Plan and Budget Submission

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 4, 2023

Recommendations

1. That the Board of Health (BOH) **APPROVE** the Public Health 2023 Annual Service Plan and Budget Submission (ASP) to the Ministry of Health for a Total Gross budget of \$54,193,894, inclusive of eight, one-time funding requests totaling \$14,892,698.

Key Facts

- The purpose of this report is to seek the BOHs approval for the Public Health 2023 ASP and Budget Submission to the Ministry of Health.
- BOH/Regional Council is responsible for implementing the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* (June 2021). The *Standards* communicate the Ministry's requirements for local public health and establish an accountability relationship between BOH and the Ministry.
- The 2023 ASP articulates Public Health's plans to meet the Ministry's requirements under the *Standards*, and the ASP must be submitted to the Ministry on or before April 3, 2023. Due to timelines, the Ministry has allowed a BOH unapproved version to be submitted in the interim. If the deadline is not met, the Ministry may not approve Niagara Region's funding request.
- The draft submission incorporates the Council-approved 2023 budget for Public Health within the 2023 Levy Operating budget.
- The Ministry of Health is allowing boards of health to apply for eight additional one-time funding grants. These requests, if approved, would enable enhanced services and action on public health priorities and recovery efforts. This report seeks Council's approval for three additional requests for provincial funding in addition to what was already approved in the Levy Operating Budget.

Financial Considerations

The Ministry of Health provides cost shared funding to BOHs and has instituted the ASP process as a major accountability mechanism towards provisioning of funding for mandatory and related public health programs and services. The budget figures

included in the ASP is the formal request by the Board of Health (Regional Council) to the Ministry for provincial funding accounted for within The Regional Municipality of Niagara 2023 Levy Operating budget that was approved on February 23, 2023.

The Public Health budget is largely cost shared between the Ministry (up to 70%) and The Regional Municipality of Niagara (30% or the amount not funded by the province), with the Ontario Seniors Dental Care Program being the only 100% provincially-funded program with base funding. One-time funding requests, including COVID-19 General (i.e. pandemic response) and COVID-19 Vaccine Programs, are also 100% provincially-funded. As per the Ministry funding agreement, the cost shared program-based funding must be fully spent before the Region is eligible for the 100% COVID-19-related funding. Each board of health has the opportunity to submit up to six additional one-time funding requests separate from COVID-19, for a total of eight, one-time funding requests. The six remaining requests must fit into one of the following categories: Capital (minor/urgent), Extraordinary costs (non-COVID-19), Needle Syringe Program, and Public Health Inspector Practicum Program.

Budgets related to COVID-19 General, COVID-19 Vaccine Program and Extraordinary costs (non-COVID-19) ("COVID-19 Recovery"), were approved by Council in the 2023 Levy Operating Budget. A transfer from the Taxpayer Relief Reserve was budgeted to fund all expenses within these areas that did not yet have confirmed external funding (\$13,132,076). The ASP is the formal mechanism for Council to request 100% reimbursement of these expenses, and so these expenses are incorporated into the proposed ASP. If the reimbursement is approved by the Ministry (thus far they have approved almost 100% of requested reimbursements, and have indicated that they will do so again for 2023), the budgeted Taxpayer Relief Funds will be returned to the reserve.

Three additional one-time funding requests are proposed in the ASP that were not included in the 2023 Levy Operating Budget as it is unknown which if any might be granted by the Province. Expenditures will not take place on these items until and unless approved by the Ministry.

The 2023 Public Health request to the Ministry is \$43,388,438, and is based on gross budget expenditures of \$54,193,894 as summarized in Table 1 below:

Table 1: Summary of 2023 ASP and Budget Submission

Description	Gross Budget Expenditure	ASP Funding Requests	Levy Funding
Total 2023 ASP Mandatory (70% Provincial funded)	36,018,187	25,212,731	10,805,456
Total 2023 ASP Seniors Dental (100% Provincial funded)	3,283,009	3,283,009	-
Total 2023 ASP One-time Requests (100% Provincial funded)	14,892,698	14,892,698	-
Overall ASP Total	\$54,193,894	\$43,388,438	\$10,805,456

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

Description	Gross Budget Expenditure	ASP Funding Requests	Levy Expense
2023 Base Funding	36,018,187	23,812,000	12,206,187
Request to align funding to 70%/30%		1,400,731	(1,400,731)
Total 2023 ASP Mandatory at 70%	\$36,018,187	\$25,212,731	\$10,805,456

Regional Council has previously approved \$12,206,187 in levy funding for Public Health mandatory programs, which exceeds the Region's 30% cost-share portion of \$10,805,456. The ASP request of \$1,400,731 is to increase the Provincial share of funding to 70% for a total 2023 Mandatory Funding request of \$25,212,731.

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

Description	Gross Budget Expenditure
2023 Base Funding Approved by Council	2,515,900
Request for increase	767,109
Total 2023 ASP Seniors Dental	\$3,283,009

The 2023 approved allocation for Seniors Dental Program is \$2,515,900. The Ministry has directed boards of health to include all increases to the Senior's Dental program in the request for funding to the Ministry, and therefore it is recommended that Council submit a request for an increase for 2023 in the amount of \$767,109. This increase relates to an additional 1.15 FTE Dentist and a 0.5 FTE Certified Dental Assistant at two community partner sites and a 1.0 FTE Supervisor for a total cost of \$440,437. Dentures and specialty services of \$215,312 across all community partner sites to reduce wait times and \$111,360 additional expenses related to supplies and other equipment. The additional expenses will be contingent on Ministry approval of funding.

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

Title of Funding Request	Description	One-Time Funding Request Amount	Already Approved within Levy Operating Budget*
COVID-19 General Program	Continue responding to COVID-19 and its variants with case and contact management and outbreak management for specific settings. Sustained levels of outbreaks within our high risk settings require intense support and management in order to stop the spread of infection amongst our most vulnerable populations. To a lesser degree, telephone line support will	6,514,751	Yes

	continue to respond to community inquiries.		
COVID-19 Vaccine Program	Immunization efforts against COVID-19 infection will continue with community based clinics as well as at public health offices across the region. Ongoing delivery of COVID-19 vaccinations and booster doses is an integral part of managing the pandemic.	3,072,470	Yes
Capital: Dental Mobile Clinic and Operatories	Dental specific equipment to outfit replacement of an aging mobile unit. Also, two new operatories to be built to support Ontario Seniors Dental Care Program at partnering community agencies in an effort to reduce long wait times for service.	590,000	No
Needle Syringe Program	Increased demand for needles as a harm reduction strategy and support the alarming increase in substance related deaths locally. The request covers the cost of needles, disposal, 20 wall mounted containers and 10 outdoor sharps kiosks.	283,117	No
Public Health Inspector (PHI) Practicum Program	PHI practica build increased workload capacity during the summer surge and supports the response to The <i>Standards</i> and recent legislated amendments. With the increased workload related to COVID-19 enforcement and infection, prevention, and control compliance inspections, the practica also balances workload	58,600	No

	and supports recruitment and retention efforts.		
Extraordinary Costs: Childhood Vaccination Catch-up and Supporting School-Aged Children/Youth in Schools**	<p>Over 30,000 children aged seven to seventeen are overdue for immunization and over 7000 students require immunization for Hepatitis B, Human Papilloma Virus, and Meningococcal. Thirty-one FTE and non-labour costs (administration, supplies) are required.</p> <p>Seventeen school-focused nurses engage in an intentional and collaborative process to determine public health-related needs, strengths, priorities, and capacity within a school or a sub-population of the community. Assessments may be related to COVID-19 or non-COVID-19-related health issues for school-aged children and youth. Funding is requested from July to December</p>	3,496,985	Yes
Extraordinary Costs: Tackling Rising Rates of Substance Misuse and Sexually Transmitted Infections	A substance use strategy coordinator is required to lead the execution of a substance use prevention strategy and work with community partners to make an impact on the significant rise in opioid deaths. In addition, rising sexually transmitted infections require health promotion resources to focus on prevention. Program planning and evaluation resources are required to support both	200,076	Yes

	programs as well as other key strategic projects.		
Extraordinary Costs: Addressing Food Insecurity and Supporting Vulnerable Families	COVID-19 economic impacts has worsened food insecurity, and highlighted family inequities, poverty, and increased stressors. Operational funds will support access to fresh produce at pop-up markets, and seven FTE will temporarily expand existing services to support vulnerable families.	676,699	Yes
Total		\$14,892,698	

* Yes means it is currently funded by Taxpayer Relief Reserve until provincial funding is confirmed.

Analysis

The Ministry of Health's [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability \(June 2021\)](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf)

(https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf) is created under section 7 of the *Health Protection and Promotion Act* to specify mandatory public health programs and services provided by the BOH. The *Public Health Accountability Framework* articulates the requirements of the BOH to be accountable and transparent for the implementation of the *Standards*. The accountability framework is supported by three areas of documentation:

1. Accountability documents set out organizational requirements across four domains and the Ministry-Board of Health accountability agreement that establishes the key operational and funding requirements;
2. Planning documents which outline what the BOH will deliver under the *Standards* in the format of the BOH strategic plan and the ASP submission; and
3. Reporting documents that demonstrate performance against the *Standards* and the ASP. This includes quarterly reporting and an annual report and attestation.

The ASP describes the programs and services being delivered by the BOH, demonstrates alignment with the priorities in Niagara, and demonstrates accountability for planning and use of funding to meet the *Standards*. The ASP template includes the following:

- Community assessment – high level description of the health and risks of communities within the public health unit area to inform program and service delivery decisions;
- Program plans – description of the programs and services that will be delivered under each of the nine program standards, including interventions and key partners for the delivery of each program; for 2023, the Ministry has standardized the program names for five program standards although additional program standards can be included;
- Budget submission for each program;
- One-time funding requests; and
- BOH membership, apportionment of costs, and certification of the ASP.

A comprehensive process was used to reassess 2023 priorities and serves as the foundation to the ASP submission. Key surveillance data, program indicators, and Public Survey results were assessed. Literature on recovery planning was reviewed and feedback from staff was obtained to inform recovery efforts. The Interim Strategic Plan for Public Health & Emergency Services (2022-2023) covering four key areas of work sets the priorities across the Department:

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

The ASP has not been included as an appendix with this report as it is a very lengthy document with large Excel spreadsheets that are not accessibility-compliant. Regional councillors may review the document in full by contacting the Office of the Medical Officer of Health to make an appointment.

Alternatives Reviewed

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

The Regional Municipality of Niagara is not required to submit additional one-time funding request. A total of eight, one-time funding requests totalling \$14,892,698, have been included in consultation with our corporate partners that would be most beneficial to Niagara residents and improve their health. These requests are not mandatory, nor guaranteed, however Niagara Region aims to maximize revenue in order to bring greater benefit to Niagara residents and to stabilize levy costs.

Relationship to Council Strategic Priorities

The ASP is based on Niagara Region Public Health's operational planning that aligns with Council's 2019-2022 strategic priority #2 Healthy and Vibrant Community, which aims to foster a high quality of life through safe, inclusive neighbourhoods and delivery of quality, affordable, and accessible human services.

Other Pertinent Reports

- PHD 6-2022 Public Health 2022 Annual Service Plan and Budget Submission
- PHD 6-2021 Public Health 2021 Annual Service Plan and Budget Submission
- BRC-C 7-2021 Levy Workshop Discussion Items from December 9, 2021
- BRC-C 4-2021 Levy Workshop Discussion Items from January 7, 2021
- PHD 02-2020 Public Health 2020 Annual Service Plan and Budget Submission, Feb. 11, 2020
- PHD 05-2019 Public Health Annual Service Plan and Budget Submission, Feb. 19, 2019
- MOH 02-2018 Public Health Annual Service Plan & Budget Submission, Feb. 20, 2018
- MOH 01-2018 Strategic Plan, Jan. 30, 2018
- MOH 03-2017 Program Budgeting and Marginal Analysis in Public Health, Oct. 17, 2017
- PHD 01-2017 Key Health Issues in Niagara, Jan. 31, 2017
- PHD 06-2016 MOH 2016 Program Based Grants Budget Submission, Feb. 16, 2016
- PHD 04-2015 Levy Operating Budget, Jan. 29, 2015

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Submitted by:

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Appendices

N/A

Subject: Ontario Seniors Dental Care Plan

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 4, 2023

Recommendations

1. That Public Health staff **BE AUTHORIZED** to reallocate funds between contracted service delivery partners based on local needs, and their ability to maximize funding.

Key Facts

- The purpose of this report is to obtain approval for Niagara Region Public Health (NRPH) to have the authority, as the local systems administrator, to reallocate funding between contracted service delivery partners in order to maximize use of provincial funding and serve as many Niagara residents as possible.
- In April 2019, the province announced creation of the Ontario Seniors Dental Care program.
- Niagara Region Public Health became the local service administrator under this program, and through contracting local partners, the first services were offered at Niagara College in Welland (interim provider) and Quest Community Health Centre, in St. Catharines.
- As of December 2021, following the approval of the 100% provincially funded capital campaign to construct full-scale dental operatories, Niagara now has four service delivery sites across the region, offering preventive and restorative services to eligible seniors. The four delivery sites are Quest Community Health Centre in St. Catharines, the Niagara Falls Community Health Centre in Niagara Falls, Centre de sante de Communautaire in Welland, and Niagara Region Public Health office in Fort Erie.
- Demand for service is high and there are sizeable waitlist for service; the provincial funding for the program does not currently meet the community need.
- Local service provider partners have not always managed to see their expected volume of clients; some trend lower than expected while others trend higher than expected. Reallocating funds from those seeing a lower volume to those seeing a higher volume has been a slow and cumbersome legal process requiring multiple approvals; these pose barriers to maximize use of funds to treat as many seniors as possible.

- Following two years of pandemic impacted service, and considerable provincial wait lists for service, the Ministry of Health increased funding to local public health for community-based delivery of the Ontario Seniors Dental Care Program. This equates to funding for additional resources within the system, and enhanced funding for dentures and personal protective equipment.

Financial Considerations

In year receipt of funding must comply with by-law 2017-63, Budget Control, items 6.6(a) and 6.6(b), requiring Council's approval for any amounts received in excess of \$1 million for operating programs. The Ontario Seniors Dental Care program is 100% provincially funded with \$2,515,900 annualized funding in 2022. This funding supports 20.35 permanent full time equivalent (FTE) positions to deliver the services across Niagara. Non-salaried costs are operating costs associated with direct service delivery, including sub-contracted providers for dentures and oral surgery/speciality services, as well as dental sundries, supplies, instruments and personal protective equipment. As per Ministry of Health agreements, any unspent funds must be returned to the Ministry at year-end. The ongoing annual provincial funding of \$2,515,900 per year will constitute base funding for this program in future years' budgets as a fully provincially funded program with no levy contribution required. As local system administrators, NRPH staff will assess local need, monitor utilization, and reallocate funds to community partners to optimize service delivery across the region.

Analysis

Currently, preventive and restorative service for eligible seniors are available five days a week at Quest Community Health Centre in St. Catharines, and Centre de Santé Communautaire in Welland, 2.5-5 days a week in Niagara Falls at the Niagara Falls Community Health Centre, and two days a week in Fort Erie.

The program also includes four dental health community workers that provide navigational support to clients and prospective clients, and assist them with issues related to the application process, income tax filings, completing required paperwork, and accessing appointments. The dental health community workers in Niagara also promote the Ontario Seniors Dental Care Program within their local community and assist those not eligible in finding alternative treatment options. All service delivery sites have an associated dental health community worker, with the exception of NRPH, which instead works collaboratively with a Bridges Community Health Centre staff member who supports the Fort Erie/Port Colborne/Wainfleet communities.

In 2022, all four Ontario Seniors Dental Care program sites provided 3,708 appointments to 1,508 clients. As of February 15, 2023, there was 277 people on a wait list for service in Niagara. In 2022, 150 clients received some form of dentures, and 42 were recipients of oral surgery services.

Niagara Region Public Health has also been partially funded for the replacement of a mobile dental unit that can support the Ontario Seniors Dental Care program in more remote communities where fixed clinics are difficult to access, or transportation is considered a barrier.

Niagara Region has annually entered into service level agreements with local Community Health Centres, with each site following the directives of the Ministry. When demands at some sites are greater than others, Public Health has sought to shift funds between sites to maximize service to Niagara's seniors and keep waitlists short. Currently our service level agreements need to be opened and reviewed by multiple parties to allow movement of funds between the partners each time. This process wastes valuable time and resources that results in vulnerable seniors not receiving dentures or other dental services in a timely manner, results in wait lists growing, and may result in sending unspent budget back to the province.

Niagara Region Public Health requires the ability to shift resources without formally renegotiating the service level agreement each time. By monitoring and assessing the budgets of service providers, Public Health can then efficiently reallocate funds to ensure the maximization of service to Niagara's residents within the provincial funding envelope, within a service year.

Alternatives Reviewed

By NRPH not being able to reallocate funding when possible, there is a risk of not maximizing funding, resulting in not being able to provide additional specialty services, such as dentures and oral surgery, to as many Niagara residents as possible.

Relationship to Council Strategic Priorities

As one demographic of our diverse community, ensuring the oral health of a low-income seniors population, will work towards achieving a Healthy and Vibrant Community

Other Pertinent Reports

- PHD 14-2018
- PHD 06-2022

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This report was prepared in consultation with Anne Biscaro RN, MScN, Director, Family Health, Amanda Fyfe, CPA, CMA, Acting Manager of Program Financial Support and Sterling Wood, Legal Counsel, Legal and Court Services.

Appendices

N/A

Subject: Homelessness Services Report 2022**Report to:** Public Health and Social Services Committee**Report date:** Tuesday, April 4, 2023

Recommendations

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

Key Facts

This report provides an update on Homelessness Services key activities for system transformation, metrics for 2022, and planned activities for 2023. It should be noted that while there is some similar content to Report COM 7-2023 - Homelessness Prevention Plan Investment Plan 2023-24, this report provides additional information on system improvements, community collaborations and key milestones. Significant achievements include:

- Recognized by Built for Zero Canada as the 28th community across Canada to achieve Reaching Home Coordinated Access and the 7th community across Canada to reach the Built for Zero milestone of a Veteran Quality By-Name List.
- Operated a COVID isolation facility for homeless clients until June 2022.
- Conducted an evaluation of Niagara's Diversion Pilot.
- Supported the resolution of 43 encampments through the work of Niagara Assertive Street Outreach (NASO) team.
- Operationalized a 15-bed Bridge Housing program and 25 bed permanent supportive housing program.
- Increased housing allowances to ensure that clients in the Housing First and Home for Good programs are able to find affordable housing in the current housing market.
- Successful funding proposal to establish a 10-bed Recuperative Care Bed program.
- Relocated shelter beds to support individuals in South Niagara (Welland).

Financial Considerations

The activities highlighted in this report were provided within the 2022 approved operating budget. As per the 2022 approved budget, Homelessness Services is primarily funded by the Ministry of Municipal Affairs and Housing (MMAH) (\$8,435,448 – 61.2%) (which includes Homelessness Prevention Program (HPP) formerly known as Community Homelessness Prevention Initiative (CHPI) and Home for Good funding), and also by the Federal Reaching Home program (\$1,191,084 – 8.6%), as well as Regional levy (\$4,162,986 – 30.2%).

In 2022, Homelessness Services received an additional \$6,698,998 and \$3,292,532 in provincial and federal one-time funding respectively, specific to incremental operating costs related to COVID-19.

Analysis

Community Services operationalizes the Region's provincially mandated responsibilities as the Consolidated Municipal Service Manager (CMSM) for the homeless-serving system in Niagara. Its key responsibility is service system planning and administration for the homeless-serving system, and it operates under rules established by the MMAH. Niagara Region also receives federal funding under the Reaching Home program and is identified as the local Community Entity for this funding, operating within directives provided by the Office of Infrastructure of Canada (INFC). Niagara Region also operated in 2022 (in part) within additional, specific COVID-19 funding guidelines and directives for the provincial Social Services Relief Fund and the federal Reaching Home program.

In 2020, Homelessness Services awarded three-year contracts based on a Negotiated Request for Proposal (NRFP) process. Approximately \$8.7 M per annum was awarded to 18 agencies in the following priority areas: prevention, outreach, shelter, transitional housing, Niagara Emergency Energy Fund, and Housing First (HF) and Home for Good (HFG) supportive housing programs.

In 2021, through Report [COM 13-2021 Homelessness Contract Extension Report](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=16858) (https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=16858), extensions were approved to March 31, 2024, to allow time for system transformation. In 2023, Niagara Region will be developing its procurement approach for the upcoming funding cycle.

Homelessness Services Activities

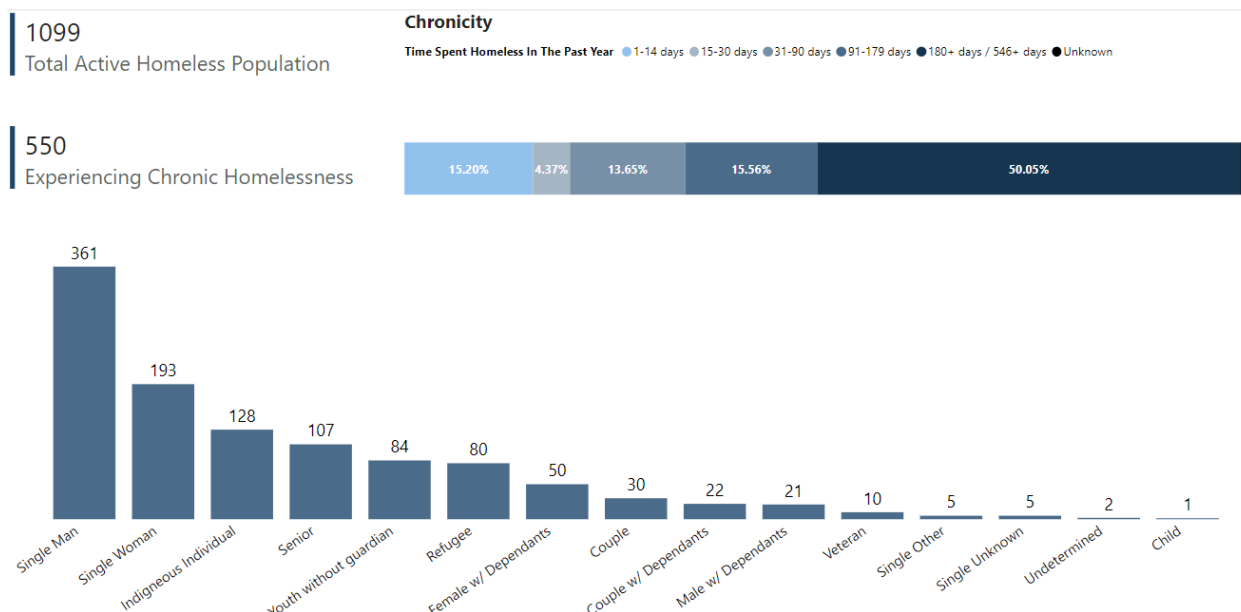
The following are key activities undertaken in 2022 to support continuous improvement within the homeless-serving system and outcomes related to the goal to reduce chronic homelessness. Annually, Niagara Regional staff share Homelessness Services System Metrics for a three-year period. Appendix 1, Chart 1: Homelessness Service System Metrics 2020, 2021, 2022, provides Homelessness Service System Metrics for 2020, 2021, and 2022.

Built for Zero: By Name List and Coordinated Access

Through the leadership of Niagara's Built for Zero (BFZ) Home Team, Niagara announced in September 2020, the achievement of a Quality By-Name List (BNL), a list of all known individuals experiencing homelessness and active¹ in the community, updated in real-time. As of December 31, 2022, the total number of individuals experiencing homelessness on Niagara's BNL was 1099, with 550 (50%) experiencing chronic homelessness². The following diagram offers a population segmentation of individuals experiencing homelessness, accessing the homeless-serving system and the breakdown of number of days homelessness (chronicity).

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

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



Niagara Region has been using a Quality BNL to move individuals from homelessness into housing programs. Bridge Housing, Buchanan Street Permanent Supportive Housing, Housing First and Home for Good Supportive Housing Programs utilize Niagara's By-Name List to prioritize and match the most suitable candidates for these community assets. Priority populations for these programs included individuals who have a long history of living unsheltered, are chronically homeless, and who typically do not access traditional shelters due to high acuity of need, youth, seniors, and Indigenous persons.

In November of 2022, Niagara Region was recognized by Built for Zero Canada, as the 28th community across Canada to achieve Reaching Home Coordinated Access. Reaching this goal celebrates Niagara's approach for addressing homelessness that provides a consistent way to assess, prioritize and connect people experiencing homelessness to Regionally-funded housing and supports using a Quality By Name List (BNL) and based on an individual's preference and level of need.

In 2022, there were a total of 284 move-ins to housing for individuals experiencing chronic homelessness. A return from housing back to chronic homelessness occurred 93 times in 2022. Despite Niagara achieving a steady stream of housing move-ins, 550 (50%) people were actively experiencing chronic homelessness on December 31, 2022. This compares to 422 (or 40%) experiencing chronic homelessness at the same time in the previous year. This increase can be attributed to a competitive housing and rental

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

Niagara Joins Built for Zero (BFZ) Veterans Cohort

Niagara Region joined the BFZ Veterans Cohort initiative and made a commitment to ending veteran homelessness in the community. Niagara Region partnered with Veterans Affairs Canada and the local Royal Canadian Legion (RCL) to coordinate efforts in identifying veterans and providing access to veteran-specific services.

In October 2022, Niagara was recognized as a leading community and the 7th across Canada to reach the BFZ milestone of a Veteran Quality By-Name List. Establishing a Veteran By-Name List means that Niagara Region has solid processes in place to identify and connect veterans to available housing and supports, in partnership with veteran organizations. Niagara Region was also successful in securing funding through BFZ Canada's Functional Zero Veteran Accelerator Fund. This grant allowed Niagara to pilot a case worker, connected to Niagara's Assertive Street Outreach, to focus on veterans' population. As a result of this work, Niagara is on track to achieve functional zero³ for veterans' homelessness by Q2 of 2023.

Niagara Assertive Street Outreach (NASO) and Housing Hubs

The NASO team is a collaboration between Gateway Residential and Community Support Services, The RAFT, Southridge Community Church, and Port Cares. NASO provides outreach services to individuals experiencing unsheltered homelessness. They connect and coordinate access to a range of supports. NASO works in partnership with 211 Niagara to ensure a streamlined approach to accessing services. NASO's role is to engage with the sleeping rough population to provide pathways to more permanent housing, shelter and other community connections.

³ A community has ended chronic homelessness when the number of people experiencing chronic homelessness is zero, or if not zero, then either 3 or .1% of the total number of individuals experiencing homelessness, whichever is greater.

During the 2022 Summer Games, NASO participated in the Summer Games Emergency Response Plan by offering support to Games staff who encountered/was informed of an individual experiencing unsheltered homelessness.

Appendix 1, Chart 2: NASO Metrics shows the number of encampments and number of people by quarter that NASO have helped going from unsheltered (e.g. living in encampment, car) to shelter and permanent housing.

Outreach Housing Hubs

In partnership with Gateway Residential Community Support Services, a pilot program of Outreach Housing Hubs located in Niagara Falls and St. Catharines, operated from August to October 2022. With the aim of increasing the number of individuals moving from homelessness to housing, the Hubs offered a dedicated space for NASO workers to engage with individuals in housing focused activities instead of on the street or in a car where it can be challenging (e.g., poor weather). The housing-focused program supported 290 individuals actively living on the street and successfully moved 17 directly into housing.

Service System Transformation Efforts

Housing Focused Shelter

In housing focused shelters, helping individuals and families towards safe and appropriate housing, is the primary goal through which all work is done. In Q4 of 2022, Niagara Region began developing new shelter standards to be implemented across the system in 2023. These housing focused standards implement best practice guidance from OrgCode and the Canadian Alliance to End Homelessness' Shelter Transformation Network. Training in housing-focused approaches was secured in 2022 and will be provided to all staff in Niagara's shelter providers in Q2 of 2023.

Enhancements to Temporary Seasonal Shelter (formerly Out of the Cold)

In planning for the 2022-2023 season, the Start Me Up Niagara Seasonal Shelter sites in St. Catharines and Niagara Falls, implemented new practices to align with a housing focused approach. Bed spaces in both locations were increased to 55 in St. Catharines and 40 in Niagara Falls. A daytime pre-registration process allowed for a streamlined approach to access service. Staff also engaged in conversations with service users to connect them with supports and/or alternative safe and appropriate housing solutions.

Salvation Army Expansion and The Hope Centre Transition to Welland

Niagara Region partnered with Salvation Army Booth Centre (St. Catharines) to create six (6) additional shelter beds, increasing shelter capacity from 20 beds to 26 beds.

In the fall of 2022, Niagara Region and The Hope Centre worked to transition shelter operations from Niagara Falls to Welland. Moving from 15 beds to 18 beds, this motel-based shelter continues to advance, adopting best practices and housing-focused principles to serve south Niagara.

Homelessness Prevention

Prevention refers to interventions that reduce the likelihood that someone will experience homelessness by ensuring that people do not lose their homes and that their housing situation is not precarious. Prevention can stop people from entering homelessness or reduce the likelihood of a return to homelessness after exit.

Future State of Homelessness Prevention

In Q3 of 2022, Niagara Region initiated the development of a Prevention Framework. The goal was to develop a clear vision with realistic goals, objectives, and performance measures for the future state of Niagara's Homelessness Prevention Services. The project included a review of current state, engagement with internal and external partners, front line staff and individuals with lived expertise, a review of best practices and of service delivery gaps and opportunities to maximize investments. The final Prevention Framework will be completed in Q2 2023.

Shelter Diversion Evaluation and Expansion

Led by the RAFT, this pilot provided two dedicated shelter diversion staff serving three emergency shelters. This program supported individuals presenting to shelter to access alternate safe and appropriate housing options, where possible, instead of a shelter stay. In 2022, the rate of successful diversion was 34% for youth and 10% for adults.

In Q2/Q3 of 2022, an evaluation of the Diversion Pilot was undertaken to review current diversion practices and recommend a proposed approach to scale up diversion services across key access points within Niagara's homeless-serving system. The evaluation revealed both opportunities and where Niagara's model is a leader in the homelessness sector. In 2023, Niagara Region and its partners will develop an action plan based on

recommendations. As an initial response, another full time diversion worker will be funded to integrate diversion practices across all Niagara funded shelter providers and enhance system wide diversion training.

Additional Supportive Housing Programs

Bridge Housing

Bridge Housing is an intensive short-term (six (6) to eight (8) months), low barrier accommodation (15 beds) that helps bridge the gap from homelessness to permanent housing. This site offers residents a safe place to stabilize their health and wellness while accessing on-site support staff who will connect them with services (financial assistance, mental wellness, addiction supports) with the goal of securing permanent housing. Residents in Bridge Housing are those experiencing chronic homelessness and may have a number of concurrent and complex barriers including, mental illness, physical challenges, chronic diseases, substance use disorders.

Permanent Supportive Housing

Permanent Supportive Housing – Buchanan Street offers housing with support services to meet an individual's complex needs. This new 25-unit location has staff on-site 24 hours a day, 7 days a week, offering a low barrier, harm reduction and trauma-informed approach to service. Drawing from the By-name list, this asset prioritized individuals with high acuity, and a long history of homelessness. Specific units were designated for population groups including individuals with Indigenous identity, youth (16-24), seniors (55+) and Veterans, as well as family units for couples and survival partners.

Housing First and Home for Good

Housing First program focuses on moving individuals experiencing chronic homelessness into affordable, permanent housing with intensive case management supports. In 2022, clients faced increased challenges because of the pandemic. In response, Niagara moved 30 units from Housing First to Home for Good to offer a suitable option for higher acuity clients who benefit from enhanced supportive housing programming. Currently there are 170 Housing First units. In 2022, 46 individuals successfully exited the Housing First program.

The Home for Good (HFG) program provides support services (intensive case management plus mental health and/or addictions supports) and an available rent

supplement to individuals experiencing chronic homelessness with complex issues. Clients are supported with home visits, addictions and mental health supports, and referrals to community-based services. Niagara currently has 113 HFG units. In 2022, Niagara Region enhanced addictions supports by increasing service through CASON. In 2022, five (5) individuals successfully exited the Home for Good program.

In 2022, additional funding for housing allowances in these programs allowed clients to more successfully secure housing in the current housing market.

Recuperative Care Beds Program

Late 2022, Niagara Region Homelessness Services received funding from the Ministry of Health for the operation of a 10-bed Recuperative Care Bed program for individuals experiencing homelessness. This program is an intensive short-term, low barrier accommodation that helps to fill the service gap between hospital and shelter. The program supports people who are absolutely homeless after being discharged from the hospital to recover and access care from an interdisciplinary team. The program is co-located in the Bridge Housing facility and is supported by Home and Community Care Support Services and REACH Niagara.

Homelessness System Pandemic Response

Niagara Region and its homelessness partners continued to delivery essential services during the transition from pandemic to endemic for COVID-19. The following are some examples of how Niagara Region, Public Health and its partners supported individuals experiencing homelessness and the homeless-serving system in 2022.

- Supported 221 individuals experiencing homelessness with a safe place to isolate and receive onsite testing. The COVID isolation site closed on June 30th of 2022.
- Supported emergency shelters in the development of outbreak management plans.
- Through the efforts of Public Health, Community Health Centres, REACH, Family Health Teams and Niagara Region Homelessness Services approximately 450 doses of the COVID-19 vaccinations (first, second, and booster) were provided to clients experiencing homelessness.

Other Planned Activities

Key activities planned or started for 2023:

- Develop an encampment strategy taking into consideration human rights, legal rulings, community expectations and client needs.
- Establish a procurement process for contracts coming to end March 2024.
- Enhance the effectiveness of the Homeless Individuals and Families Information System (HIFIS) and improved data quality.
- Develop and seek opportunities to engage more fully with Indigenous partners.
- Initiate Fort Erie Transitional Housing Capital Build and procurement of an operator.
- Enhance Homelessness Services data strategy and KPI's to measure progress.
- Continue to implement system transformation in the areas of housing-focused shelter, prevention, and transitional housing.

Alternatives Reviewed

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

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

- COM 1-2022 Community Homelessness Prevention Initiative Investment Plan 2022-23
- COM 2-2022 Homelessness Services COVID Response - Temporary Seasonal Shelter Procurement Approval
- COM 5-2022 COVID-19 Emergency Shelter Procurement Approval
- COM 10-2022 Homelessness Prevention Program Investment Plan
- COM 11-2022 Budget Adjustment – Homelessness Services
- COM 12-2022 Homelessness Services Report 2021
- COM 14- 2022 SSRF4 Budget Adjustment – Homelessness Services

- COM 15-2022 Homelessness Services COVID Response – Assertive Outreach Procurement Approval
- COM 29-2022 Homelessness Services - Temporary Seasonal Shelter Procurement Approval
- COM 30- 2022 Homelessness Services Shelter Contract Amendments
- COM C 11-2022 Homelessness Plans for Winter 2022/23
- CWCD 2022-224 Niagara Achieves a Veteran Quality By-Name List

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Chart 1: Homelessness Service System Metrics 2020, 2021, 2022

Initiative	2020	2021	2022
Emergency Shelter			
Number of unique individuals accessing shelter	2100	2026	2150
Number of unique individuals who stayed less than 30 days in shelter	1265 (60%)	1133 (56%)	1137 (53%)
Percentage of shelter bed days for unique individuals who stay less than 30 days in shelter	13%	9.3%	8.9%
Average length of stay (in days per admission)*	21.0	26.7	31.9
Average nightly bed occupancy rate	91.8%	92.2%	100.1%
Prevention			
Number of unique households that received a Niagara Emergency Energy Fund (NEEF) issuance	326	416	641
Average value of NEEF issuances**	\$796	\$886	\$1036
Number of unique households that received a Housing Stability Plan (HSP) benefit**	2914	2839	3553
Average value of Housing Stability Plan benefits issued (e.g., rent arrears, last month's rent deposit)	\$831	\$974	\$1107
Housing with Related Supports			
Number of unique (new) individuals placed in Housing First	52	45	42
Number of unique (new) individuals placed in Home for Good***	20	41	40
Number of unique (new) individuals placed in Bridge Housing Program	N/A	N/A	16
Number of unique (new) individuals placed in Buchanan Street Permanent Supportive Housing	N/A	N/A	17

*Average length of stay was considerably higher in 2021 and 2022. Reasons for this may include barriers to finding housing including high rents for available units, very low vacancy rates for affordable units, and pandemic-related issues.

** NEEF and HSP issuances have increased due to policy changes to maximize utilization of COVID funding and to support families and individuals impacted by pandemic- related issues, economic pressures faced by increased cost of living and housing.

***YWCA Niagara Region's Home for Good-funded build, Oakdale Commons, opened for occupancy in 2021, with 15 affordable units for women and gender-diverse individuals. Individuals in Home for Good are supported by intensive case management, as well as mental health and addictions supports, if required.

Chart #2: NASO Metrics

Outreach Data and Outcomes	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Number of new encampments ¹	8	33	82	58
Number of resolved encampments	1	15	12	15
Number of unique clients supported by Outreach who accessed emergency shelter	37	49	69	88
Number of unique clients supported by Outreach who accessed housing	41	65	52	41

¹ An encampment may just be one individual. Niagara's average encampment size was 1.4 individuals in 2022.

Subject: Early Years and Child Care Workforce Update

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 4, 2023

Recommendations

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

Key Facts

- Over 2022 and 2023, the Ministry of Education (MEDU) made a one-time workforce investment of \$141.3 million across the province, to support the recruitment and retention of a high-quality child care and early years workforce. Niagara Region's allocation of this funding over this period was \$3.65 million.
- Children's Services, in collaboration with community partners, has utilized the funding to undertake strategies and initiatives that support service providers with recruitment and retention of existing staff and innovative ideas aimed at enhancing the growth and sustainment of the workforce long-term.
- Despite these efforts, the lack of a qualified early years and child care workforce continues to strain service providers' operations and ability to meet child care demand.
- As of January 31, 2023, the child care system across Niagara region is operating at approximately 65% of its licensed capacity, mostly due to staff shortages. Staff estimate that to operate the system at approximately 90% licensed capacity would require an estimated 236 additional Registered Early Childhood Educators (RECEs) or Director approved/Early Childhood Assistants.
- MEDU has recognized the workforce challenge associated with wages and has provided annual increases of \$1 per hour for qualified staff wages to increase up to a maximum of \$25 per hour by 2026, funded through the Canada Wide Early Learning and Child Care Strategy (CWELCC).

Financial Considerations

Over 2022 and 2023, Niagara Region received a total funding allocation of \$3.65 million, from the Ministry of Education Child Care and Early Years Workforce Funding.

In addition to the one-time investment, as part of CWELCC, until 2026, the Province has established a Workforce Compensation policy, which sets an annual hourly wage floor and commits an annual \$1 per hour increase for RECEs until wages meet the maximum of \$25 per hour.

The workforce funding and workforce compensation is fully funded by the Province with no levy contributions.

Analysis

The one-time workforce funding provided by the MEDU was intended to support the following two initiatives:

1. Development of Professional Learning Strategy that includes professional learning days and mentorship opportunities that support early years practices, mental health well-being, inclusion and diversity practices and approaches; and
2. Workforce Capacity and Innovation to support innovative recruitment and retention strategies at the local level.

With respect to the Development of a Professional Learning Strategy, Niagara Region Children's Services issued an Early Years and Child Care Workforce Professional Learning Grant to eligible service providers to support staff to undertake professional learning. Approximately 1,300 staff in the early years and child care sector participated in professional learning under this grant. To further support this priority a one-day conference is being planned for later this year.

For Workforce Capacity and Innovation, Niagara Region Children's Services, in collaboration with the community, undertook a number of innovative and strategic initiatives that supported the provincial direction and address regional challenges. Key initiatives include:

- Workforce Capacity Grant – service providers were provided flexible funding to support non-RECEs with tuition costs to become RECEs; childcare costs to incentivize staff to return to the workforce; and onboarding costs to provide sufficient orientation time for new staff.
- Indigenous-led Early Childhood Education (ECE) program – a partnership between Niagara College, Six Nations Polytechnic, Fort Erie Native Friendship Centre, and Niagara Region to pilot an Indigenous-led ECE program at the Fort

Erie Native Friendship Centre for 16 students to increase the supply of RECEs with the cultural knowledge and language skills required for the community.

- Licensed home child care marketing campaign – a campaign to attract more licensed home child care providers and inform families of licensed home child care as a viable child care option, resulting in approximately 50 new individual's expressing interest in becoming providers and more families expressing interest in licensed home child care.
- Educator leadership supports (school age and French languages) pilots – two pilot projects to support staff retention by upskilling staff with resources, mentoring and training to support children with special needs.
- Service providers recruitment table – launched a working group of local licensed child care service providers to share workforce ideas, and pilot small scale innovative ideas. One strategy currently being explored by a few select providers is sharing of supply staff.
- Participate in a provincial-wide *Knowing Our Numbers* project – collaboration with other service system managers and the Atkinson Foundation to create sustainable, regional-level early years and childcare workforce data collection processes, and information to inform decision making, support service providers with information and regional advocacy efforts.

While these strategies and initiatives have been an important step towards supporting the RECE workforce, further sustainable investments are required. As of January 31, 2023, the child care system in Niagara region is operating at 65% of its licensed capacity. Staff estimate that to operate the system at 90% capacity would require an estimated 236 more RECEs, not including any additional staff required to cover breaks and supply staff that are typically required to offset sick days and vacation.

The MEDU has recognized the staffing challenges and the need for a broader strategy. The MEDU, through CWELCC, established a workforce compensation policy and funding, which establishes an annual wage floor of \$24 by 2026, and provides a \$1 annual increase until the maximum wage of \$25 per hour is achieved. This will result in RECE wage starting at \$24 per hour in 2026, and RECEs currently employed in the system potentially earning up to \$25 per hour by 2026.

Early years and child care experts and advocates argue that in order to attract and retain RECEs, salaries and wages need to start at \$30 per hour immediately.^{1,2} In Ontario, only 55% of RECEs registered with the College of Early Childhood Educators work in child care, with many finding opportunities in other professions. According to the College of Early Childhood Educators as of December 2022, the primary reason indicated by RECEs that have resigned their RECE membership was “no longer working in the field” at 47%, followed by retirement at 23%.

Low and stagnant wages impose and will continue to impose a number of staffing challenges for the early years and child care system. These challenges are expected to exacerbate without active interventions, especially as the system expands as a result of the CWELCC. Ontario is expected to create 53,000 licensed child care spaces over the next four, which will require 14,700 new RECEs by 2020-2026. According to MEDU, without any further intervention strategies there could be an estimated shortage of 8,500 RECEs by 2026.

Early in 2023, the Province conducted consultations on the child care workforce to support a development of a broader provincial strategy. Niagara Region Children’s Services actively participated in those consultations. As Niagara Region Children’s Services awaits on the outcome of those consultations and a broader provincial strategy, it will continue to work with service providers through the Recruitment Table on innovative and local solutions that can support the recruitment and retention of RECEs.

Alternatives Reviewed

An update on the early years and child care workforce was requested by the Public Health and Social Services Committee.

¹ Workforce Collective, December 2022, *Childcare Workforce in Crisis Our Economy Won’t Work Without ELCC Workers* : <https://workforcecollective.ca/3d-flip-book/childcare-workforce-in-crisis/>

² Dr. Akbari and McCuaig, [What Ontario parents really need to know about the new early learning and child care agreement \(theconversation.com\)](https://theconversation.com/what-ontario-parents-really-need-to-know-about-the-new-early-learning-and-child-care-agreement)

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

[COM 15-2023 National Child Care Plan: Local Impacts and Recommendations](https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=e8575525-4276-4670-917f-8757689c02ca&Agenda=Agenda&lang=English&Item=14&Tab=attachments)

(<https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=e8575525-4276-4670-917f-8757689c02ca&Agenda=Agenda&lang=English&Item=14&Tab=attachments>)

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Subject: Medical Directors Annual Report 2022 – Long Term Care Homes

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 4, 2023

Recommendations

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

Key Facts

- The purpose of this report is to provide a summary of the 2022 Annual Reports submitted by the Medical Directors (MD) of Niagara Region's eight long-term care (LTC) homes.
- Under the *Fixing Long-Term Care Act, 2021*, each home is required to have a Medical Director. The Medical Director fulfills a number of functions including:
 - The development, implementation, monitoring and evaluation of medical services, advising on and approving clinical policies and procedures, and communication of expectations to Attending Physicians and registered nurses in the extended class, including communicating relevant medical policies and procedures.
- Medical Directors also ensure 24/7 medical coverage for the home and residents and oversee the Attending Physicians in their home.

Financial Considerations

As per the *Fixing Long-Term Care Act* (FLTCA) and the Ministry of Long-Term Care (MLTC) Level-of-Care Per Diem funding policy, Medical Directors are issued a payment through the Nursing and Personal Care envelope.

Analysis

Annually, the Medical Directors of each LTC home provide an analysis of the medical program in the home and identify key emerging themes. This year the Medical Directors' feedback related to three categories:

- Care trends;
- The value of participating in the professional advisory committee and quality meetings; and
- The enhanced scope of responsibilities for Medical Directors under the *Fixing Long-Term Care Act, 2021*.

Care Trends

The MD's noted that there is a scarcity of long-term care beds available and residents who are prioritized on the wait list are those with the highest needs. Patients who would have previously remained in hospital are now coming to long-term care. As a result, newly admitted residents tend to be increasingly frail and have more complex health and personal care needs. Complexities extend beyond physical frailty and include expressive behaviours of dementia that may result in injury to others, those with complex psychiatric diagnoses and those with a current substance use disorder.

The Ministry of Long-Term Care has been gradually increasing staffing funding to support homes to meet a target of four hours of care per resident per day. The MD's noted that the increase in staffing levels and the continuity in staff, especially the registered staff, has been a great improvement in care. They commented that the nurses and staff are doing very well managing and supporting the residents' increasing needs, keeping the residents safe, and ensuring that the quality of care is high. A number of the MD's observed that although the increases in staffing over the past number of years have made a tremendous difference, as the complexity of new admissions continues to increase, the Province will need to ensure that long-term care homes continue to have ready access to the resources and appropriate levels of skilled staff to properly care for them.

The *Fixing Long-Term Care Act, 2021*, requires homes to introduce a palliative approach to care with all residents, not just residents whom are end-of-life. A lot of work has been done to transition to a palliative approach to care across the Region's long-term care homes. This work is instrumental in ensuring that residents' wishes for end of life at home are honoured whenever possible. All levels of staff including the MD's are instrumental in fostering a trusting relationship with patients and their families, and supporting families to feel assured that the homes are equipped to provide compassionate and exceptional end of life care. MD's expressed their pride in the work homes' have undertaken to move to a palliative approach to care as a whole. The MD's

noted that the PoET¹ program, that has been implemented across all homes and the overall increased awareness of the palliative approach to care in LTC, is helping with this goal.

Staff across the homes having been working in collaboration with the MD's to minimize transfers to hospital. Long-term care homes have started introducing a Nurse Practitioner role into the onsite care team to support each home's ability to meet more acute care needs within the home. Reducing unnecessary transfers to hospital offers many benefits. First, older adults with multiple comorbidities are subject to unnecessary testing, increased risk for delirium, hospital-acquired infection, pressure injuries and worsening cognition and function when transferred to acute care. With timely access to appropriate diagnostics, residents are better served in our home with a familiar environment and staff. Second, reducing unnecessary transfers provides relief to a very strained acute care hospital system. The care team will continue to focus on this work in 2023.

Role of the Medical Director at Professional Advisory Committee and Quality Meetings

Professional advisory committee (PAC) and quality meetings provide the opportunity for the Medical Director to collaborate with the inter-professional team including the Pharmacist, Dietitian, Director of Resident Care, Nurse Practitioner, Administrator, and Public Health staff. PAC meetings provide an opportunity to discuss trends, challenges, opportunities for improvement, identify potential new quality initiatives, and receive feedback from members of resident and family council. The meetings are truly a multidisciplinary approach to ensuring best care for residents. Inter-professional members of the team learn from one another through this forum as issues are discussed from various professional perspectives to ensure the best possible decisions to support resident care.

The team reviews pharmacy statistics, infectious outbreak statistics as well as other clinical trends and compares outcomes with the other municipally operated homes and the provincial performance measure average and targets. The team examines the

¹ PoET Project: Prevention of Error Based Transfers. A William Osler Health System and McMaster University collaboration that aligns resident wishes with the Health Care Consent Act through review of consent, capacity and substitute decision making practices.

effects of procedural and policy changes and looks at potential new changes to come. The MD's noted that there is a degree of reassurance in knowing the level of monitoring that is done on a routine basis in the homes to ensure the ongoing delivery of optimal patient care. They commented that it is quite useful to better understand the different pressures facing each branch of the care team to help understand and support decision-making processes.

Fixing Long-Term Care Act, 2021: The Enhanced Scope of Responsibilities for Medical Directors

The MD's noted that the relationship in LTC between the MD, Director of Resident Care and Administrator is an important collaboration that results in improved communication, alignment on policies, procedures, and practices. The MD's expressed support for the expansion of the MD role in long-term care under the FLTCA noting that given the level of acuity of residents, MD's should have a more prominent role in the home and should be more involved with quality improvement initiatives. The MD's also expressed the inherent challenge in that the MD role has been expanded in the legislation, but the compensation has remained unchanged for many years. MD's expressed concern that Medical Directors will leave the sector when faced with time commitment expectations that never previously existed, increased responsibility, increased training requirements, minimal authority to affect change in the sector, and inadequate compensation when compared to their acute care leadership counterparts. MD's also expressed a need for administrative liability protection given the expansion of the role.

Overall Feedback

The Medical Directors all spoke to the contributions of the teams at the homes expressing their sincere appreciation to the staff and workers of the Region's LTC homes for their unwavering dedication and commitment to the residents during the pandemic.

The MD's also expressed that healthcare system planning, provincially and federally, will need to address the health system pressures across the continuum including the increase in acuity, complexity and levels of cognitive impairment in now seen in long-term care.

Alternatives Reviewed

The Medical Director Annual Report provides Committee and Council with important information related to the medical program and resident care in the LTC homes. As the

governing body for the Region's LTC homes, it is important that Council receives these reports to ensure high quality of care, understand the successes, challenges and opportunities experienced in these facilities and meet legislative accountability requirements of LTC.

Relationship to Council Strategic Priorities

Healthy and Vibrant Community

Other Pertinent Reports

- COM C-8-2022 *Fixing Long-Term Care Act, 2021*, May 10, 2022
- COM 16-2022 *Fixing Long-Term Care Act*, Phase 1 Regulations, May 10, 2021
- COM 24-2022 Advancing the Region's Implementation of the Long-Term Care Home Funding Policy, September 13, 2022
- COM 25–2022 *Fixing Long-Term Care Act, 2021*; Implementation Update, September 13, 2022

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Subject: Housing and Homelessness Action Plan Update 2022

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 4, 2023

Recommendations

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

Key Facts

- The purpose of this report is to update Council and the Ministry, as legislatively required, on progress completed in 2022 related to Niagara's Housing and Homelessness Action Plan (HHAP).
- Consolidated Municipal Service Managers are required to report to the public and Ministry of Municipal Affairs and Housing by June 30 each year with respect to efforts of the previous year. This report serves to meet the legal requirement for 2022.
- The HHAP provides a complete vision for aligning activities to address current and future need in Niagara related to affordable housing and homelessness.
- By the end of December 2022, 75% progress had been made toward finishing all 75 actions in the updated HHAP.
- Areas of focus for 2023 include ensuring adequate financial resources are available for new affordable housing development and supporting the delivery of Indigenous-led housing and homelessness services for Indigenous people.

Financial Considerations

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

Analysis

The purpose of this report is to update Council and the Ministry of Municipal Affairs and Housing (MMAH) on progress achieved in 2022 related to Niagara's updated HHAP. Consolidated Municipal Service Managers (CMSM) are required by legislation to report to the public and MMAH by June 30 each year with respect to efforts of the previous year. This report serves to meet the requirement for 2022.

The HHAP was developed in response to the *Housing Services Act 2011, section 6*, which requires municipalities to establish and implement a 10-year plan to address local housing and homelessness needs. The five-year review and updated HHAP was approved by Regional Council in October 2019 and acknowledged by MMAH in March 2020. The updated plan provides guidance for the five-year period of 2019-2023. December 31, 2022 marks the end of the 9th year of the 10-year Action Plan. Although the Ministry of Municipal Affairs and Housing (MMAH) has not yet provided guidance for next steps staff have begun initial planning to develop an Action Plan that begins when the current plan concludes at the end of 2023.

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

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

Niagara Region cannot accomplish the goals of the HHAP on its own, and so must partner broadly with housing and homelessness services providers, across the health, corrections and child welfare systems, with municipal, provincial and federal governments, with private developers and with Indigenous organizations and communities. The HHAP working groups support collaboration on service and system improvements in ten focus areas. Working group participants align initiatives, work together on improvement projects, and provide input to the CMSM about service and system planning on an ongoing basis. In 2022 a new HHAP working group was created

to address exits from the Justice System into homelessness. In 2022 the HHAP working groups included:

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

The HHAP continued to guide ongoing pandemic responses in 2022 that aligned with long-term system goals, including the strategic investment of the capital share of the Social Services Relief Fund (SSRF) which concluded in December 2022. By the end of December 2022 75% progress had been made toward finishing all 75 actions in the updated HHAP. At that time, 50 actions were completed, 13 had seen progress and were on track for completion by end of 2023, and 12 required significant work to be completed within the five-year period covered by the updated HHAP. Two key areas of focus for 2023 include ensuring adequate financial resources are available for new affordable housing development and supporting the delivery of Indigenous-led housing and homelessness services for Indigenous people.

Considering the work of Niagara's Housing and Homelessness Action Plan in 2022 to address Indigenous housing and homelessness, the Niagara Indigenous Community Advisory Board (NICAB) provided the following comments to staff:

While the Region recognizes that it is situated on treaty land, the Region must come to understand how this territory is governed by pre-existing Treaties that are layered in deep meaning. The Indigenous Wampum of the Dish with One Spoon predates settlers living in this territory and was created to establish peace in the region by developing relationships of trust and respect. The Dish is all of creation that we respect and take of it only what we need. A spoon is used so as to not cause harm and we are taught to take only what we need and to leave enough for others, both human and non-human, now and for future generations.

However, the Niagara Region remains actively engaged in and supporting private development and other activities that continue to further disrupt the relationship of Indigenous people with the land and increase barriers Indigenous people face in accessing the land and its medicines. NICAB requests that the Region reflect

on its own values and requests that all areas of the Niagara Region actively hear Indigenous voices.

Specific to Housing and Homelessness, NICAB members expressed disappointed in the lack of progress the Region has made on the activities in the HHAP that address Indigenous Housing and Homelessness. After nearly ten years of the HHAP the Region has not followed through to achieve results for Indigenous housing and homelessness. NICAB requests that the Region immediately take action to fund and support Indigenous access to land, Indigenous-led housing development, affordable home ownership and homelessness services by Indigenous organizations for Indigenous people.

In response to this feedback, working with NICAB to achieve results on the nine (9) HHAP actions specific to Indigenous housing and homelessness will be a priority in 2023.

Further to Council direction in October 2019 (COM 40-2019), staff continued to provide regular updates about activities, outcomes and challenges related to the HHAP throughout 2022. Highlights related to the four (4) HHAP goals include:

Goal 1 – House People Who do not Have a Home

By the end of December 2022, 82% progress had been made toward finishing the 11 actions related to Goal 1. Eight (8) of these actions were completed, two (2) had seen progress and were on track for completion by end of 2023, and one (1) required significant work to be completed within the five-year period covered by the updated HHAP. Key accomplishments since 2019 include the alignment of efforts toward achieving functional zero chronic homelessness, a shift to assertive street outreach and low-barrier housing-focused shelters, introduction of a Quality By-Name List (QBNL) and Coordinated Access (CA), and identification of opportunities to better support high acuity clients experiencing chronic homelessness. Progress and accomplishments in 2022 include:

- In October Niagara was recognized as the 7th community in Canada to achieve a Veteran QBNL, which is used to identify and connect veterans experiencing homelessness to available housing and supports. Niagara also piloted a veteran case worker to support progress toward achieving functional Zero for veteran homelessness.

- In November, Niagara Region was recognized by Built for Zero Canada (BFZ-C) as the 28th community in Canada to achieve a Reaching Home Coordinated Access System. Coordinated Access is an essential element of efforts to end homelessness. It includes standardized intake and assessment, real-time information, uniform service prioritization policies and coordinated referral processes, so that people experiencing homelessness are connected to the right housing and supports based on their preferences and level of need.
- Niagara Assertive Street Outreach (NASO) was able to support 203 unique individuals experiencing unsheltered homelessness to access emergency shelter and 184 unique individuals to access housing in 2022.
- In response to increased rents for private market units additional funding to enhance housing allowances was provided to the Housing First and Home for Good Supportive Housing programs.
- Niagara introduced new low barrier resources to support persons experiencing chronic homelessness including a 15-bed Bridge Housing facility and a 25-unit Permanent Supportive Housing facility on Buchanan Street in Niagara Falls. Bridge Housing is an intensive short-term accommodation that helps bridge the gap between homelessness and permanent housing. The Permanent Supportive Housing provides long-term housing with community programming for persons exiting chronic homelessness, with support staff available on site 24 hours a day, 7 days a week.
- In late 2022, Niagara received Ministry of Health funding to operate a 10-bed Recuperative Care Bed program for individuals experiencing homelessness who are being discharged from hospital. The program will be located in the Bridge Housing Facility and launch in Q1 2023.

In 2022, an average of 24 chronically homeless people per month were supported to exit to housing. At the end of December, there were 1,099 clients active on Niagara's By-Name List, with 550 (or 50%) experiencing chronic homelessness. This compares to 1,042 clients with 422 (or 40%) experiencing chronic homelessness at the same time in the previous year. The significant increase in those experiencing chronic homelessness (homeless for six (6) months or more in the last year, or 18 months in the past three (3) years) during the past 12 months is attributed in part to the increased cost and limited vacancy rates for affordable rental units and a lack of permanent supportive housing, making it progressively more difficult for individuals to exit homelessness.

Of the 2,150 unique individuals who accessed emergency shelter in 2022, the largest proportion were single men (24.5%), single women (13.5%), refugees (12.7%), seniors

55+ (10.0%), and Indigenous individuals (9.6%). 125 individuals (5.8% of shelter clients) had 180+ days in shelter.

Areas for focus for 2023 include the launch of a rapid rehousing program to support lower acuity clients access housing and time-limited supports in Q2 and the introduction of Indigenous-focused Street Outreach.

Goal 2 – Help People to Retain a Home

By the end of December 2023, 63% progress had been made toward finishing the 16 actions related to Goal 2. Eight (8) of these actions were completed, four (4) had seen progress and were on track for completion by end of 2023, and four (4) required significant work to be completed within the five-year period covered by the updated HHAP. Key accomplishments since 2019 include providing enhanced services for persons with concurrent disorders and working in partnership with the Local Health Integration Network (LHIN) and Regional Essential Access to Connected Healthcare (REACH) Niagara to provide health, mental health and addictions support for persons experiencing homelessness. Progress and accomplishments in 2022 include:

- In 2022 the pilot Housing Provider Community Programs Coordinators received a total of 98 referrals for eviction prevention and tenant support, including 66 referrals from Housing Providers and 32 from Rent Supplement landlords.
- The Canada-Ontario Housing Benefit (COHB) is a portable rent benefit that helps applicants on the centralized waiting list pay their rent to their current landlord in the private market. In 2022, 406 new recipients received COHB. As of Dec 31, 2022 there were 576 households receiving COHB.
- The Welcome Home Niagara home ownership program had six (6) successful closes in 2022. This program makes home ownership a reality for low to moderate income households in Niagara through down payment assistance of a 5% forgivable loan.
- By the end of 2022, the Niagara Renovates program funded 29 homeowners to complete housing repairs or modifications for persons with disabilities, including 28 homeowners with five (5) accessibility modifications. One (1) was multi-unit with accessibility modifications.
- To support ongoing system review and a shift of focus toward prevention and housing with supports, analyses of Diversion and Prevention services were completed. The updated Prevention framework is grounded in BFZ-C and Housing First principles and will leverage the strengths of current providers to meet the needs of those at risk of homelessness.

- The Collaborative Homeless Addiction & Mental Health Pilot (CHAMP) was supporting 75 clients through December. In collaboration with Niagara Region Mental Health, this program intends to increase support for homeless clients with serious mental illness and complex needs, in order to reduce calls to emergency services from shelter due to mental health concerns. A review of the CHAMP pilot program to better understand need (to be completed in 2023) was initiated.

Returns to chronic homelessness from housing remained low, at eight (8) per month on average in 2022.

Areas for focus for 2023 include improved homelessness prevention for Indigenous persons by supporting exits from provincial systems, addressing discrimination as a barrier to housing, and supporting the right to housing.

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

By the end of December 2022, 81% progress had been made toward finishing the 24 actions related to Goal 3. 18 of these actions were completed, three (3) had seen progress and were on track for completion by end of 2023, and three (3) required significant work to be completed within the five-year period covered by the updated HHAP. Key accomplishments since 2019 include development of an affordable housing strategy, supporting local municipal affordable housing plans, financing for capital repair needs, addressing End of Operating/Mortgage agreements and supporting not for profit housing provider capacity to develop new units. Progress and accomplishments in 2022 include:

- A total of \$2,946,166 was used for housing provider capital repairs in 2022. The amount included Canada-Ontario Community Housing Initiative (COCHI) funding of \$1,644,106 and Ontario Priorities Housing Initiative (OPHI) funding in the amount of \$1,302,060. This funding ensures the sustainability of Housing Provider assets.
- A Consolidated Housing Master Plan (CHMP) has been created and will serve as a guide for the development of new community housing units (the units provided by NRH, non-profit or co-operative providers) between 2022 and 2045. The Master Plan will provide a long-term roadmap to 2041 to ensure the sustainability of existing community housing stock and outline the future needs for affordable housing stock in Niagara.

- Following its adoption by Regional Council on June 23, 2022, the Niagara Official Plan (NOP) was approved by the Ministry of Municipal Affairs and Housing in November with modifications. The NOP is a comprehensive land use policy framework to guide growth and development within the region to the year 2051. The plan includes new policies regarding the provision of a range of housing types, including affordable, attainable and community housing, and directs land use planning in Niagara Region to co-ordinate with the goals and targets of the HHAP.
- The in-situ Rent Supplement program engaged new landlords and offered applicants on the centralized housing waitlist an opportunity to receive Rent-Geared-to-Income assistance where they currently live. In 2022, new agreements were initiated with 26 new landlords.
- New Housing Development Highlights, as of the end of December 2022:
 - Buchanan Avenue Niagara Falls, 25 permanent supportive housing units for high acuity chronically homeless clients achieved full occupancy in February 2022.
 - Hawkins Avenue Niagara Falls, 73 affordable units (NRH) achieved full occupancy in March.
 - Victoria Avenue, Niagara Falls – 15 Bridge Housing units and 10 recuperative care beds. 100% complete.
 - Ormond Street North / St. David's Road East, Thorold – 11 NRH units; eight (8) were occupied and three (3) were 90% complete.
 - York Street, Welland – 43 units. 80% complete and on track for completion May 2023.
 - Crescent Road, Fort Erie – 18 units. 10% complete with a target completion date of May 2024.
- Housing Services is also providing project management support to 10 new community-led developments with more than 650 new affordable housing units at various stages of development

In November 2022, Bill 23 (*More Homes, Built Faster Act, 2022*) received Royal Assent, with the stated intent to create conditions that will result in the construction of more homes to address Ontario's housing supply crisis. The Regional Chair and Planning staff provided comments and identified concerns over anticipated negative fiscal and coordinated growth management impacts due to the bill's impact on the *Planning Act, 1990* and the *Development Charges Act, 1997*. An update on Bill 23 can be found in CWCD 2022-268 Update on Status of Bill 23 More Homes, Built Faster Act, 2022

(<https://www.niagararegion.ca/council/Council%20Documents/2022/council-correspondence-dec-09-2022.pdf>). Changes impacting affordable housing development include:

- Exemptions for affordable housing, attainable housing, and inclusionary zoning units from Development Charges, Community Benefits Charges, and parkland dedication fees.
- Removal of “housing services” as an eligible service from the Development Charges Act.
- Decrease in the maximum number of units required to be affordable as part of inclusionary zoning.
- Phased reduction of Development Charge rates for all new Development Charge By-laws passed since June 2022.
- As-of-right zoning permissions to be implemented for up to three residential units per lot.
- Exemptions from site plan approval for developments of up to 10 residential units.

Staff continue to review and revise the affordable housing incentive programs as part of the ongoing assessment of Bill 23’s impact on affordable housing projects, funding and incentives.

In 2022, Niagara’s low-to moderate income renters continued to experience a more challenging market¹. Rental supply increased faster than demand, with new purpose-built rental units built at rates not seen since the nineties. As a result, the vacancy rate for all rental units increased from 1.9% in 2021 to 2.8% in 2022. Despite this supply increase, the average rents rose by 5.9%, the strongest rate of growth in over 30 years. In 2022, the gap between the average asking price for vacant units and the rent paid for occupied units widened to 17.8% and the number of affordable rental options declined. The disparities in rents faced by prospective tenants were particularly large for 1- and 3-bedroom units, which reached 26% and 33%, respectively. From January 2022 to January 2023 the average asking rents for a two-bedroom unit in St. Catharines increased 21.8% to \$2,031 per month, while average asking prices for a one-bedroom

¹ Canadian Mortgage and Housing Corporation Rental Market Report 2022 (2023, January)

unit increased to \$1,586 per month². A more challenging rental market increases demand for community housing options.

From December 31, 2021 to December 31, 2022, the centralized housing waitlist grew by 11% from 9,171 to 10,225 households. This represents an additional 2,167 individuals waiting for community housing, an increase of 13% (from 16,757 to 18,924 individuals over the previous year).

At the end of 2022, there were 8,611 community housing units in Niagara, including more than 3,008 NRH-owned, 3,224 provider, 1779 rent supplement/housing allowance/COHB units and 600 new affordable units.

Areas for focus for 2022 and 2023 include ensuring adequate resources are available to support local need for affordable housing and supporting Indigenous access to land and incentives for new development.

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

By the end of December 2022, 75% progress had been made toward finishing the 24 actions related to Goal 4. 16 of these actions were completed, four (4) had seen progress and were on track for completion by end of 2023, and four (4) required significant work to be completed within the five-year period covered by the updated HHAP. Key accomplishments since 2019 include developing a common system vision to end homelessness, improving the accuracy and completeness of the Homeless Individuals and Families Information System (HIFIS) data, increasing the use of systems standards, increasing frequency and quality of communications and participating in the BFZ-C cohorts working to end chronic and veteran homelessness. Progress and accomplishments in 2022 include:

- Staff continued to enhance the revised data strategy work initiated in 2021 to support improved outcome measurement and system planning. In 2022, the data was used to support the design of improvement projects undertaken by eight (8) of the 10 HHAP working groups.

² Rentals.ca January 2023 National Rent rankings

- Participants in the Lived Expert Advisory received peer support training to support the goal of enhancing the use of the peer support model within the homelessness system.

A key component of BFZ-C, the QBNL supports system planning to meet community need. Of the 550 unique (chronically homeless) individuals on Niagara's QBNL on December 31, 2022, the largest proportion were single men (33.6%), single women (20%), Indigenous Individuals (14.7%), seniors 55+ (10%), and youth 16-24 without a guardian (6%). Six (6) veterans were experiencing chronic homelessness.

There were also 81 Indigenous persons experiencing chronic homelessness and 17 Indigenous persons were approaching chronic homelessness (experiencing 90 to 179 days homeless) on December 31. Indigenous people remain significantly overrepresented within the homeless population of Niagara, representing 2.8% of the population of Niagara, but 9.6% of those accessing emergency shelter and 14.7% of those experiencing chronic homelessness in 2022.

Areas for focus for 2023 include improving service manager engagement with Indigenous organizations, and working with NICAB to fund Indigenous organizations for Indigenous-led housing and homelessness solutions.

Alternatives Reviewed

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

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

- COM 40-2019 Five-Year Review of Niagara's 10-Year Housing and Homelessness Action Plan
- COM-C 4-2022 Activities Related to Niagara's 10-Year Housing and Homelessness Action Plan for December 2021, and January, February 2022

- COM-C 9-2022 Activities Related to Niagara's 10-Year Housing and Homelessness Action Plan for March April May 2022
- COM-C 12-2022 Activities Related to Niagara's 10-Year Housing and Homelessness Action Plan for June July August 2022
- COM-C 4-2023 HHAP Update on Activity from September to December 2022
- CWCD 2022-268 Update on Status of Bill 23 More Homes, Built Faster Act, 2022
- COM 8-2023 Homelessness Services Report 2022

Prepared by:

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Homelessness Action Plan Advisor
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Wendy Thompson, Community Resource Program Manager, Housing Services; Marian Bannerman, Grant and Incentive Program Manager, Planning and Development Services; Alexandria Tikky, Senior Project Policy Manager, Planning and Development Services; Kristina Nickel and Mark Gutelius, Program Evaluation and Data Advisors, Homelessness Services; and reviewed by Cathy Cousins, Director Homelessness Services & Community Engagement.

MEMORANDUM

COM-C 24-2023

Subject: Seniors Services LTC Homes Volunteer Update

Date: April 4, 2023

To: Public Health and Social Services Committee

From: Henriette Koning, Director Seniors Services

2022 Seniors Services Volunteer Update

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 (8) long-term care (LTC) homes including meal time assistance, friendly visiting, pet visits, help with cards and games, bingo, sing-a-longs, birthday parties, pastoral visits and services, meaningful activities, and pubs. Volunteers provide palliative care support, operate the tuck shops and help to coordinate fundraising events. Volunteers make an invaluable difference to the lives of all of the residents of the Niagara Region long-term care homes.

The pandemic has had a significant impact on long-term care homes and that includes an impact on volunteerism. The many infection prevention and control related restrictions that support resident safety (e.g. masking, testing) also pose challenges for both volunteer recruitment and volunteer retention. Despite the impact of the pandemic on volunteerism, many volunteers and students continued to provide support in 2022. There were 642 people overall who volunteered their time to Seniors Services including 65 volunteers and 577 students. In combination, they provided 97,843 hours of support.

In April 2022, Seniors Services rolled out a recruitment plan including a social media and news campaign entitled “Volunteers Bring Heart to our Communities”. The campaign focused on recruiting new volunteers across all eight (8) LTC homes. In 2023, there will be a continuation of this volunteer recruitment campaign with targeted recruitment of students, family members, local service clubs and individuals within our local communities. It is recognized that volunteers truly make a difference in the lives of residents who call the Region’s long-term care homes “home” and we hope to encourage as many community members as possible to join our volunteer program and make life better for those who are in need.

“Volunteers remain in the hearts of the residents in our long-term care homes. They are always available to share a kind word, a smile or a laugh. We are so thankful to our volunteers for the impact they have on our lives.” (Harold Arp, Resident’s Council President, Linhaven)

“This is my 15th year of volunteering at Upper Canada Lodge. Trained in Palliative Care I have had the privilege of offering comfort and support to numerous residents during and at their end of life journey. Some residents have no family or friends that visit; some just need someone that they can share their memories with. The end of life journey is also difficult for the families and they are appreciative of someone who can be there at a time when their loved one is slipping away. My reward is knowing that I have in some way eased the inevitable journey. They give back tenfold in the many treasured memories they have shared with me.” (Caroline Kindness, Volunteer at Upper Canada Lodge)

This memorandum was prepared by, Heather Wild, Program Manager Seniors Services and reviewed by Henri Koning, Director Seniors Services.

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner

MEMORANDUM

COM-C 25-2023

Subject: Councillor Information Request – CHPI Funding Comparison

Date: April 4, 2023

To: Public Health and Social Services Committee

From: Adrienne Jugley, Commissioner Community Services

This memo is provided in response to the Councillor Information Request at the Public Health and Social Services Committee meeting of February 14, 2023, to circulate the (former) Community Homelessness Prevention Initiative (CHPI) funding comparison sheet.

This previously developed funding comparison analysis took into consideration all 47 service managers across Ontario and the funding they received in 2019/20 under the CHPI funding program to address homelessness. This homelessness funding was then compared between service manager areas, to reflect how the funding may have been allocated differently had the allocation decisions been based on a range of factors that would reasonably be considered to reflect the need in a community, such as population, social assistance caseloads, core housing need and low income measure – before tax. Based on all four possible means of allocation, Niagara would have received significantly more funding.

As part of previous advocacy work of Council and staff, a team of councillors and staff formally presented these findings to the Ministry of Municipal Affairs and Housing in 2017, as referenced in the Auditor General's 2021 Value for Money Audit on Homelessness.

The Ontario Auditor General's report found "that the funding allocation model for homelessness did not allocate funding based on current need because a significant proportion is still allocated based on 2013 historical program spending and out dated 2011 Statistics Canada data". As a result, the Auditor General's recommendation 7 is:

"To fairly allocate funding to municipalities based on need, we recommend the Ministry of Municipal Affairs and Housing:

Revisit the options identified in past funding reviews and re-evaluate its funding model for the Community Homelessness Prevention Initiative;

Implement changes to the funding model; and

Use the latest census data from Statistics Canada to recalculate the current funding allocation under the Community Homelessness Prevent Initiative.”

The Ministry Response:

“The Ministry agrees with this recommendation. The Ministry is committed to undertaking a review of the CHPI funding model methodology to more equitably allocate funds based on current local need. This review will include revisiting the options identified in past funding reviews, including replacing the outdated historical program spending component and using more updated data. The Ministry will consult with service managers before implementing funding model changes impacting CHPI funding allocations.”

The current homeless funding, known as the Homelessness Prevention Program funding, effective April 1, 2022, is a combination of the old CHPI funding, with Home for Good and Strong Communities funds bundled in, however the funding formula review was not undertaken prior to the amalgamation of funding programs.

While the full comparative analysis is very detailed and covers all 47 municipal service managers, below is chart with some key comparator municipalities relevant to Niagara.

CMSM	Population Source	2016 Population (individuals)	CHPI 2019-20 (\$)	Proposed Increase/Decrease to CHPI 2019-20 Allocation if Base Funding (\$169,800,000) was based only on:			
				Population 2016	Total Caseload 2018-19	Core Housing Need 2016	LIM-BT 2015
			323,707,142	And Estimated Allocation was used as an estimate of Provincial Priorities Funding (\$153,800,000).			
Durham	Durham CD	645,862	8,010,644	6,238,516	4,476,110	4,342,193	3,708,083
Halton	Halton CD	548,435	5,800,061	5,054,781	430,777	2,101,270	2,078,002
Hamilton	Hamilton CD	536,917	19,455,174	(6,529,280)	(4,380,337)	(6,328,481)	(6,082,395)
London	Middlesex CD	455,526	10,725,290	305,741	2,175,812	219,210	1,288,746
Niagara	Niagara CD	447,888	7,536,433	3,054,165	4,839,140	2,761,140	3,243,002
Waterloo	Waterloo CD	535,154	10,225,029	1,435,716	819,856	(272,267)	467,641
Windsor	Essex CD	398,953	10,166,257	(1,095,003)	(69,920)	(2,200,872)	(393,433)

Respectfully submitted and signed by

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

MEMORANDUM**COM-C 27-2023****Subject:** One Time Funding from Ministry of Children, Community and Social Services in Response to Asylum Seeker Arrivals in Niagara**Date:** April 4, 2023**To:** Public Health & Social Services Committee**From:** Adrienne Jugley, Commissioner, Community Services

Background

The purpose of this memo is to provide information on the outcome of a one-time funding request to the Ministry of Children, Community and Social Services (MCCSS) in response to unprecedented asylum seeker arrivals in Niagara. The federal Ministry of Immigration, Refugees and Citizenship Canada (IRCC) began sheltering asylum seekers, through hoteling, in Niagara in July 2022. Since that time, the number of IRCC contracted hotel rooms has increased from 87 rooms to over 2000 rooms. Individuals arriving in Niagara are eligible for assistance under Ontario Works, a provincial income support program administered by Niagara Region's Social Assistance and Employment Opportunities (SAEO) division. As a result, Niagara's Ontario Works caseload is projected to increase 22% by April 2023.

Situation to Date

From July 2022 to March 2023, Niagara has received 5,254 asylum seeker claimants, 2,766 of whom have arrived since the beginning of 2023. Arriving asylum seekers are from 82 different nationalities and speak 54 different languages.

With the influx of asylum seekers, SAEO continues to experience significant pressure in responding to new Social Assistance applicants with requests for assistance increasing by 44% over 2021. Furthermore, the SAEO caseload realized a 15.3% increase from December 2021 to December 2022, significantly higher than the forecasted increase of 9%. By April 2023, Niagara's SAEO caseload is projected to increase by a total of 22%.

In order to respond to the extraordinary increased demand for service, SAEO realigned existing resources and created additional specialized caseloads that offer dedicated case management supports responding to the unique challenges faced by the

newcomer population. Regional staff also submitted a one-time funding request to MCCSS of \$5,959,200, as further increases in hotel contracts were announced by IRCC, requesting both funding for staff resources and client benefits.

On March 28, 2023, SAEO received written confirmation from MCCSS regarding approved one-time funding, of \$857,250 to assist this team to support asylum seekers. Funding is to be spent by December 31, 2023. This funding will better position staff to deliver Ontario Works to an increasing caseload by hiring twelve temporary staff. On March 7, 2023, Report [COM 9-2023 Asylum Seekers Transferred to Niagara Falls - Request for Immediate Temporary Funding](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=30317) (<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=30317>), was presented to Committee identifying the need to immediately reallocate \$310,000 of budget from Niagara Prosperity Initiative (NPI) in order to hire temporary staff to address the caseload increase. As funding has now become available, these provincial dollars will first fund these costs and the NPI budget will be replenished. SAEO is pending confirmation of 100% provincial funding to support additional client benefits for asylum seekers, funds that would assist with rent deposits, bus passes and phone service.

SAEO staff continue to meet regularly with IRCC to discuss the evolving situation. SAEO also participates in regular meetings with community partners to ensure asylum seekers receive necessary supports and services, to the extent that they are available and appropriate, that will lead to successful integration in our community. Weekly information sessions held in Niagara Falls with community partners provide general information and one to one supports for asylum seekers.

It should be noted, that while these funds are welcome, should the demands on service remain at current levels, further funding will be required to support operations and respond to other costs such as interpreter services. However, the pressures in Niagara Falls may diminish over the months ahead due to the changes to federal rules associated with irregular border crossings that were implemented on March 24, 2023. Staff commit to continue to monitor and report to Council on the impacts of the IRCC operation in Niagara Falls, and the associated service and financial pressures.

Respectfully submitted and signed by

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

MEMORANDUM**AC-C 6-2023****Subject:** Impact of Winter Storm Elliot on the Crystal Beach WWTP**Date:** March 27, 2023**To:** Audit Committee**From:** Jason Oatley, Manager, Quality and Compliance

This memo provides Council with information on the impact of Winter Storm Elliot on the operations of the Crystal Beach Wastewater Treatment Plant (WWTP) between Dec. 23 and Dec. 27, 2022. The extreme weather event resulted in a loss of electrical power to the plant. As a result, plant operations were impacted and sewage bypassed treatment at the Crystal Beach WWTP from Dec. 25 until Dec. 27 and was released to the environment.

A Winter Storm watch was issued on Dec. 21, 2022. On Dec. 22, this was upgraded to a Winter Storm Warning and a Blizzard Warning for Friday, Dec. 23 until Saturday, Dec. 24, 2022. In response to this increased awareness of an impending storm, the Water & Wastewater (W&WW) division increased staffing levels at key facilities, ensured standby power generator fuel tanks were topped up with fuel and issued warnings to staff.

Staffing Levels

Niagara Region has wastewater treatment facilities in Fort Erie (Anger Avenue WWTP, Crystal Beach WWTP, Stevensville Lagoon), in Port Colborne (Seaway WWTP) and Welland (Welland WWTP). The Region also operates water treatment plants in Fort Erie (Rosehill WTP) and Port Colborne (Port Colborne WTP).

The Crystal Beach WWTP is staffed with one operator Monday to Friday 7:00 a.m. until 3:00 p.m. Outside of these hours, operators at the Seaway WWTP in Port Colborne monitor the Crystal Beach WWTP and its three (3) sewage pumping stations through the plant SCADA system. The Seaway WWTP staff monitor their plant and 18 stations while monitoring the Crystal Beach WWTP and its three (3) stations. Similarly, the Anger Avenue staff monitor their plant, the Stevensville Lagoon and 10 stations.

Due to available staffing, only a single operator is on-shift after 7:00 p.m. at most Niagara Region WWTPs. The Queenston WWTP and Stevensville Lagoon are

monitored remotely and operators attend the sites to conduct testing and for security checks.

Storm Details

The extreme winter storm began Friday, Dec. 23 hitting the areas of Fort Erie, Port Colborne and other southerly communities. Heavy rain changed to snow and temperatures dropped rapidly leading to flash-freeze conditions on roadways. Wind gusts for 120 km/h in southern Niagara were encountered. Snow accumulations of 25-50 cm were also seen (higher amounts due to drifting snow from high winds).

On Friday, Dec. 23 utility power began to fail in many areas of Fort Erie. Utility power losses began at Erie Road Sewage Pumping Station (SPS) around 8:17 a.m., Nigh Road SPS at 11:26 a.m., and Shirley Road SPS at 2:40 p.m. The power at the Crystal Beach WWTP went out after the operator had left at 3:00 p.m. As the storm intensified, plant and sewage pumping stations in many areas of south Niagara were all running on standby generators as power was out across Fort Erie and much of Port Colborne.

Many facilities, homes and businesses were affected by the power loss. The storm was severe enough to be a named storm – Winter Storm Elliot. In addition, both Niagara Region and the Town of Fort Erie declared a State of Emergency at 8:30 a.m. on Saturday, Dec. 24 due to the blizzard conditions and power outages throughout the area.

On Saturday, Dec. 24 the Crystal Beach plant was running on standby power and being monitored by staff at the Seaway WWTP. Just after midnight (00:03 Sunday, Dec. 25), the Seaway plant lost communication with the Crystal Beach WWTP; therefore, the staff at Seaway could no longer see the Crystal Beach plant status. Losing remote communication is a common occurrence during a storm and normally, when this occurs, staff are dispatched to monitor the remote plants in person. However, as states of emergency were being declared, the weather conditions made travel near impossible. In addition, cellular communications were out in the area due to a cell phone tower being damaged. Staff from the Port Colborne plant could not make their way to Crystal Beach to check on the plants status due to concerns with being stranded away from the plant. Staff at the Anger Avenue WWTP in Fort Erie also could not exit the plant due to the Niagara Parkway being impassable. Staff already on shift at both Port Colborne and Fort Erie facilities stayed past their shift-end and physically remained on site at the plants as they could not safely return home. The operator at the Fort Erie plant was on duty for 52 hours. The Seaway plant operator was on shift for over 30 hours.

On Sunday, Dec. 25 in the late afternoon, the weather had improved but communications were still out between Seaway and the Crystal Beach plant. The Seaway WWTP Operator was able to get to the Crystal Beach plant at approximately 8:45 p.m. Upon entry, the operator discovered that the utility power was back on in the control building but that the plant was not operating. Upon further inspection, the operator discovered that the generator room was flooded with water and that sewage was entering the plant building from the wet well areas as the plant pumps were not running. It was later determined that water lines in the generator room had frozen and burst, drenching the electrical panels with water and preventing the generator from running.

Without the plant pumps running, and with a key valve remaining in the open position, sewage bypassed the sewage plant and entered the storm sewer system and then eventually to Lake Erie. Maintenance staff were quickly on site to begin pumping out the water and sewage mixture so that the plant equipment could be worked on. Working day and night, the sewage pumps were turned back on at 12:20 p.m. on Tuesday, Dec. 27. The duration of the sewage spill is believed to be from approximately Sunday, Dec. 25 00:30 until 12:20 p.m. on Tuesday, Dec. 27 (approximately 60 hours).

Key Causes

- Loss of utility power from damaged power lines: Prolonged power outages are a frequent occurrence in Fort Erie. Plants are designed with standby power generators. These generators are powered by diesel engines. The fuel tanks typically have sufficient fuel for 12 to 24 hours of continuous operation. The duration of the power outage was longer. If the plant had of been running on utility power, this event would not have occurred.
- Loss of generator power: When the generator is running, louvers open inside the generator room allowing heat to escape to keep the generator cool. High winds and sub-zero temperatures allowed snow and ice to enter the generator room. The room temperature dropped to below freezing causing water lines in the generator room to freeze and burst. The water flooded the electrical panels causing shorts that prevented the generator from running. Without the generator running, the plant power was lost.
- Loss of sewage pumping: Without utility power and without the generator running, the sewage pumps stopped pumping. An electrically actuated valve controls the flow of sewage into the plant. Without power, the valve remained open, which allowed

sewage to enter the plant. Without the pumps running, the sewage overflowed that wet well and entered the plant causing damage to the pump electrical disconnects. This prevented the pumps from being turned back on once power was restored as they were flooded.

- Due to the holiday season, many staff were on vacation or unavailable. Few staff are on-shift during evenings and weekends at the larger plants and no staff are present in the remote facilities.

Reporting

Upon discovery of the sewage bypassing the plant on Dec. 25, 2022 the operator contacted the Ministry of Environment, Conservation and Parks (MECP) spills action centre (SAC) to report the issue. When the pumps were placed back in service, the operator of the plant followed up with another call to the MECP SAC to let them know the plant status.

The MECP requires a written spill report to be submitted with 10 working days of an environmental incident such as this. Staff requested an extension of the deadline for the written report on Dec. 29, 2022 so that the Region could have the opportunity to conduct a debrief on the event when more staff were available after the holidays. An extension until Jan. 23, 2023 was granted by the MECP.

A debrief session was held on Jan. 12 to review plant logs, SCADA alarms and get feedback from staff who were on site during the event. A debrief is used to determine the root cause of the spill and examine ways to prevent this type of incident from re-occurring. Staff from the Crystal Beach and Seaway WWTPs as well as management and compliance staff were present. On Jan. 26, a second debrief was held with staff from the Town of Fort Erie to get their input from issues they had encountered. A formal written spill report was submitted to the MECP on Jan. 23, 2023 that reported an estimated spill volume of 25-30 ML. The receipt of the report was acknowledged by the MECP.

Actions (taken or planned)

As an output from the two debrief sessions, a number of actions were initiated by staff.

These include:

- Remove water lines in the generator room at the Crystal Beach WWTP and investigate other facilities to prevent this issue from happening.

- Install a windbreak by the generator louvers to lessen the impact of wind off the lake on the generator intake.
- Enable “roaming” on W&WW staff cell phones. The roaming feature was disabled on corporate cell phones which limited that ability of the cell phones to be used with other wireless carriers in the event that the main carrier is inaccessible in emergencies.
- Explore opportunities to use 2-way radios with Town of Fort Erie and Regional staff during emergencies when cell service is not available.
- The bypass valve has been replaced with a new unit that has a battery back-up feature that will close the valve if needed upon a power failure.
- The Town of Fort Erie was made aware that the Rosehill WTP, Anger Avenue WWTP and Crystal Beach WWTP require higher priority for snow removal during severe storms to ensure staff access.
- Explore staffing at the Crystal Beach WWTP and other facilities to ensure adequate number of staff are available at all times.

Respectfully submitted and signed by

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