



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

PHSSC 3-2024

Tuesday, March 5, 2024

1:00 p.m.

Council Chamber - In Person and Electronic Meeting

Niagara Region Headquarters, Campbell West

1815 Sir Isaac Brock Way, Thorold, ON

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

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| 1. <u>CALL TO ORDER</u> | |
| 2. <u>LAND ACKNOWLEDGEMENT STATEMENT</u> | |
| 3. <u>DISCLOSURES OF PECUNIARY INTEREST</u> | |
| 4. <u>PRESENTATIONS</u> | |
| 4.1 <u>Community Health Status Assessment</u> Amanda Kirkwood, Manager, Public Health Surveillance and Evaluation & Rachel Skellet, Manager, Planning Evaluation CQI | 3 - 19 |
| 5. <u>DELEGATIONS</u> | |
| 6. <u>ITEMS FOR CONSIDERATION</u> | |
| 6.1 <u>PHD 2-2024</u> Public Health 2024 Annual Service Plan and Budget Submission A presentation will precede the discussion on this item. | 20 - 37 |
| 6.2 <u>COM 8-2024</u> Homelessness Prevention Plan Investment Plan 2024-25 | 38 - 44 |
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7. CONSENT ITEMS FOR INFORMATION

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Accreditation Update

7.2 PHD-C 1-2024 69 - 73
Data Update on Council's Declared States of Emergency

8. OTHER BUSINESS

9. NEXT MEETING

The next meeting will be held on Tuesday, April 9, 2024, at 1:00 p.m. in the Council Chamber, Regional Headquarters.

10. 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).

Community Health Status Assessment

Public Health and Social Services Committee

March 5, 2024

Amanda Kirkwood, Manager, Public Health Surveillance and Evaluation
Rachel Skellet, Manager, Planning Evaluation CQI



Community Health Status Assessment

What does the health status of Niagara look like?

BACKGROUND

What is a community health status assessment?

A comprehensive population health assessment:

“Population health assessment includes the measurement, monitoring, analysis, and interpretation of population health data and knowledge and intelligence about the health status of populations and subpopulations, including social determinants of health and health equity.”

Council Strategic Priorities

Effective
Region

Green and
Resilient
Region

Equitable
Region

Prosperous
Region

Methods

Health Status

Identified health conditions and diseases with the greatest burden on Niagara residents

Reviewed health and wellbeing indicators from 11 categories

Community Themes

Identified community health and quality of life issues as perceived by the community

SUMMARY OF RESULTS

Top health conditions/diseases identified in the assessment:



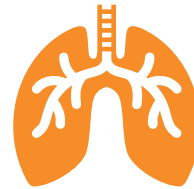
1

**Ischaemic
heart disease**



2

**Accidental
falls**



3

**Chronic
lower
respiratory
diseases**



4

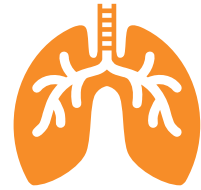
Diabetes



5

**Cerebrovascular
Disease
(e.g., stroke)**

Health conditions/diseases increased the most in burden since last assessment:



**Chronic
lower
respiratory
diseases**



**Accidental
poisonings**



**Dementia
and
Alzheimer's
disease**

Observed Changes in Wellbeing

Wellbeing and Behaviour Changes

Early Development among Children



Physical Health & Wellbeing



Percentage of kindergarten children vulnerable

Vaping among Secondary Students



Vaping



Proportion of students vaping

Sexually Transmitted Infections

Gonorrhea Rate per 100,000



Syphilis Rate per 100,000



Data source: Integrated Public Health Information System (iPHIS)

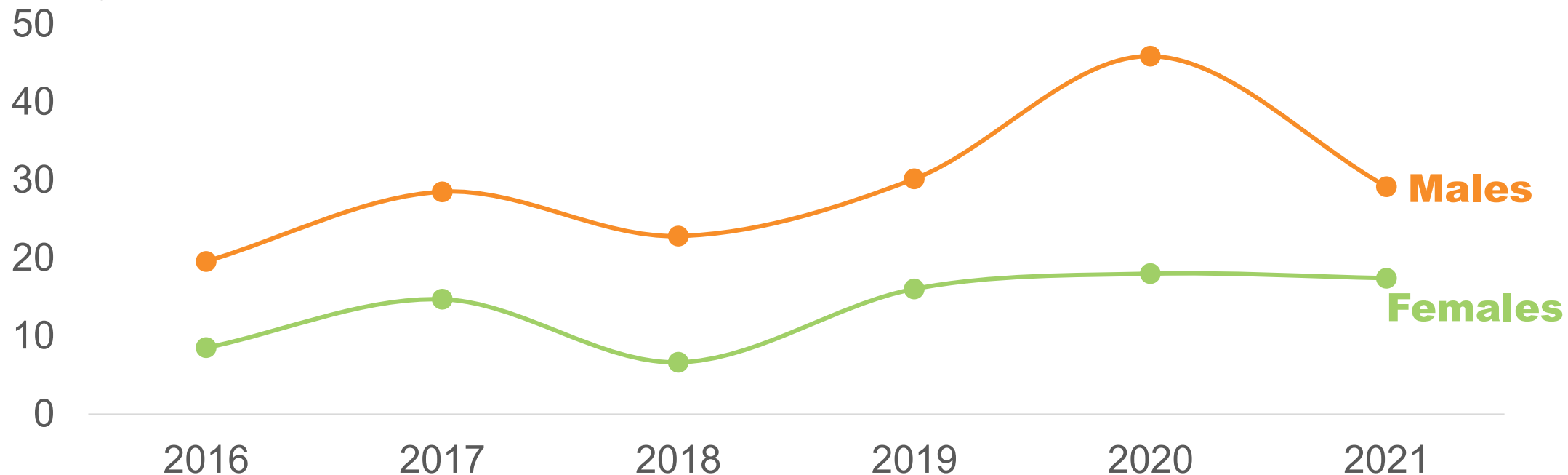
Group A Streptococcal Disease, Invasive (iGAS)



Data source: Integrated Public Health Information System (iPHIS)

Drug-Related Mortality

Mortality rate per 100,000 population



Data source: Ontario Ministry of Health and Long-Term Care: IntelliHEALTH ONTARIO, 2016-2021

Self-Rated Mental Health Status

62.2%

of Niagara individuals (12 years or older)
rate their mental health as **very good or excellent**

Data source: Canadian Community Health Survey, 2019/20

Health and Quality of Life Themes Identified by Community

| | | |
|----------------------|---------------|---------------|
| Access to Healthcare | Addictions | Food Security |
| Homelessness | Mental Health | Poverty |

NEXT STEPS?

Annual Service Plan and Budget Submission 2024

Public Health and Social Services Committee

PHD 2-2024
March 5, 2024

Diane Vanecko, Director/ Chief Nursing Officer
Organizational and Foundational Standards



Public Health Annual Service Plan and Budget Submission 2024

March 5, 2024

Diane Vanecko, Director/Chief Nursing Officer
Organizational and Foundational Standards

Purpose

- To seek Board of Health approval of the Public Health 2024 Annual Service Plan and Budget Submission
- Requirement under the Ontario Public Health Standards to received Ministry of Health funding

Accountability Framework

Accountability Requirements

- Organizational Requirements
- Accountability Agreement

Plans to Fulfill

- Strategic Plan
- Annual Service Plan & Budget Submission

Performance & Funding Reports

- Quarterly Reports
- Annual Report

Annual Service Plan 2024

- Components of the template:
 - Community assessment
 - Program plans
 - Budget submission for each program
 - Board of Health membership, apportionment of costs, certification
- Due on or before April 2, 2024

2024 ASP and Budget Submission

| Description | Gross Budget Expenditure | ASP Funding Requests | Levy Funding |
|--|--------------------------|----------------------|--------------|
| Total 2024 ASP Mandatory (cost shared) | \$38,476,966 | \$24,750,800 | \$13,726,166 |
| Total 2024 ASP Ontario Seniors Dental Program (100% provincial funded) | \$2,789,300 | \$2,789,300 | - |
| Overall ASP Total | \$41,266,266 | \$27,540,100 | \$13,726,166 |

Example

Food Safety

Goal: To prevent or reduce the burden of food-borne illnesses.

Community Needs and Priorities

- Greater than average number of food establishments contained within the geographical boundaries and a tourist destination
- Proactive approach to ensure food safety compliance
- 3,564 food premises (increase of 5.1% from 2022) inspected one to three times annually based on risk categorization (low, medium, high)
- In 2023, 279 food borne investigations (increase of 29.8% from 2022), 1,267 re-inspections (increase of 26.4%) and 507 complaints (increase of 20.7%)

Key Partners

- Canadian Food Inspection Agency
- Ontario Ministry of Food, Agriculture, and Rural Affairs
- Health Canada
- Public Health Ontario
- Local Area Municipalities
- Other Public Health units
- Owners/operators of food premises, including institutional facilities
- Internal services: Public Works, Information Technology

Programs and Interventions

- One program: Food Safety
- Six interventions:
 - Policy enforcement
 - Health teaching (2)
 - Social marketing
 - Disease and health event investigation (2)

Food Safety: Program Description

- Designed to decrease food-borne illness
- Health equity incorporated to increase accessibility and reduce barriers
 - Multiple course delivery models
 - Availability of food handler exams in a variety of languages

Food Safety: Program Objectives

- By the end of 2024:
 - Complete 100% of routine inspections
 - Develop an action plan to address top infractions and work to reduce these in high-risk food premises
 - Return to pre-COVID-19 registration numbers for Food Handler certification course
 - Assess 100% of complaints within 24 hours
 - Ensure at least one exposure is identified and documented for at least 80% of reportable gastrointestinal cases
 - Increase website page views on food handling by 5%

Food Safety: Interventions

- Policy Enforcement: Routine, Complaint, or Demand Inspections of food premises
 - Conduct routine inspections of all food premises
 - Based on early risk assessment
 - Respond to all complaints and complete demand-based inspections

Recommendation

- That the Board of Health **APPROVE** the Public Health 2024 Annual Service Plan and Budget Submission to the Ministry of Health for a total gross budget of \$41,266,266.

Subject: Public Health 2024 Annual Service Plan and Budget Submission

Report to: Public Health and Social Services Committee

Report date: Tuesday, March 5, 2024

Recommendations

1. That the Board of Health (BOH) **APPROVE** the Public Health 2024 Annual Service Plan and Budget Submission (ASP) to the Ministry of Health for a total gross budget of \$41,266,266.

Key Facts

- The purpose of this report is to seek the BOHs approval for the Public Health 2024 ASP and Budget Submission to the Ministry of Health.
- The 2024 ASP articulates Public Health's plans to meet the Ministry's requirements under 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 Ministry.
- The submission includes the Council-approved levy operating 2024 budget for Public Health and must be submitted on or before April 2, 2024.

Financial Considerations

The Ministry of Health provides cost shared funding to Niagara Region's BOH (Regional Council) 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 BOH to the Ministry for the provincial funding accounted for within The Regional Municipality of Niagara 2024 Levy Operating budget that was approved on December 14, 2024.

The Public Health budget is largely cost shared between the Ministry and The Regional Municipality of Niagara, with the Ontario Seniors Dental Care Program (OSDCP) being the only 100% provincially funded program. The Ministry has restored the provincial base funding to 2020 levels as of January 1, 2024, while implementing one percent growth base funding for the next three calendar years. The Ministry has removed the

cost-sharing ratio from its calculations but has committed to reviewing public health funding methodology for sustainability moving forward.

The 2024 Public Health request to the Ministry is based on gross budget expenditures of \$41,266,266 as summarized in Table 1 below. Regional Council has previously approved \$13,726,166 in levy funding for Public Health mandatory programs.

At this time for 2024, there is no opportunity to submit one-time funding requests. The Ministry has indicated there may be an in-year process to apply for additional funding.

Table 1: Summary of 2024 ASP and Budget Submission

| Description | Gross Budget Expenditure | ASP Funding Requests | Levy Funding |
|--|--------------------------|----------------------|--------------|
| Total 2024 ASP Mandatory (cost shared) | 38,476,966 | 24,750,800 | 13,726,166 |
| Total 2024 ASP Seniors Dental (100% Provincial funded) | 2,789,300 | 2,789,300 | - |
| Overall ASP Total | 41,266,266 | 27,540,100 | 13,726,166 |

Analysis

The Ministry of Health’s Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (June 2021) (<https://files.ontario.ca/moh-ontario-public-health-standards-en-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, demonstrating alignment with Niagara priorities and accountability for planning and the use of funds to address The Standards. The ASP template includes the following:

- Community assessment – high level description of the health needs, priority populations, and challenges and risks faced by Niagara residents to inform program and service delivery decisions.
- Program plans – description of programs and services that will be delivered under the foundational standards and the nine program standards, including interventions and key partners for delivery.
- Budget submission for each program
- BOH membership, apportionment of costs, and certification of the ASP.

A comprehensive planning process was undertaken to refocus the programs to be centered around health outcomes and to clearly define program goals, objectives, activities, and measurable indicators. This work is underpinned by key surveillance data, literature reviews, and a community health status assessment.

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

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 on the Regional levy.

Relationship to Council Strategic Priorities

The ASP is based on Niagara Region Public Health's operational planning that aligns with Council's 2023-2026 Strategic Priorities Effective Region by delivering service in a

way that is collaborative, fiscally responsible, and aligned with a skilled workforce. It also aligns with Equitable Region by ensuring services meet the needs of the community in an inclusive, welcoming, and equity-focused way.

Other Pertinent Reports

- [PHD 4-2023 Public Health 2023 Annual Service Plan and Budget Submission, April 4, 2023](#)
- [PHD 6-2022 Public Health 2022 Annual Service Plan and Budget Submission, April 5, 2022](#)
- [PHD 6-2021 Public Health 2021 Annual Service Plan and Budget Submission, April 13, 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

Prepared by:

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Director, Organizational and
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Public Health and Emergency Services

Recommended by:

Azim Kasmani, MD, MSc, FRCPC
Medical Officer of Health
Public Health and Emergency Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Amanda Fyfe, Manager, Program Financial Support, and Paula Ollier, Program Financial Specialist.

Subject: Homelessness Prevention Plan Investment Plan 2024-25
Report to: Public Health and Social Services Committee
Report date: Tuesday, March 5, 2024

Recommendations

1. That the Ministry mandated Homelessness Prevention Plan (HPP) investment plan for the 2024-25 funding allotment **BE APPROVED**.

Key Facts

- Consistent with the previous year, the Ministry of Municipal Affairs and Housing (MMAH) requires service managers to submit a HPP investment plan for 2024-25, which is due April 15, 2024, outlining the planned spending in the directed categories of: community outreach and support services, emergency shelter solutions, housing assistance and supportive housing.
- Through MMAH, Niagara is expected to receive \$ 20,771,400 for 2024-2025 with \$6,153,900 already designated towards the capital program.
- The proposed investment plan included in the report has been developed based on the HPP program guidelines, (April 2022), in alignment with Niagara’s Ten-Year Housing and Homelessness Action Plan and with consideration to existing funding allocations to support a stable homelessness system in Niagara.

Financial Considerations

The total 100% provincial HPP funding provided for 2024-25 is anticipated to be \$20,771,400. Niagara Region contributes an additional \$1,971,286 of levy funding through the 2024 operating budget to the same priority funding categories beyond the proposed provincial amounts (assuming a consistent levy allocation in Q1 2025). The 2024 operating budget also includes a one-time transfer of \$2.4 million from the Taxpayer Relief Reserve (with Council approved flexibility up to an additional \$1.7 million for a total of \$4.1 million) to fund the RFP/system contract pressures for homelessness operations. This is considered a one-time request from the reserve because the HPP annual funding, of \$6.2M, that is dedicated in 2024 to capital investments, will be repurposed back to support these contracts in 2025. The Region also provides \$2,162,516 in levy funding in the 2024 operating budget to operate the Bridge Housing and Permanent Supportive Housing facilities.

The HPP program was an updated program implemented in 2022 by MMAH, consolidating the Community Homelessness Prevention Initiative (CHPI), Home For Good (HFG) and the Strong Communities Rent Supplement Program. The HPP funding formula now limits administration at 5%, where the previously allowable administration amount was 10% under the earlier provincial programs. This reduction creates a potential additional pressure on Niagara Region as administration includes the provision of system management and support, ensuring continuous system improvements, monitoring contracts, managing the By Name List and ensuring a quality data strategy to have effective and successful system transformation. The Region has not fully leveraged all of the allocation of administration money in the past, and currently is estimating to use approximately 3.6% as monies are prioritized to front line services to clients, as funding in Niagara is not sufficient to meet local need. Niagara and its funded agencies (also capped at 5%) remains concerned that reduced availability of administrative funding, with increased system performance expectations, will result in a further pressure to an already stretched system.

Analysis

The proposed HPP investment plan is designed to align with the HPP program guidelines issued April 2022. The Ministry requires that an investment plan be submitted each year indicating how Niagara Region plans to use the funding provided based on the categories identified by the province, and additionally, recognizing the four provincial homelessness priority populations of chronic homelessness, youth, Indigenous persons and homelessness following transitions from provincially funded institutions and service systems.

The vision for HPP is “to provide Service Managers with the resources needed to establish a coordinated housing and homelessness system in each community so that people at risk of, or experiencing homelessness, have the housing and support services that they need to retain and/or obtain stable housing and achieve better outcomes.”¹ This vision has three goals, to prevent homelessness, address homelessness and reduce chronic homelessness which is a system that focuses on proactive and permanent housing solutions rather than reactive responses to homelessness.

¹ Homelessness Prevention Plan Program Guidelines, April 2022, Ministry of Housing.

Niagara Region funds and works collaboratively with 15 agencies in the region to deliver homelessness services and supports to the residents of Niagara. Current homelessness service contracts were executed through a Negotiated Request for Proposal procurement process for each of the HPP categories and have been approved for a three-year contract period from April 1, 2024 to March 31, 2027. The contract awards align with the HPP investment plan for 2024-25.

The table in Appendix 1 details the funding plan submitted for 2023-24, the proposed plan to be submitted for 2024-25 and the changes in funding allocations, over the prior year.

The relative amounts set out in Niagara's investment plan align with provincial expectations and ensure funding levels in each category support stability in the Niagara homelessness system while allowing for the capacity to move the system forward in achieving provincially identified priorities. While stability is a key goal in supporting the homeless sector in Niagara, the continued social, health and economic impacts of the pandemic on individuals and families, homelessness and the acuity of clients is increasing and challenges to outflow in the homelessness system, has raised significant concerns regarding the ability of the system to support clients' complex needs without additional funding and resources. The types of services that will be funded under the HPP categories, as well as some specific work related to system improvements, are outlined as follows:

Housing Assistance

- This category includes funding provided for rent supplements for those who qualify from the centralized housing waitlist to obtain and sustain affordable housing units, while receiving a range of case management supports through those ministries.
- Housing help and other upstream prevention services are funded in this category supporting clients with housing searches, shelter diversion, family reunification, and eviction and housing loss prevention.
- The shelter diversion program continues to see rates of 30-35% diversion for youth and 10% for adults.
- Rapid rehousing, an emerging best practice, supports shelter capacity management by the rapid movement of people from homelessness into permanent housing.

Supportive Housing

- Consistent with best practices, funding in this category will support transitional housing programming, specific to targeted populations (youth, newcomers, women) in Niagara. These critical programs aim to increase housing stability and reduce reliance on emergency shelters.
- Funding for the new Bridge Housing project on Geneva Street in St. Catharines will be funded through this category.
- The additional funding in this category will go to enhance housing allowances and ensure that clients in the Housing First and Home For Good programs are able to find affordable housing in the current Niagara region housing market.

Emergency Shelter Solutions

- Funding will support a low barrier, trauma informed shelter system, offered in a variety of settings; providing necessary basic needs, and meals, along with housing support services including transportation to shelter.
- The demand for shelter in Niagara remains high due to rental housing costs being up 50% over the last two years, which is increasing clients' length of stay in shelter as they struggle to find affordable rental units.
- There will be continued effort to align with provincial policy expectations, emphasizing where possible, prevention over emergency responses.
- In alignment with a Shelter Capacity Review conducted in 2023, Niagara has increased full day/full year shelter spaces, by just over 100 beds/units in the cities of St. Catharines and Niagara Falls.

Program Administration

- Funding for administration supports system capacity building, and system transformation including best practice training for staff and leaders of all third-party agencies delivering programs.
- While permitted under the Administration category, Niagara Region does not allocate the full 5% available under the HPP guidelines for administration, largely due to the limits of funding available, rather, focusing as much funding as possible to direct client service delivery. Niagara currently applies approximately 3.6% of funding to administration.

Alternatives Reviewed

Not applicable, as the HPP investment plan must be developed, approved and submitted to the province in order to receive this funding to support Niagara's homelessness serving system.

Relationship to Council Strategic Priorities

This plan aligns with the goals in Niagara's 10-Year Housing and Homelessness Action Plan, including Goal 1: housing individuals who do not have a home and Goal 4: building capacity and improving the effectiveness of the housing system.

The recommendation will also advance the following Niagara Region's Strategic Priorities

- Effective Region – Transforming service delivery in a way that is innovative, collaborative, and fiscally-responsible.
- Equitable Region – Improve access to affordable and attainable housing.

Other Pertinent Reports

- CAO-06-2023 Homelessness Prevention Plan Investment Plan 2023-2024

Prepared by:

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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 Amanda Fyfe, Manager Program Financial Services.

Appendices

Appendix 1: HPP Investment Plan

Appendix 1

| Service Category Activities | 2023-24 | 2024-25 | Change | Projected # Households Assisted |
|---|---------------------|---------------------|----------------------|---------------------------------|
| Community Outreach & Support Services | \$1,054,559 | \$0 | (\$1,054,559) | 0 |
| Other Health-Related Supports | \$90,376 | \$0 | (\$90,376) | 0 |
| Life Skills Development/Daily Living Supports | \$83,057 | \$0 | (\$83,057) | 0 |
| Case Management and Outreach | \$813,126 | \$0 | (\$813,126) | 0 |
| Culturally – Relevant Supports for Indigenous People | \$68,000 | \$0 | (\$68,000) | 0 |
| Housing Assistance | \$3,928,716 | \$5,724,763 | \$1,796,047 | 3660 |
| Long-Term Housing Assistance | \$2,182,788 | \$2,182,788 | \$0 | 260 |
| Short-Term/Emergency Assistance | \$0 | \$1,631,834 | \$1,631,834 | 1900 |
| Non-Financial Assistance | \$1,745,928 | \$1,910,141 | \$164,213 | 1500 |
| Supportive Housing | \$3,444,421 | \$2,634,383 | (\$810,038) | 365 |
| Rental Assistance | \$414,000 | \$684,000 | \$270,000 | 200 |
| Mental Health and Addictions Supports | \$2,937,421 | \$1,950,383 | (\$987,038) | 165 |
| Culturally – Relevant Supports for Indigenous Peoples | \$68,000 | \$0 | (\$68,000) | 0 |
| Minor Repairs | \$25,000 | \$0 | (\$25,000) | 0 |
| Emergency Shelter Solutions | \$5,439,204 | \$5,507,754 | \$68,550 | 2100 |
| Program Administration | \$750,600 | \$750,600 | \$0 | 0 |
| Sub Total | \$14,617,500 | \$14,617,500 | \$0 | 0 |
| Capital Program | \$6,153,900 | \$6,153,900 | \$0 | 30 |
| Total | \$20,771,400 | \$20,771,400 | \$0 | 6155 |

Subject: CSWB 911 Action Table: Findings and Recommendations

Report to: Public Health and Social Services Committee

Report date: Tuesday, March 5, 2024

Recommendations

1. That Regional Council **REQUEST** the Province of Ontario to support investment in:
 - a) A “civilian-led” or alternate / mental health-only response to mental health and addiction crisis calls;
 - b) Providing enhanced and sustainable funding to close the gaps in local mental health and addiction treatment services, as identified in the Niagara Needs-Based Planning Project; and
 - c) Adequate and sustainable funding for core community mental health and addiction services to support the full continuum of treatment and crisis services;
3. That Report COM 9-2024 **BE CIRCULATED** to Ontario Health for consideration; and
4. That Report COM 9-2024 **BE FORWARDED** to the Community Safety and Well-Being Advisory Committee.

Key Facts

- Beginning in 2009, the Ministry of Community Safety and Correctional Services (now Ministry of the Solicitor General) identified that police services were frequently responding to crisis situations that were non-criminal in nature. These findings were consistent across Ontario and identified a need for a collaborative service delivery model to prioritize local needs and actions to improve safety and well-being.
- In 2018, legislative amendments to the Polices Services Act mandated every municipal council to prepare and adopt a Community Safety and Well-Being (CSWB) plan.
- Niagara’s CSWB plan was launched in 2021 and identifies four areas of focus: mental health and addictions, housing and homelessness, poverty and income, and systemic discrimination.
- As one of the resulting activities, a cross-sector CSWB 911 Action Table was convened, falling under the mental health and addictions area of focus.

- The 911 Action Table assessed opportunities to streamline emergency responses and improve the service experience for those in mental health/addictions crisis, who are calling 9-1-1.
- This report responds to Council's motion, approved June 6, 2023, that directs staff, through the Action Table, to:
 - Investigate options for responding to mental health calls and crises;
 - Collect data on the number and type of mental health calls for service, and responses by specialized mental health teams;
 - Report the costs for service for each service model;
 - Recommend options to refine the triaging of calls to 9-1-1, to ensure the most appropriate response is provided; and,
 - Report back to Public Health and Social Services Committee with findings and recommendations.

Financial Considerations

Mental health and addiction crisis-based services in Niagara are currently funded from a number of different sources. As Police and EMS sought alternative delivery models to address mental health/addiction calls, they used existing funding allocations and resources in partnership with agencies who receive funding from Ontario Health. In some cases, they received offers of in-kind contributions from local health care organizations. Alternatively, some services are using granting and one time funding opportunities from upper levels of government that only support very specific models of response. There is concern that this approach results in a fragmented and largely unsustainable approach to service planning, implementation, and accountability.

Analysis

National Context

Many communities across Canada are re-examining how they respond to 911 calls related to mental health/addiction crisis. For many, this focus has been the result of changing public expectations around approaches to service and concern that responses are potentially ineffective, if not traumatic and harmful for some. In an initial move away from a police only response, earlier models of crisis response have taken the 'co-responder' approach where mental health clinicians respond to crisis calls *with* police. However, evidence suggests that the presence of a uniformed officer can sometimes

result in traumatization or escalation of a situation^{1,2}. As a result, more recent approaches remove or reduce police presence at some crisis calls and utilize a civilian lead, or alternate/mental health-only response team. Presented below are two unique examples of communities across Canada shifting responses for these 911 calls.

In the City of Toronto, a pilot model demonstrating positive outcomes is the Toronto Community Crisis Service (TCCS)¹. TCCS is a non-police response to mental health crisis calls using a trained team of crisis workers. TCCS began as a pilot in 2022 in four Toronto communities and was recently approved by Toronto City Council to expand the service throughout Toronto. The service received 6,827 calls in its first year of operations, and 78% of calls that were transferred from 911 were successfully resolved without police involvement. Additionally, community crisis teams completed 2,936 post-crisis follow-up interactions and connected 1,160 service users to case management supports. This initiative is currently funded directly by the City of Toronto.

More recently, in July 2023, the City of Ottawa approved a report recommending the implementation of the first phase of a safer alternative response program for some mental health and addiction calls³. Their recommendations include a non-911 number to be used as an intake, triage and dispatch system for mental health and substance use crisis related calls. They are also seeking to establish a 24/7 trauma-informed and culturally appropriate crisis response service provided by civilian-led mobile crisis response teams. They are currently in the early stages of implementation, with project launch on February 5th, 2024. This initiative is currently funded by the City of Ottawa, with a goal to transition to sustainable provincial and/or federal funding within the first 2 years of service.

¹ Provincial System Support Program and Shkaabe Makwa. (2023). *Toronto Community Crisis Service: One-year outcome evaluation report*. Toronto: Centre for Addiction and Mental Health.

² Sayid, M (2023). *Mental Health and Substance Use Crisis Response Systems- A Review of the Literature*. Ottawa ON: Ottawa's Guiding Council on Mental Health and Addictions.

³ Taylor, S. (2023). *Community Safety and Well-Being Priority Progress Update: Safer Alternatives for Mental Health and Substance Use Crises Response*. Ottawa, ON: City of Ottawa

Local Context

Between July 2021 and May 2022, Niagara Region was a part of a Needs Based Planning (NBP) pilot project for mental health and addiction services led by Dr. Brian Rush⁴. NBP uses a systematic quantitative approach to planning mental health and substance use treatment and support systems for a community. NBP estimates the required capacity of services and supports, based on needs of the whole population, and all levels of severity and complexity of those needs. One key finding in this report is that there is a heavy reliance on crisis services in the Niagara Region. This is no doubt the result of the under supply of mental health and addiction community-based treatment resources (including evidence-based psychotherapy, Assertive Community Treatment (ACT) teams, withdrawal management and supportive housing). There is a growing concern that residents of Niagara are utilizing crisis services because the treatment services they need are not available in the community.

In Niagara, there are two specialized crisis response teams deployed through the 911 system: Mobile Crisis Rapid Response Team (MCCRT) and Mental Health and Addictions Response Team (MHART). There is also a mobile crisis support team – Crisis Outreach and Support Team (COAST) – which can be accessed by calling a 1-866 number. All service models were created with the intention of connecting individuals with appropriate levels of care, typically provided outside of the hospital or justice system, and to reduce system pressures.

Mobile Crisis Rapid Response Team (MCRRT)

MCRRT is an in-person, mobile team developed in partnership with NRPS and a local mental health/addictions agency (i.e., CMHA Niagara), staffed by one uniformed police officer and one mental health worker, typically a social worker⁵, per shift. This team is dispatched through 9-1-1 and serves St. Catharines, Thorold, Niagara Falls and

⁴ Pilot Site Report: Niagara Region, Ontario. *Development of a Needs-Based Planning Model for Mental Health and Substance Use Services and Supports across Canada.*

⁵ Social work is a regulated health care profession. It is not clear that all individuals identifying as social workers are registered through the Ontario College of Social Workers and Social Service Workers, the regulatory body for social workers and social service workers in Ontario, and therefore may be better defined as “mental health workers” or unregulated health care workers.

Niagara-on-the-Lake seven days per week between the hours of 12:00 p.m. to 12:00 a.m. Funding is provided through Ontario Health and the municipal levy (covering the salaries of 6.0 FTE police officers, which are required as part of the normal staffing compliment).

Mental Health and Addictions Response Team (MHART)

MHART is an in-person, mobile integrated health initiative led by Niagara EMS, staffed by one primary care or advanced care paramedic and one mental health nurse provided in-kind by Niagara Health⁶, per shift. This team is dispatched through 9-1-1 and is intended to serve the entire Niagara region seven days per week between the hours of 9:30 a.m. to 9:30 p.m. This program is funded through Ontario Health and the municipal levy (covering the salary and benefits of 1.0 FTE paramedic, which is required as part of the normal staffing compliment). The operating budget is relatively small as nursing support is provided in-kind.

Crisis Outreach and Support Team (COAST)

COAST is a telephone counselling service and in-person, mobile crisis outreach service which serves the entire Niagara region. Telephone counselling is provided by a local mental health/addictions agency (i.e., CMHA Niagara) and is available to anyone 16 years of age or older living in Niagara region, 24 hours a day, seven days per week by dialing a 1-866 phone number. The in-person mobile outreach team is staffed by a plainclothes police officer and one CMHA Niagara mental health worker, typically a social worker⁵. The mobile team is intended to serve the entire Niagara region seven days per week: Monday to Saturday from 12:00 p.m. to 7:00 p.m. and Sunday from 1:00 p.m. to 5:00 p.m. and can be accessed by dialing the same 1-866 phone number. In addition to calls into their 1-866 number, all mental health/addictions 9-1-1 calls involving a police response (attended to by regular officers) are referred to COAST for follow-up. COAST is primarily funded by Ontario Health, with a small portion covered by municipal levy for policing costs.

Mobile Crisis Response (MCR)

⁶ Historically, a mental health nurse was also provided in-kind by local primary care providers (i.e., Quest Community Health Centre and Welland McMaster Family Health Team), however staff have left those roles and providers have been unable to fill their positions. Under the current model, the Niagara Health in-kind resource may be pulled back to work at the PERT unit due to hospital staffing shortages.

NRPS and CMHA have recently secured a one-time provincial grant through the Ministry of the Solicitor General (ending March 31, 2024) to support 911 calls for service involving mental health crisis. Once police have attended a mental health-related call and cleared the scene for safety risks, two mental health workers are called to attend in order to provide follow-up support and service navigation.

Methodology

By coming together as an Action Table, community partners⁷ explored how to streamline emergency responses and improve the service experience for those in mental health/addictions crisis, who are using 9-1-1 as the point of entry. As part of this work, the Table had established project criteria and priorities, mapped the current state of the 9-1-1 service pathway for those in mental health/addiction crisis, identified factors which cause pain points or barriers, and have completed a root cause analysis of these factors. The project team collected data over two years, using both quantitative and qualitative⁸ research.

⁷ CMHA Niagara, Distress Centre/Access Line, Gillian's Place, Niagara EMS, Niagara Health, Niagara Regional Police Service, Niagara Region Community Services, Niagara Region Mental Health and Positive Living Niagara.

⁸ In total, 13 interviews were completed with staff who work in Niagara EMS and NRPS communications/dispatch, MHART, MCRRT, and COAST. Focus groups were conducted with 14 frontline staff involved in the delivery of services associated with MHART, MCRRT and COAST, and with individuals with lived experience of accessing 9-1-1 while in mental health/addictions distress. Positive Living Niagara played an important role in surveying those who use substances, to ensure their voices and experiences were shared.

Data and Analysis

Number of suspected or known mental health-related 911 calls, 2020-2023

| | 2020 | 2021 | 2022 | 2023 | 4-year average |
|---|--------|-------|-------|-------|----------------|
| 911 Calls Sent to Paramedics (23: Overdose/Poisoning and 25: Psychiatric/Mental Health/Suicide Attempt/Abnormal Behaviour) | 6,293 | 7,192 | 6,327 | 6,550 | 6,590.5 |
| 911 Calls Sent to Police (General Mental Health, Suicide Threat and Suicide Attempt/In-Progress) | 5,412* | 7,403 | 6,933 | 6,726 | 6,618.5 |

*In 2020, closer accountability was placed on “Welfare Checks” to limit them to actual circumstances where a person could have suffered harm through neglect or the lack of life essentials. Previously, many mental health calls were classified as a “Welfare Check” as the questioning was much shorter and the implications for officer reporting were not as stringent. As quality assurance measures increased, so did the quantity of calls that were dispatched as “Mental Health”

Number of 911 calls dispatched/self-assigned to specialized mental health teams, 2020-2023

| Team | 2020 | 2021 | 2022 | 2023 | 4-year average |
|-------|-------|-------|-------|-------|----------------|
| MHART | 1,274 | 1,282 | 1,128 | 739** | 983 |
| MCRRT | 652* | 1,431 | 1,386 | 1,213 | 1,343.33 |

*2020 data is for MCRRT 1 (St. Catharines and Thorold district) only. In 2021, CMHA received funding for another MCRRT team (MCRRT 2) to cover Niagara Falls and Niagara-on-the-Lake.

**2023 data is lower than other years as MHART was reduced to 1 FTE RN from August-December.

Average diversion rates of specialized mental health teams, 2020-2023

| Team | 2020 | 2021 | 2022 | 2023 | 4-year average |
|-------|-------|-------|-------|-------|----------------|
| MHART | 74.7% | 77.7% | 76.3% | 74.7% | 77.1% |
| MCRRT | 75.8% | 82.7% | 86.2% | 83.0% | 81.9% |

Annual operating budget for specialized mental health teams

| Team | Annual operating budget | Source | | |
|--------------------------|-------------------------|-------------------------------------|----------------|-----------------------------------|
| | | Ministry of Health / Ontario Health | Municipal levy | Ministry of the Solicitor General |
| MHART | \$233,038 | \$175,019 | \$58,019* | - |
| MCRRT | \$1,802,085 | \$813,147 | \$942,000* | - |
| COAST | \$1,080,091 | \$954,491 | \$125,600 | - |
| MCR <i>*new 2023*</i> | \$120,000 | - | - | \$120,000 |

*MHART and MCRRT municipal levy costs are the salary and benefits associated with 0.5 paramedic FTE and 6.0 police officer FTEs, both of which are required as normal staffing compliment or minimum staffing ratios to meet service standards.

Analysis

As shown in the tables above, there is a very high number of calls with suspected or known mental health/addiction concerns dispatched to 9-1-1 response teams (including EMS and Police) in Niagara. Over the last four years, the average number of suspected or known mental-health related calls to Police and EMS were similar in volume (EMS = 6,590.5, Police = 6,618.5). When examining calls dispatched to specialized mental health teams, MCRRT was assigned a higher number of calls over the four-year period, however this is likely due to a reduction in resources for MHART for almost half of 2023. Overall, both teams are seeing high diversion rates from hospital (MHART 77.1%,

MCRTT 81.9%). Average diversion rates for responses involving first responders only, is not available as this data is not currently being tracked.

The following are the Action Table Findings and Recommendations:

1. To disrupt the overuse of emergency services, priority should be placed on significant investments in community-based, treatment-focused mental health and addictions services.
2. A recent successful SOLGEN grant demonstrates willingness and interest by NRPS and CMHA to consider how to divert 9-1-1 calls to a civilian-led or alternate / mental health-only response team. Niagara EMS is also interested in making use of an alternate service model in an effort to reduce offload delay pressures and has greater flexibility to do so with recent changes to the MPDS for Determinant 25. For low to medium acuity mental health/addiction calls requiring an in-person response, it is recommended that CSWB and current service providers explore opportunities to implement a 24/7, region-wide, civilian-led or alternate/mental health only response team, particularly in light of promising outcomes from a similar Toronto pilot.
3. While there are opportunities to streamline Niagara's approach and reduce pressures on hospitals and first responders, it is recognized that there will always be a need for a traditional response (police and EMS) for high-risk mental health/addiction calls⁹. To the extent possible, it is recommended that specialized mental health response teams are **not** sent to P1 or P2 calls¹⁰ as there is rarely an opportunity for diversion.
4. Not all calls that come into 911 require emergency responses. Many calls (approximately 4,000 last year to NRPS alone) were individuals looking for

⁹ It is important to note that a portion of these responses, even if a civilian led alternative were available, would still require some level of uniformed response if there were concerns regarding injury and potential risk to self of others.

¹⁰ P1 calls are classified by NRPS as "Urgent: Life threatening, imminent danger" and by NEMS as "Emergency: Time critical". P2 calls are classified by NRPS as "High Risk: In progress crimes against people, weapons, threats of weapons, physical violence" and by NEMS as "Emergency - Time important, but not critical".

information on how to navigate services in community. It is recommended that current service providers explore opportunities to better help these callers (General Mental Health P6 calls for police, and Determinant 25 P5 calls for paramedics) navigate community-based mental health/addiction services (e.g., Access Line).

The Action Table offered other opportunities for improvement to include:

5. General training is offered to dispatchers on mental health and substance use/addictions, with a specific focus on suicide intervention, to support with navigating conversations with individuals with suicidal ideation.
6. Continuing to provide access to CIT (Crisis Intervention Team) training for first responders and identify opportunities to support harm reduction and substance use/addictions training beyond administering Naloxone.
7. Improving integration of technology between NRPS and NEMS to support sharing of information.

Measuring Success

It has been suggested that if upstream treatment was available, and if the recommendations herein were advanced, the following improvements could be realized:

- Decreased need for Police and/or EMS involvement in mental health/addiction calls, resulting in a reduction in offload delays
- Increased diversion from hospital, reducing pressures on emergency department
- Reduced number of repeat callers through connection to treatment or appropriate community services

Alternatives Reviewed

An alternate recommendation is to continue with existing services in place. Existing services utilize funding from multiple different sources, including one-time grants, which is fragmented and poses challenges for sustainability. Additionally, these services use the 'co-responder' approach, and yet evidence indicates that the presence of a uniformed officer for all calls has potential to traumatize or escalate crisis. Promising evidence from TCCS shows that a civilian-led mental health response can be effective for some calls. In Niagara, a civilian-led or alternate/mental health-only response team

would seek to streamline response to mental health and addiction calls, improve service users' experience, and decrease overreliance on first responders.

Relationship to Council Strategic Priorities

This recommendation falls within CSWB's mental health and addictions area of focus. As per legislation within the Police Services Act, all municipalities are required to adopt a CSWB plan. Additionally, this recommendation is aligned to Council's strategic priority of ensuring an "Equitable Region" by listening and responding to community needs and planning for future growth.

Other Pertinent Reports

- CAO 12-2021: Niagara's Community Safety and Well-Being Plan, 2021-2025
- PHSSC Presentation, Status Update: Mental Health and Addictions Working Group (Niagara Ontario Health Team), May 9, 2023
- PHSSC Presentation, Community Safety and Well-Being Planning in Niagara, June 6, 2023

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This report was prepared in consultation with Michelle Johnston, MA, Program Manager, CSWB and reviewed by Sandy Dupuis, Manager of Compliance and Community Engagement.

MEMORANDUM

COM-C 2-2024

Subject: Accreditation Update
Date: March 5, 2024
To: Public Health and Social Services Committee
From: Henri Koning, Director Seniors Services

Accreditation Canada completed a survey of the eight Niagara Region long-term care homes in December 2023. The accreditation survey process included the mandatory submission and review of documents including policies, procedures, reports, annual operational plans, the strategic plan, minutes, newsletters, metrics, job descriptions, emergency preparedness plans and Seniors Services quality reports to Niagara Region Council and Public Health and Social Services Committee. On December 14th and December 15th, an Accreditation Canada surveyor had meetings with the leadership team, governance committee, staff, residents, families, and community partners to establish if Niagara Region is meeting a roster of Accreditation Canada Long-Term Care standards.

Seniors Services, met 100% of accreditation standards and maintained the highest standard of accreditation with Exemplary Standing. Accreditation Canada identified three areas of excellence including: employee empowerment and wellness practices, utilizing a co-design approach in all efforts to advance a culture of resident safety and advance the long-term care sector, and utilizing technologies in a way that enables person-centered care and improves outcomes.

Please find the full decision report attached for your review.

Henri Koning, MHSc
Director, Seniors Services

cc: Appendix 1



ACCREDITATION
CANADA

Virtual Assessment Report

Qmentum Long-Term Care™ Program

Regional Municipality of Niagara Services

Assessment date(s): December 14,15,2023

Report Issued: January 25, 2024

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About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centered programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

About the Virtual Assessment Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Long-Term Care™ accreditation program.

As part of this ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including a virtual assessment on November 24 and 25, 2023.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the virtual assessment to produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

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Overview of the Virtual Assessment

The virtual assessment is conducted through a series of virtual (remote) meetings, facilitated by Accreditation Canada surveyor(s) to assess an organization's conformity against identified assessment criteria classified as "virtual" in QLTC Program Manual

During these meetings, the surveyor will interact with the leadership team, governing bodies, staff, residents and families, and community partners to gather evidence about the quality and safety of care and services in specific service areas.

The results of the virtual assessment contribute to the final accreditation award, determined upon the completion of Phase 4 and the onsite assessment.

Overall Summary

Leadership and governance meetings

Met with 15 members of the Leadership team:

There was good representation from senior leadership, divisional leadership, and each of the eight long-term care homes. The team was well prepared and highly engaged through the virtual survey process. Seniors Services utilizes its mission, vision, and values to motivate teams and align with this shared goal to effectively drive results across all homes.

Seniors Services has a 2020-2023 strategic plan with five strategic priorities which guides their activities. Annually, Seniors Services creates an operational plan that identifies specific initiatives to support the attainment of their plan. There are comprehensive project charters, and mechanisms for tracking and reporting of the project's progress by project leads. A quarterly status update on the progress on the operational plan is created, this includes high level action items, measure of progress to date and the outcomes achieved. This summary report is utilized for a variety of audiences, including reporting to governance through Public Health and Social Services Committee (PHSSC), quality councils, resident and family councils and assorted division and home-based teams.

The Seniors Services 2024-2027 strategic plan has been created. It utilizes the same five strategic priorities with different actions to support the roadmap for next three years. There was extensive consultation in the creation of the 2024-2027 strategic plan, including front line staff, leadership, residents, families, governance, and community stakeholders. The videotaping of the strategic planning process, including testimonials from community partners, is an excellent way to engage new staff hires to gain a comprehensive understanding of mission, vision, values, and the strategic plan. The strategic planning process was productive, adaptable, and tied to municipal goals.

There is a robust quality and risk management focus, including investment in resources and the creation of comprehensive quality, safety, and risk management plans to guide the homes' activities.

Seniors Services is committed to creating a culture that supports person-centered care where residents and families are equal partners in planning, developing, and monitoring care to meet their needs. Residents and families are seen as experts, working alongside the interdisciplinary teams to secure the best outcome.

There were numerous examples of how this achieved, including the Resident and Family Engagement Committee, the Prevention of Error Based Transfer (PoET) program, Emotional Journey of LTC Support Group and others. Residents and families are involved as committee members on the Physician Advisory Committee and Quality Committee. Residents and families can provide key insights to support the homes in their quality and risk management strategies.

There are excellent community partnerships with Seniors Services that support the delivery of care and services. There are local, regional, and provincial partnerships that Seniors Services avail themselves to. Seniors Services is highly visible with its provincial association; Advantage Ontario as well as, assuming the lead for several regional initiatives including Emergency Planning (Solar Eclipse Preparedness Plan), Niagara Recreation Revolution, Registered Nurses of Ontario Best Practice Guidelines, and others. Seniors Services completes jurisdictional scans to explore activities underway in other municipalities and regions to learn from, adopt and adapt leading practices. In turn, Seniors Services readily shares with others within its region, across all 33 long-term care homes, as well provincially, nationally, and internationally. The commitment to advancing the long-term care agenda through shared practice and learning is commendable.

There are strong ties with educational institutions that support student placements for a variety of staff classifications. Additionally, there are several student placements for graduate and post graduate students, several of whom have worked on quality projects and research. Representatives from Seniors Services have presented at several provincial conferences and has co-authored several recent research articles in collaboration with its educational partners. The commitment and investments of required resources to support research projects is commendable and serves the long-term care sector well.

There are two long-term care home redevelopments underway, and a planned closure of one of its homes in Niagara on the Lake. There is extensive collaboration underway in collaboration with home and community care to support the safe placement of residents to their new homes. Residents, families and staff have been highly engaged in the redevelopment process, including consideration for fixtures, finishes and equipment. This is a significant investment by the Regional Municipality of Niagara, and they are to be commended for their commitment to the redevelopment and addition of new long-term care beds to the Niagara Region.

Met with 2 members for the Governance Focus Group

The Public Health and Social Services Committee (PHSSC) meets on a monthly basis, with a membership of near 18 people. There are established processes for governance oversight of the functions of audit and finance, quality, and talent management. There is a list of standing agenda items for PHSSC, including quality, a quarterly operational plan update and sharing of key performance indicators on the Seniors Services Report card. Additionally, there are more detailed updates on several quality projects of interest, including key partnership initiatives, provincial directives, advancements in technology and innovation, and other initiatives.

There is a comprehensive orientation process for new members of PHSSC to support them in fulfilling their governance duties. The Director of Seniors Services and Divisional Leaders prepare reports, provide presentations, and respond to questions of the PHSSC. Additionally, there are presentations by community members on specific topics of interest. There are excellent working relationships between Seniors Services and PHSSC, including timely communication of any high risk or time sensitive requirements. The Director of Seniors Services and the Divisional Leaders work with PHSSC on advocacy efforts for seniors through a number of provincial (Association of Municipalities of Ontario, and Niagara Week) and federal (Federation of Canadian Municipalities).

The PHSSC is highly committed to person-centered care, and continue to support Seniors Services on quality, safety, and risk mitigation initiatives, to support dignity for older adults living in their long-term care homes. Members of PHSSC are invited to tour the long-term care homes, to attend recognition and celebratory events and bring forward any feedback that they may receive from their local constituents on long-term care and services. The PHSSC has initiated a process to hear about quality and safety incidents from the residents, families and/or caregivers that experience them. They are encouraged to continue this work, and spread information about this opportunity and any resulting feedback to the homes' Resident and Family Councils.

The commitment to redevelop two of their long-term care homes is commendable. It is recognized that the conditions for redevelopment have been challenging for many operators, despite this the Municipality of Niagara has remained committed to create state of the art homes for its residents. The teams, residents, families and community partners are very excited about the forthcoming openings and opportunity for operations in their new surroundings.

Community Partner Focus Group

Met with 7 community partner representatives

The relationship between Seniors Services and its community partners is highly collaborative. There are a number of long-standing partnerships, as well as newer ones that support initiatives to advance care for older adults, improve staff opportunities and contribute to the long-term care sector. The community partners described the people at Seniors Services as "strong leaders, promoters of shared knowledge, innovative, and excellent collaborators". They shared that Seniors Services is willing to pilot new ways and ideas, and this often results in the homes leading the way in the region to adopt new methodologies, programs, or technologies.

The community partners shared a number of examples where Seniors Services had partnered to share knowledge including the implementation of RNAO Clinical Pathways, with involvement in the design and building of clinical pathways to support workflow for program implementation. This opportunity also led to provincial association presentations, and shared experiential learning with other long-term care providers.

Other examples included partnering with Ontario Centres for Learning and Research Innovation (CLRI) on the Preparation LTC program to establish preceptors to support clinical placements for nursing students. This initiative further enhanced existing partnerships with local schools, colleges and universities to support clinical placements. They described the culture of Seniors Services as one that is welcoming, and a place where students feel supported to learn and practice their newly acquired skills. A number of educational partners were able to highlight clinical placements for post graduate programs, including clinical practicums and projects in quality improvement and research. These partnerships have had a number of positive spinoff effects including work experiences that resulted in subsequent hiring post-graduation as well as published research.

There are good working relationships with Fire and Safety, including partnerships to create and test emergency evacuation exercises. Seniors Services was described as open to learning, including participation in training exercises.

They shared how Seniors Services continues to seek opportunities to be able to provide closer to home for the residents where appropriate. Their request for funding for diagnostic and laboratory services will continue to be a request where they look for funding opportunities. Their investment in Nurse Practitioners for each home and a number of clinical pathways that they have implemented supports residents to receive care at home, or if a visit to acute care is required then

it can be at a time that is most expeditious for all parties. Initiatives like these reinforce Seniors Services commitment to person-centered care.

There is excellent communication with community partners, including regular updates on Seniors Services and home specific initiatives. They shared how they are pleased with the ongoing work and commitment to equity, diversion and inclusion. A number of community partners could speak to their engagement in the strategic planning process, and how a number of the partnership activities that are underway align with strategic priorities.

In exploring opportunities for growth, Community Partners shared that the scale and spread of the expertise RJ Adams and the Step-Down Unit in neuropsychology would be beneficial throughout the Niagara Region. Overall, the community partners were complimentary and appreciative of the working relationships that they have with the homes, the Divisional leaders and the Director of Long-Term Care Services.

Resident and Family Engagement Focus Group

Met with 9 resident and family members

Residents and family members shared that the Seniors Services homes are great homes. They are most appreciative that they or their loved one was able to secure a spot in their respective home. There were a number of residents that shared how appreciative they were that their spouse was able to join them in the home. Additionally, there were a number of family members that had worked for Seniors Services or had a connection within the community and had selected the home for their loved on as they feel they are well run and trust that their loved one would receive excellent care.

The residents and families shared that staff are caring, responsive and they feel safe. The homes were described as a community within the community. Residents spoke about opportunities to be engaged in a host of recreational activities, with a particular appreciation for special meals, exercise programs and musical entertainment. They shared that all staff are very attentive, and focused on getting to know them as a person.

Residents and families shared that there is excellent communication, in particular around changes in condition, safety and infection control matters. They noted that there are good infection control practices, including regular encouragement and tools for them to clean their hands regularly. They note that staff are very vigilant in their infection control techniques, and they are appreciative of the efforts and resources to keep them safe, both during the COVID-19 pandemic and ongoing. Residents and families shared that if there are concerns, they know whom to bring them to and they are promptly addressed to a satisfactory resolve.

There are a number of committee forums for residents and families, including Resident and Family Councils, and Family Councils, Physician Advisory Committee and Quality in each home. Not all residents and families were familiar with resident and family involvement in Physician Advisory and Quality Committee hence there may be an opportunity for consistent spread of this message. Residents and families have also served on a number of other committees or focus groups, they are appreciative of the opportunity to attend and include their perspectives to shape policy, process or design. Residents and families in the homes that are currently being redeveloped are excited about the upcoming move, and appreciative of the opportunity to inform the process.

The residents and families were able to speak to quality initiatives underway to improve food quality in a number of locations and could speak to the positive changes. Additionally, residents

were appreciative of the safe return of a number of recreational programs post COVID. There were a number of residents that really enjoy the exercise programs, and provided feedback on how they had observed a significant decline in themselves and others post COVID illness and proposed focused exercise for residents, if desired, post recovery

Overall, residents and families are very pleased with care and services by Niagara Senior Services homes and were appreciative of the opportunity to represent their homes at the focus group.

Workforce Focus Group

Met with 16 members of interdisciplinary teams

The interdisciplinary teams were highly professional and engaged in the discussions. There is an excellent use of leading practices, and the teams were readily able to identify how policy, process and training was consistent with these practices. There are regular forums for teams to advance programs and initiatives that enhance quality outcomes for residents. The team shared examples of a number of key partnerships, including RNAO Best Practices, Infection Control resources and technologies that are assisting the homes to further standardize policies, including clinical pathway workflows and access to best practice guidelines.

Virtual health criteria are met. Seniors Services is encouraged to review their virtual policy, including virtual session checklists and partner agreements as they prepare for on-site survey. The homes are able to virtually access services that are not readily available in the homes, and have capitalized on the ability to have secure conversations with healthcare practitioners utilizing a module available on their electronic resident record platform. There are future plans for computerized provider order entry work underway by the pharmacy provider, electronic resident record provider and Seniors Services. One of the Seniors Services homes has been involved in the AMPLIFI project for exchange of resident information on transfer between long-term care and the acute care environment. The goal will be to introduce this opportunity to all homes once their regional hospitals introduce their required electronic patient record.

Infection prevention and control partnerships with public health, Niagara Region and their Infection Prevention and Control hubs are well established. The homes have access to additional resources through practice hubs for exchange of infection control practices and resources. Seniors Services have been updated based on leading practices. There are established inventory and ordering processes for personal protective equipment (PPE), and expiry dates are monitored. There is a forthcoming investment in technology that will streamline PPE inventory management across all homes. There are outbreak protocols, including a debrief following an outbreak to document, share and action ideas. Lessons learned are shared across all homes.

There have been a number of quality initiatives to support medication management practices. The homes utilize the resources of the Institute for Safe Medication Practices to advocate for resident safety, and promote safe medication practices. There is a comprehensive orientation process for new registered staff, including an honoring of equity and diversity in skills and knowledge for new hires to Canada. There is excellent collaboration with the homes' pharmacy provider, and each home has a medication management committee. Medication incidents are reviewed, analyzed and reported on through Physician Advisory Committee and nursing practice committees to promote shared learnings and a just culture.

Seniors Services have a comprehensive Resident Safety Plan, which includes infection control and medication management strategies.

There are a number of Seniors Services and home-specific initiatives to support staff wellness. The teams highlighted a number of resources including: Gyms- on site access or discounted local memberships, a comprehensive employee/family assistance program, a People Plan with a strong focus on creating a healthy and well workplace, and recognition programs that are meaningful for staff. There will be a number of Employee Wellness initiatives forthcoming in the 2024 Operational Plan based on recent staff feedback. Seniors Services is to be applauded on its work to create and sustain environments that support mental health and physical well-being of its people.

Organization's progress on their Quality Improvement Action Plan

Met with 15 representatives across the homes

There was extensive planning by Seniors Services to complete their self-assessment against national standards of excellence by chapter. This self-assessment presented a critical, introspection examination in consultation with teams. Seniors Services created two Quality Improvement Action Plans, one for Medication Management and a second for the remaining Chapters.

The team identified that they chose to create the two plans as there were a number of key activities occurring with work underway on Medication Management in collaboration with their pharmacy provider and a provincial pilot project, Trailblazers. In the remaining Chapters, there were fewer items action items to be completed in an effort to meet the accreditation criteria. The QIAPs were shared through Onboard QI and were readily available to the teams to identify the progress on key actions, and remaining activities to be addressed. The projects had established leads, and there were teams working on identified initiatives. There were regular meetings to review the progress on the QIAP action plans. Seniors Services is to be applauded on its coordinated efforts to create their homes and organizational QIAPs.

Team discussions explored how Seniors Services created a culture of quality and curiosity. The team shared how they collectively work to move the needle from red to green on key quality initiatives to support enhancements in care and services for residents and families and a healthy and safe work environment for staff. There are numerous quality initiatives underway, that include clear goals or aims, measurable targets, timelines and assigned responsibility. Seniors Services is working diligently at promoting efficient use of resources, harnessing technology and striving for consistency and sustainability across their eight long-term care homes. There are excellent resources at the Divisional Leadership level, and various partnerships that are well positioned to continue to advance the long-term care system.

There were discussions with the team on their communication with stakeholders on their quality initiatives. They shared that each home has a standardized Quality Improvement Board that is home to 14 standardized documents to communicate quality, safety and risk mitigation strategies that are underway, and to provide a status report on activities completed to date. Additionally, there is an Annual Report that provides an overview on the progress on the strategic plan, quality, safety and risk initiatives, as well as innovation and technology investments. This report is shared widely with stakeholders to communicate, recognize and celebrate the achievements of the various Seniors Services teams.

Key Opportunities and Areas of Excellence

Areas of Excellence

1. Employee Empowerment and Wellness Practices

A culture founded on person-centered care, empowerment, and relationship focused principles is in place. Seniors Services invests in employee empowerment practices through:

- Opportunities for engagement in strategic planning, quality initiatives and goal setting,
- Offering recognition based on performance through existing and planned initiatives,
- Providing work related knowledge and skills, including opportunities for further education, and access to forums to provide feedback on the work being performed.

Seniors Services continues to foster a sense of belonging, job satisfaction and well-being. Examples of how Seniors Services promotes an empowered healthy and competent work force, include, but are not limited to:

- Recruitment and hiring of internationally educated professionals, including enhanced hiring and retention strategies to improve experience.
- Diversity, Equity and Inclusion (DEI) Action plan anchored in DEI Corporate Plan that includes a host of actions to create an environment that is more inclusive for staff, and includes key messages for staff, residents and families on activities and strategies.
- Healthcare Navigator Project to support inclusion and integration.
- Employee Wellness Program: Secured feedback from staff on what resources/services would be meaningful for them. Plans underway to include in the 2024 Operational Plan initiatives to further support staff health and well-being.
- Leadership Development Programs: Leaders Edge for all new leaders, Future Leaders for development opportunities as well leadership programs for senior leaders. There is support for continued staff development and learning.
- Staff Recruitment and Retention Efforts: The success that Seniors Services has to fill its staff vacancies based on a host of partnerships with local universities, colleges and partnership with the Ontario Centers for Learning and Innovation on Long-Term Care (CLRI) on Preceptor Resource and Education Program in Long-Term Care

2. Utilize a Co-Design approach in all efforts to advance its culture of resident safety and advance the long-term care sector.

The commitment to quality and a resident safety culture exists at multiple levels, from the resident home areas to Divisional Leadership and Governance. These shared values, beliefs and norms have resulted in resource investments to advance quality initiatives in the care of older adults in the Region of Niagara Homes and in turn, the long-term care sector.

The partnerships between Senior Services and its health, social services, educational, professional bodies and other community providers continue to drive quality and contribute to the reform of the long-term care sector. These connections with community programs and services have resulted in opportunities to be able to share with other long-term care providers through communities of practice, conference presentations and research publications.

There are a number of examples including, but not limited to:

- Emergency Department Avoidance: There has been a review of strategies, and actions to support residents to remain at home where safe and appropriate. The investment in Nurse Practitioner positions has offered opportunity to provide clinical expertise, and education to advance and support clinical competencies and skills of registered staff, support person-centered care conversations with residents and families and contribute to better utilization of health services for the system. Examples of this include: Enhanced use of technology for clinical assessments, temporary gastrostomy tube intervention, and support for core clinical programs contributing to better resident outcomes.
- Niagara Folk Arts Multicultural Centre to support the placement of Healthcare Navigators for Internationally Educated Healthcare Professionals to cultivate a reservoir of trained newcomer professionals to support and advocate for newcomers to Canada requiring access to healthcare in Ontario.
- Partnership with Person-Centered Care Committee to implement recommendations on the Admissions Process and recreation Programs. Collaborative work with Residents and families on policy review, quality initiatives, program evaluations and other domains. Their engagement in Physician Advisory and Quality Committees.
- Partnership with Institute of Safe Medication Practices Canada (ISMP) on AMPLIFI to improve medication practices. One of the Senior Services homes is 1 of 10 champions in the province for this pilot.
- RNAO Best Practices Spotlight Organization: Long standing commitment to inform and implement best practices guidelines with RNAO.
- Re-development of two long-term care homes, Lindhaven and Gilmore Lodge, with an anticipated opening in the first half of 2024.

3. Utilize Technologies in a Way that Enables Person Centered Care and Improves Outcomes

Senior Services is committed to identify and coordinate existing innovation projects to support scale and spread, including the development of an innovation roadmap to improve care and service delivery across the long-term care sector. They are leaders in the implementation of technology, through careful research and consideration they have introduced numerous platforms that enables person-centered care and support in long-term care, contributes to enhanced resident outcomes, and enhances communication and efficiency. The technological advancements are also contributing to the “Green” strategy by reducing printing related materials and associated costs.

There are a number of initiatives including, but not limited to:

- Implementation of new technology to support system improvements, recreation support, communication and data driven decisions including, but not limited to:
 - Program Planning and Delivery Software (Welbi) across all homes. Introduction, and training for all homes with availability of a 3-month review for residents and families to review at Care Conferences.
 - Recreational sensory companions and interactive sensory activities
 - New modules in the electronic resident record: Infection Prevention and Control module to reduce duplicate tracking of infections, Skin and Wound application.
 - RNAO Clinical Pathways

- Food Services Technology to support communication and accuracy
- Integrated policy system that includes flags for policy renewal to the policy owner
- Communication using Cliniconex
- Data Analytics and PowerBI to support access and reliability of multiple data platforms
- In collaboration with St Joseph's Healthcare, Hamilton to trial AMPLIFI, an initiative to create a digital link between LTC and acute care to share resident's plan of care to promote enhanced communication and treatment.

Areas of Opportunity

1. Continued Standardization and Sustainability Efforts

Seniors Services has and continues to introduce many exciting initiatives. They are encouraged continue to:

- Reinforce and Sustain Change Management: Seniors Services is recognized for the significant work underway to support the homes, including the introduction of resources, tools and technologies. Continued processes to support, manage and sustain the changes will be important to meet their vision.
- Consider the impact of opening of two new home and the closure of an existing home. Recognizing the draw on resources to support these exciting opportunities, whilst continuing to advance and sustain planned initiatives.

2. Opportunities for Resident and Family Partnerships

Seniors Services is encouraged to consider:

- A regular schedule for the opportunity for the Governing Body to hear regularly about quality and safety incidents from residents, families and/or caregivers that experience them. There may be opportunity for shared learning and information sharing, dependent on content of information shared and any subsequent actions, that would be appropriate to communicate back to Resident and Family Councils across all homes.
- Broad communication with residents and families the opportunity for resident and family involvement in Physician Advisory and Quality Committee.

Subject: Data Update on Council's Declared States of Emergency

Report to: Public Health and Social Services Committee

Report date: Tuesday, March 5, 2024

Recommendations

1. That Regional Council **RECEIVE** the following report for information.

Key Facts

- The purpose of this report is to provide Council with data to inform its discussion regarding the future of the three declared States of Emergency on homelessness, mental health, and opioid addictions, as directed by Regional Council at its July 25 meeting.
- The below data included in this report represent the most current metrics available to give an overall picture of Niagara's status in relation to the three main areas of mental health, homelessness and opioid addiction. None of these metrics or trends can be conclusively said to be the result of Council's declared States of Emergency.
- Regardless of whether or not Niagara remains in a State of Emergency, Regional staff in Public Health, Community Services and Niagara EMS, as well as many local community partners, will continue to advance initiatives that address opioid addiction, mental illness and homelessness across Niagara.

Financial Considerations

This report has no direct financial implications, however the time of Regional Emergency Operations Centre members, as well as ongoing departmental work associated with opioid addictions, mental health and homelessness represent indirect costs.

Analysis

When Council declared its States of Emergency, no threshold or key metrics were benchmarked or established. The below data is therefore not presented in order to justify or recommend a particular course of action in relation to the States of Emergency, but simply to provide Council with the context and data necessary to determine next steps.

This data also does not seek to quantify the efficacy or contribution that the declaration of the States of Emergency may have had on opioid addiction, mental illness and homelessness, but rather serves to give a general update on the health of the community in those regards.

Opioid Addictions

Overall, in 2023, instances of opioid-related overdoses, emergency department visits and deaths in Niagara remained relatively stable compared to 2022, following higher numbers seen in 2021.

- In 2023, there were 734 suspected opioid overdoses responded to by Niagara EMS. This is an increase over 2022 (663) but lower than 2021 (1005).
- From January to June 2023, Niagara hospitals saw an average of 46 Niagara residents per month attend the emergency department for a suspected opioid overdose. This is consistent with visits recorded in 2022 (49 per month) and lower than 2021 (82 per month).
- Confirmed opioid deaths for all of 2023 are not yet available, however preliminary data shows that there were 77 confirmed and 12 probable opioid-related deaths from January to September 2023. From January to December of 2022, there were 122 confirmed opioid-related deaths in Niagara.

Data sources include Niagara EMS data, Public Health Ontario's Interactive Opioid Tool, and the Office of the Chief Coroner for Ontario. Data on opioid-related deaths can vary slightly based on data source, as the definitions and geographies used for data collection vary slightly between sources.

Mental Health

While there are a number of community agencies that offer services and support to those struggling with mental illness, the following data comes solely from Niagara Region's Mental Health program, and offers a view of the state of the mental health system through this lens.

While mental health caseload numbers remained stable, Niagara Region Mental Health (NRMH) has noted a significant increase in the percentage of clients suffering from more complex mental illness, and who require more intensive community health services.

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- The LOCUS (Level of Care Utilization System) is an evidence-based assessment that points to the most appropriate level of care required by a client. Niagara Region Mental Health services are best suited to provide service to clients at levels 3 and 4.
 - In 2023, 28 per cent of Niagara Region Mental Health clients required Level 3 care (High Intensity Community Based Services). This is an increase over 2022, when 19 percent of clients required Level 3 care. This highlights a growing need in Niagara for more intensive community-based mental health resources and supports for people facing serious mental health challenges.
 - Demand for Level 4 (medically monitored non-residential) and Level 5 (medically monitored residential) care has held steady at 10 per cent and 35 per cent respectively, highlighting a continued need for intensive services for individuals with the most serious and persistent mental illness, the target demographic for Niagara Region Mental Health's Assertive Treatment (ACT) Teams

Niagara Region Mental Health, meant to be 100 per cent provincially funded, has been chronically underfunded by the province, receiving only two base funding increases in the past 12 years, which has not kept up with inflation. NRMH has been subsidized year over year by the Regional Levy to avoid service cuts, **totaling \$2,564,872 since the 2018/19 fiscal year**. While NRMH is grateful for the 5 per cent increase to base funding for the 2023/24 fiscal year, **total shortfall is still forecasted at \$1,230,000**.

In addition to advocating for increases to base funding that close this gap, Niagara Region also continues to advocate to the provincial government for additional funding to support a needed expansion of NRMH's ACT teams. The Ontario Association for ACT & FACT (OAAF) recommends that a community the size of the Niagara have four to five ACT teams; Niagara currently has only two.

Homelessness

As Niagara Region is the provincially mandated service manager for homelessness supports in Niagara, the data below includes information reflecting the full continuum of services in Niagara.

In 2023 the number of people experiencing homelessness in Niagara increased, as well as the number of people experiencing chronic homelessness¹.

- The number of people experiencing homelessness increased 12% from 1099 in December 2022 to 1231 in December 2023.
- The number of people experiencing chronic homelessness increased 8% from 550 in December 2022 to 594 people in December 2023.
- Despite a challenging rental market move-ins to housing for those experiencing Chronic Homelessness remained high, averaging 28 move-ins monthly.
- A sustained decrease in Chronic Homelessness is a significant milestone. Niagara's current efforts aim to reduce chronic homelessness to 11% below baseline, a reduction to 439 people.

Niagara Region continues to monitor homelessness using a real time By-Name List of all people known to be experiencing homelessness. A By-Name List is a key part of a coordinated access system, which is required by Reaching Home and aligns with Niagara's participation in Built for Zero Canada. Niagara's homeless serving system continues to focus on initiatives and assets intended to increase returns to housing for people experiencing chronic homelessness. Such initiatives include Housing Focused Shelters, Bridge Housing, Housing First, Home for Good, and Permanent Supportive Housing.

Alternatives Reviewed

None.

Relationship to Council Strategic Priorities

Highlight how the recommendation will strategically enforce/improve that priority (why this report is being brought forward).

¹ Chronic Homelessness is defined as being currently homeless and having experienced homelessness for 180 days (6 months) in the last year or 540 days (18 months) in the last three years.

See <https://www.niagararegion.ca/priorities/> for more information of Council's 2023-2026 Strategic Priorities:

- Effective Region
- Green and Resilient Region
- Equitable Region
- Prosperous Region

Other Pertinent Reports

- CAO 9-2023
- COM-C 14-2023

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