



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

PHSSC 06-2019

Tuesday, June 11, 2019

2:00 p.m.

Council Chamber

Niagara Region Headquarters, Campbell West

1815 Sir Isaac Brock Way, Thorold, ON

| | Pages |
|--|----------|
| 1. <u>CALL TO ORDER</u> | |
| 2. <u>DISCLOSURES OF PECUNIARY INTEREST</u> | |
| 3. <u>PRESENTATIONS</u> | |
| 4. <u>DELEGATIONS</u> | |
| 5. <u>ITEMS FOR CONSIDERATION</u> | |
| 5.1 <u>PHD 09-2019</u> Amendment to Outdoor Second-hand Smoking and Vaping By-law A presentation will precede the discussion of this item. | 3 - 35 |
| 5.2 <u>PHD 10-2019</u> Approval of 2018-2019 Public Health Program Audits | 36 - 71 |
| 5.3 <u>COM 22-2019</u> Approval of 2018-2019 Community Service Program Audits | 72 - 91 |
| 5.4 <u>COM 23-2019</u> Niagara Region Application for Built for Zero Canada | 92 - 97 |
| 5.5 <u>NRH 6-2019</u> New Housing Allowance/ Rent Supplement Initiative | 98 - 102 |

6. CONSENT ITEMS FOR INFORMATION

- | | | |
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| 6.1 | <u>COM 24-2019</u> Supportive Housing - Human Trafficking Safe House Pilot | 103 - 106 |
| 6.2 | <u>COM 25-2019</u> Niagara Prosperity Initiative 2019 Update | 107 - 116 |
| 6.3 | <u>COM 26-2019</u> Homelessness Services Report 2018 | 117 - 125 |
| 6.4 | <u>COM 27-2019</u> Seniors Services Quality Improvement Report 2018/2019 | 126 - 131 |
| 6.5 | <u>PHD-C 02-2019</u> Accountability Indicators | 132 - 137 |
| 6.6 | <u>NRH 7-2019</u> Niagara Regional Housing Quarterly (Q1) Report - January 1 to March 31, 2019 | 138 - 157 |

7. OTHER BUSINESS

8. CLOSED SESSION

9. NEXT MEETING

The next meeting will be held on Tuesday, July 9, 2019 at 2:00 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 Advisory Coordinator at 905-980-6000 (office), 289-929-8376 (cellphone) or accessibility@niagararegion.ca (email).



OUTDOOR SECOND-HAND SMOKING AND VAPING BY-LAW AMENDMENT

Public Health and Social Services Committee

June 11, 2019

Agenda



WHO Second-Hand Smoke Protection

Updates to *Smoke-Free Ontario Act*, 2017

Review of Research

Public Consultation Results

Municipal Consultation

Recommendations

Tobacco Pillars



Industry



Prevention



Protection



Cessation





WHO Second-Hand Smoke Protection

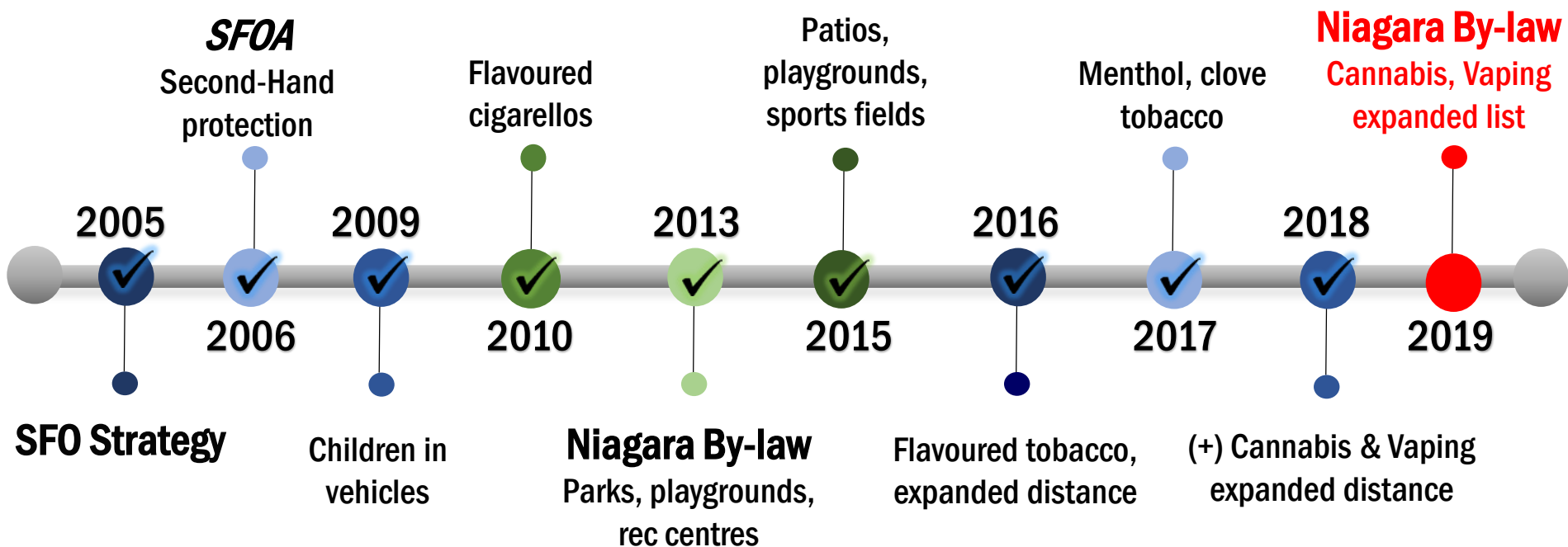
No safe level of exposure to second-hand tobacco smoke

Evidence supports 100% smoke-free policy for indoor and outdoor public places

Policy generally does not have a negative impact



Smoke-Free Strategy Timeline





Cannabis is legal in Canada – here's what you need to know

Rules around legal weed vary from

[Patrick Butler](#) · CBC News · Posted: Oct 17, 2018

Pot legalization creates buzz in Niagara

Marijuana users celebrate end of prohibition

NEWS Oct 17, 2018 by [Allan Benner](#) **The St. Catharines Standard**



In most provinces and all the territories, per household. That's the limit Ottawa imposed (Press)



Sean St. Angelo lights up during an event to celebrate the legalization of marijuana and to raise money for Epilepsy Niagara at an event at Honeypot Smokeshop in Niagara Falls on Wednesday. - Julie Jocsak, The St. Catharines Standard





Tobacco Research



Smoking tobacco is the leading cause of preventable disease and death.

16,253 deaths/year

in Ontario per year attributed to tobacco

\$7.5 billion/year

in health care & loss productivity (Ontario)

Cannabis Research

Cannabis
metabolites in
bodily fluids
after second-
hand exposure

Eye irritation
with sufficient
exposure


Psychoactive
effects with
sufficient
exposure

Short-term impact
Unventilated rooms





Cannabis Research



Cannabis and tobacco smoke
contain many of the same
known carcinogens. Risk of:
HEART DISEASE
LUNG DISEASE



E-Cigarette Research

↑ **Cotinine in blood**

with second-hand exposure to vapour

↑ **Particulate matter,
heavy metals, nicotine**

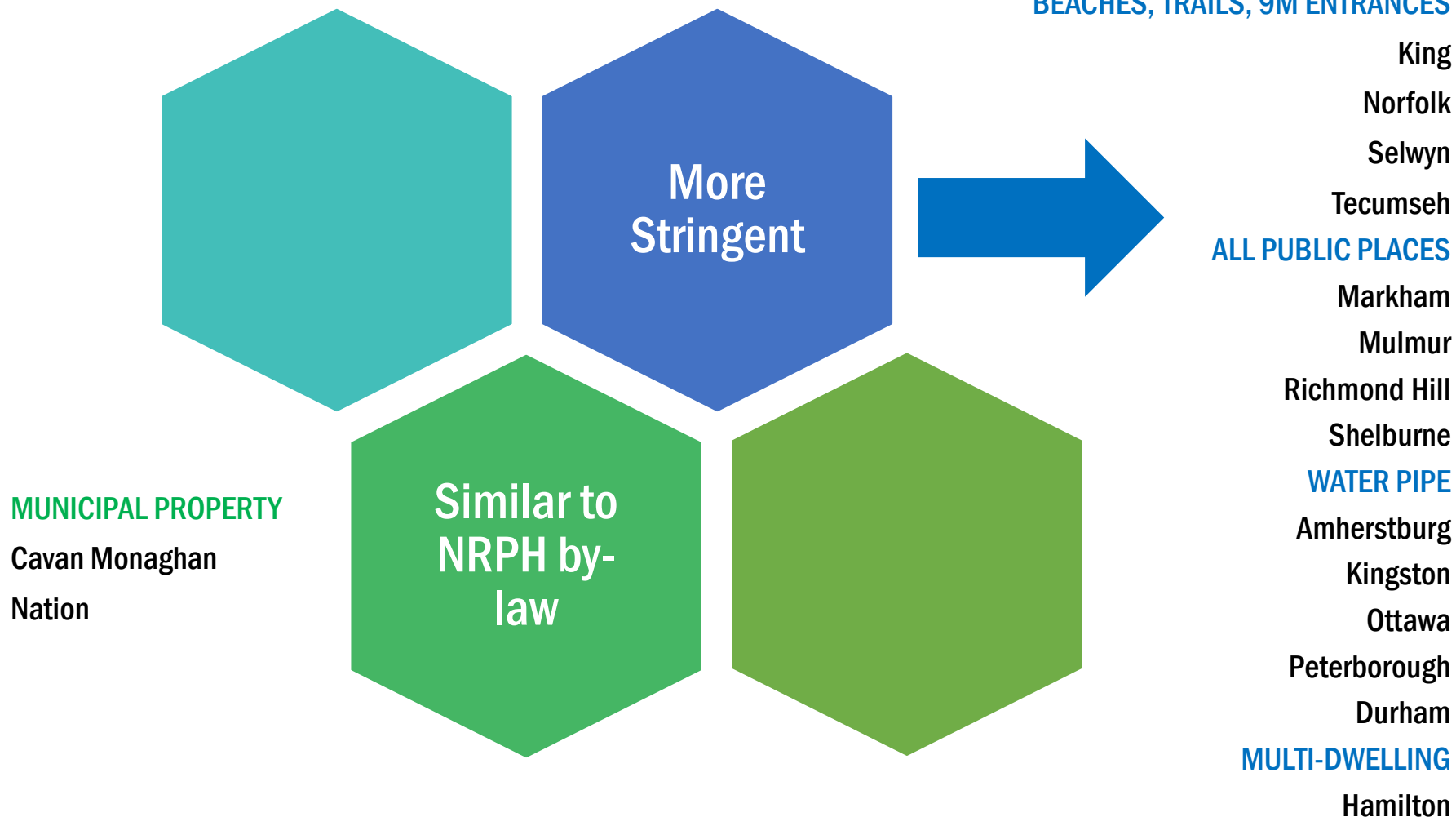
Significantly less than conventional cigarette smoke

↑ **30.4%**

Youth begin with vapes, ↑ chance of smoking tobacco



By-law Scan





Public Consultation

- To gather opinions from the public on the proposed interim by-law, as possible amendments to the current Smoke-Free Outdoor Spaces by-law
- Online (and paper survey): March 7 – April 5, 2019
- Promoted primarily through Facebook, Twitter, Municipal websites

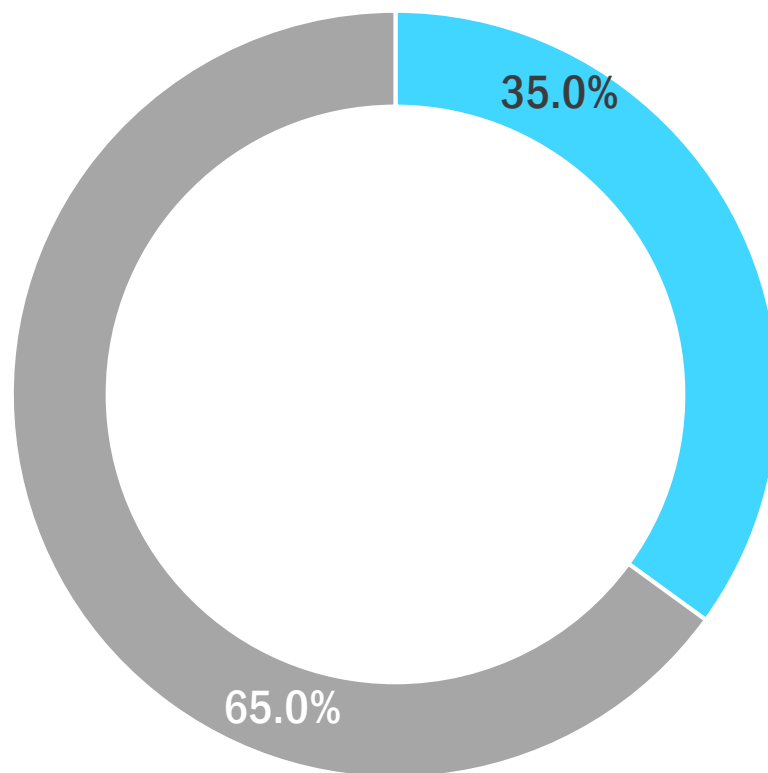
Survey Response

| Municipality | Population Estimate (2016) ^a | Proportion of Total Niagara Population | Number of Respondents | Response Rate | Proportion of Total Survey Respondents |
|---------------------|---|--|-----------------------|---------------|--|
| Niagara | 447,888 | 100% | 5,508 | 1.2% | 98.7% |
| St. Catharines | 133,113 | 30% | 1,677 | 1.3% | 30.1% |
| Niagara Falls | 88,071 | 20% | 1,035 | 1.2% | 18.6% |
| Welland | 52,293 | 12% | 691 | 1.3% | 12.4% |
| Fort Erie | 30,710 | 7% | 414 | 1.3% | 7.4% |
| Port Colborne | 18,306 | 4% | 300 | 1.6% | 5.4% |
| Lincoln | 23,787 | 5% | 298 | 1.3% | 5.3% |
| Niagara-on-the-Lake | 17,511 | 4% | 256 | 1.5% | 4.6% |
| Grimsby | 27,314 | 6% | 254 | 0.9% | 4.6% |
| Thorold | 18,801 | 4% | 220 | 1.2% | 3.9% |
| Pelham | 17,110 | 4% | 183 | 1.1% | 3.3% |
| West Lincoln | 14,500 | 3% | 109 | 0.8% | 2.0% |
| Wainfleet | 6,372 | 1% | 71 | 1.1% | 1.3% |

^a Data source: Statistics Canada, 2016 Census of the Population. All data references are for the Census Division of Niagara



Use of Tobacco/Alternatives



- Used any tobacco or alternative product in past 30 days
- Abstained from using any tobacco or alternative product in the past 30 days



Use of Tobacco/Alternatives



23.2%

Cannabis
(including medical cannabis)



19.1%

Cigarettes, even a puff



11.1%

Vapes
(including JUUL)



7.0%

Cigars, little cigars or cigarillos



3.4%

Shisha/hookah

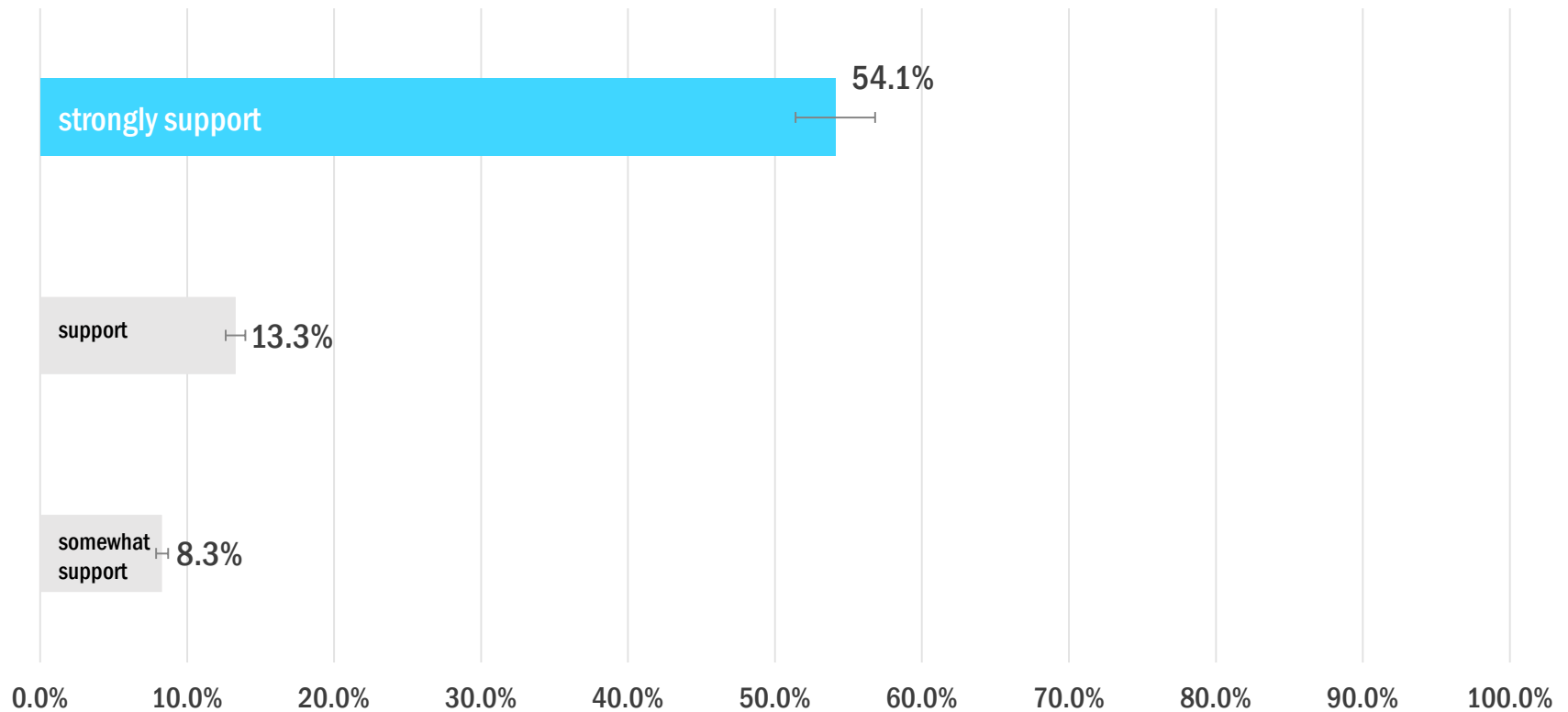


3.1%

Heat-Not-Burn tobacco products
(e.g., IQOS, Ploom, i-glo)

Support for By-Law

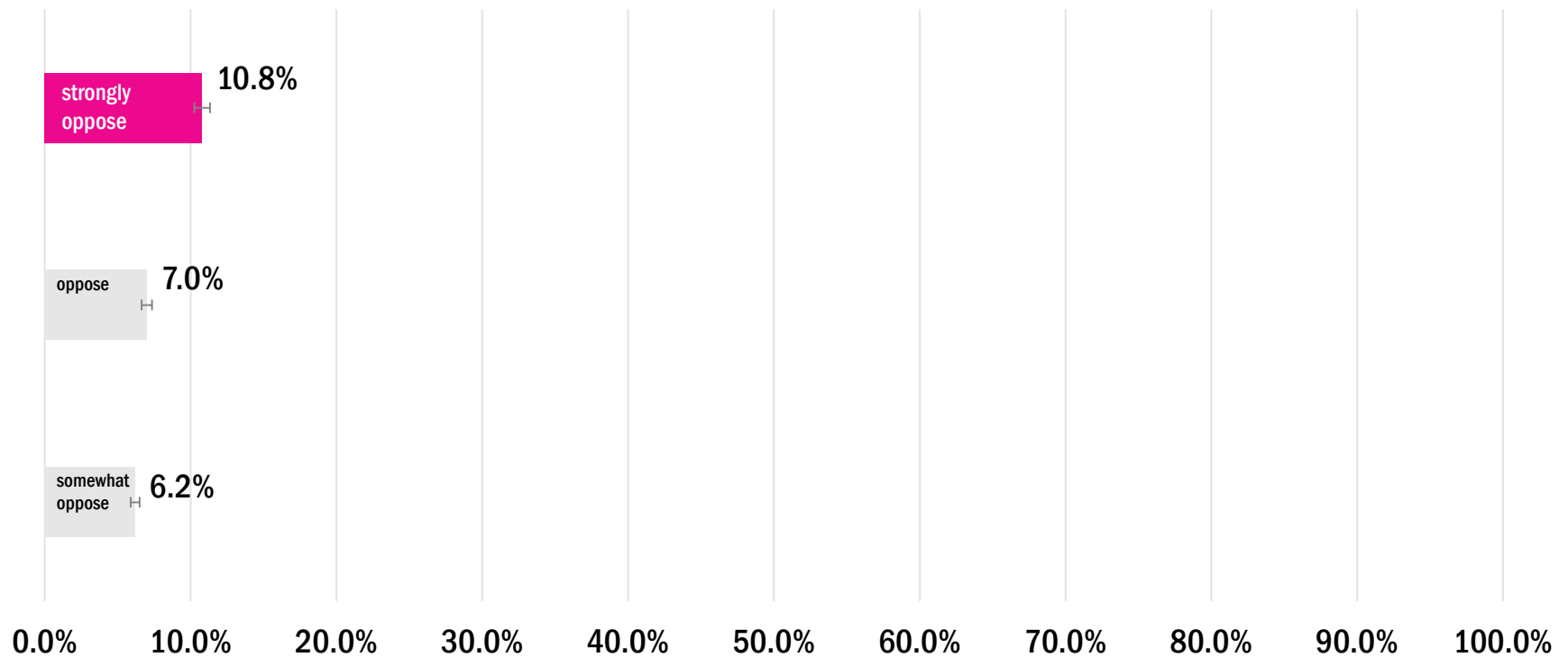
75.7% support the interim by-law 2019-07





Opposition to By-Law

24.3% oppose the interim by-law 2019-07





Additional Locations

84.7%

support including one or
more locations



15.3%

oppose including
more locations





Additional Locations

79.2%

nine metre radius
surrounding any
entrance or exit of a
public building

63.0%

outdoor community
meeting areas

60.5%

Municipal beaches

56.4%

municipal recreational trails
(including trail entrances/exits)



Municipal Consultation





Municipal Consultation

The LAM representatives with consensus recommend

- 1. Continued inclusion of tobacco, cannabis and vaping in the new by-law**
- 2. The following amendments to the interim Niagara Regional By-law No. 2019-07:**
 - a. Nine metres from entrances or exits of public buildings**
 - b. Municipal/regional recreational trails**
 - c. Municipal/regional beaches**

Recommendations

1. That Regional Council **APPROVE** the proposed amendments to By-law No. 112-2013 being a Regional By-law to Protect Children and Vulnerable Persons from Exposure to Outdoor Second-hand Smoke, outlined in the Consultation Recommendations section of Report PHD 09-2019;
2. That Regional Council **ADOPT** a bill to amend By-law No. 112-2013 being a Regional By-law to Protect Children and Vulnerable Persons from Exposure to Outdoor Second-hand Smoke, to include the amendments found in the Consultation Recommendations section of Report PHD 09-2019, that will, if adopted, come into force and effect on August 1, 2019 provided that:
 - a. A majority of the councils of the local area municipalities pass resolutions consenting to the By-law; and
 - b. The total number of electors in the local municipalities that have passed resolutions in support of the Bill form a majority of all electors in the Region of Niagara as established in the revised list of electors for the municipal election held in the year 2018; and
3. That, subject to the adoption of the aforementioned Bill, a copy of the Bill and Report PHD 09-2019 **BE CIRCULATED** to the Clerks of the 12 local area municipalities with a request that their councils adopt the following resolution and advise the Regional Clerk of the results of that consideration, no later than July 31, 2019:

“That the Council of (name of municipality) consents to the passage of By-law No. <> of The Regional Municipality of Niagara, being a by-law to amend By-law 112-2013 - A Regional By-law to Protect Children and Vulnerable Persons from Exposure to Outdoor Second-hand Smoke.

Subject: Amendments to By-law 112-2013 – A Regional By-law to Protect Children and Vulnerable Persons from Exposure to Outdoor Second-hand Smoke

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 11, 2019

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Key Facts

- *Smoke-Free Ontario Act, 2017 (SFOA)* and *Cannabis Statute Law Amendment Act, 2018* incorporated cannabis and vaping products into SFOA’s scope, and prohibited cannabis and e-cigarette places of use to be the same as tobacco products.

- The Outdoor Second-hand Smoking By-law Amendment Report (PHD 02-2019) sought to harmonize the existing Regional by-law with the amended *SFOA*, by including cannabis and vaping products. This amending by-law was approved as By-law 2019-07 and allowed for time to consult with the public, work with the municipalities to improve the by-law, and conduct a review of research to understand the health effects of second-hand exposure to cannabis and e-cigarette vapour. The amending by-law included a sunset clause in that it is only intended to be in force until a permanent by-law is enacted.
- Through the leadership of the area CAOs, fulsome consultation has occurred with municipal representatives and a survey was conducted to gauge public opinion.
- Public health is concerned that continued cannabis and e-cigarette use without policy to limit places of use could lead to normalization of use, second-hand exposure to smoke and vapour, and also trigger relapse through exposure of those individuals trying to quit.
- The review of research supports restricting cannabis use as a precautionary approach with cannabis smoke containing multiple known carcinogens already found in tobacco smoke. While e-cigarette vapour has shown minimal harm, youth are taking up e-cigarettes at an alarming rate and youth e-cigarette users have demonstrated a higher chance of switching to tobacco use.
- The local area municipalities (LAMs) were presented with the results from the public consultation survey and the review of research to guide decision making. The research, public and LAMs are supportive of including cannabis and vaping into the Regional by-law, while expanding the prohibited places of use to include
 - Nine metres from entrances or exits of public buildings
 - Municipal/regional recreational trails
 - Municipal/regional beaches

Financial Considerations

There are no financial implications from the amendments to the Regional by-law. Keeping the Regional by-law aligned with the *SFOA* will streamline enforcement and continue to keep costs minimal.

Analysis

Smoke-Free Legislative Updates

Upon legalization of recreational cannabis on October 17, 2018, new *SFOA* provisions were simultaneously proclaimed to prohibit cannabis and vaping use where tobacco is prohibited. With this update, Niagara Region By-law No. 112-2013 became misaligned by only applying to tobacco products. Subsequently, a by-law to amend By-law 112-2013 to include cannabis and vaping products with a one-year sunset clause, received triple majority support which allowed for harmonization while staff worked on reviewing

the latest research evidence on the topic, as well as a fulsome consultation with the public and LAMs.

Review of Latest Research Evidence:

Tobacco

Smoking tobacco remains the leading cause of preventable disease and preventable death in Ontario and Canada. Legislative smoking restrictions have been shown to have multiple beneficial effects, including

- Decrease exposure of non-smokers to second-hand tobacco smoke, and thereby decrease harmful effects of second-hand smoke¹
- Support for smokers in either increasing success in quit attempts or by decreasing the amount they smoke²
- Decrease the prevalence of smoking through deterring people from initiating use³
- Associated with increase in self-imposed restriction of smoking in the home, further decreasing the exposure of children to second-hand smoke⁴

Evidence supports legislation aimed at limiting exposure to second-hand smoke and protecting people's rights to smoke-free air.⁵ Such legislative examples could include the *SFOA* or local smoke-free by-laws. The Regional By-law has demonstrated Niagara's commitment to denormalization, i.e. decreasing the social acceptance of smoking, and making smoking an abnormal occurrence. Broader by-laws help with denormalization and supporting citizens who are trying to quit by reducing the volume of visual cues in areas of daily life.⁶

¹ Frazer K, Callinan JE, McHugh J, et al. Legislative smoking bans for reducing harms from secondhand smoke exposure, smoking prevalence and tobacco consumption. *Cochrane Database Syst Rev.* 2016; 2:CD005992. doi:10.1002/14651858.CD005992.pub3

² Monson E, Arsenault N. Effects of enactment of legislative (public) smoking bans on voluntary home smoking restrictions: A review. *Nicotine Tob Res.* 2017; 19(2): 141-148. doi:10.1093/ntr/ntw171

³ Monson E, Arsenault N. Effects of enactment of legislative (public) smoking bans on voluntary home smoking restrictions: A review. *Nicotine Tob Res.* 2017; 19(2): 141-148. doi:10.1093/ntr/ntw171

⁴ Monson E, Arsenault N. Effects of enactment of legislative (public) smoking bans on voluntary home smoking restrictions: A review. *Nicotine Tob Res.* 2017; 19(2): 141-148. doi:10.1093/ntr/ntw171

⁵ Holitzki H, Dowsett LE, Spakman E, Noseworthy T, Clement F. Health effects of exposure to second- and third-hand marijuana smoke: A systematic review. *CMAJ Open.* 2017; 5(4): E814-E822. doi:10.9778/cmajo.20170112

⁶ Robertson L, McGee R, Marsh L, Hoek J. A systematic review on the impact of point-of-sale tobacco promotion on smoking. *Nicotine Tob Res.* 2015;17(1):2-17. doi:10.1093/ntr/ntu168

Cannabis

Cannabis research in terms of second-hand exposure is very limited. However, two systematic reviews on the health impacts of significant second-hand exposure to cannabis^{7,8} found

- Metabolites of cannabis found in bodily fluids following second-hand exposure
- Psychoactive effects occur with sufficient exposure,
- Eye irritation occurs with sufficient exposure.

These limited studies assessed only short-term impacts and primarily utilized unventilated rooms; ventilation significantly reduced or completely eliminated the impacts. However, cannabis smoke has been found to contain known carcinogens, similar to tobacco smoke.^{9,10} Second-hand cannabis therefore carries risk for similar health consequences, such as increased rates of heart disease and lung disease, including lung cancer. Including cannabis in Niagara's smoke-free by-law represents a reasonable precautionary approach considering the potential harm from second-hand exposure, but especially in terms of denormalization for Niagara's children and youth.

E-cigarettes

Several systematic reviews have been conducted on the health impacts of second-hand e-cigarette vapour:^{11,12,13,14}

⁷ Holitzki H, Dowsett LE, Spakman E, Noseworthy T, Clement F. Health effects of exposure to second- and third-hand marijuana smoke: A systematic review. *CMAJ Open*. 2017; 5(4): E814-E822. doi:10.9778/cmajo.20170112

⁸ Berthet A, De Cesare M, Favrat B, et al. A systematic review of passive exposure to cannabis. *Forensic Sci Int*. 2016; 269: 97-112. doi: 10.1016/j.forsciint.2016.11.017

⁹ Maertens RM, White PA, Rickert W, et al. The genotoxicity of mainstream and sidestream marijuana and tobacco smoke condensates. *Chem Res Toxicol*. 2009; 22(8): 1406-1414. doi:10.1021/tx9000286

¹⁰ Moir D, Rickert WS, Levasseur G, et al. A comparison of mainstream and sidestream marijuana and tobacco cigarette smoke produced under two machine smoking conditions. *Chem Res Toxicol*. 2008; 21(2): 494-502. doi:10.1021/tx700275p

¹¹ Glasser AM, Collins L, Pearson JL, et. Al. Overview of electronic nicotine delivery systems: A systematic review. *Am J Prev Med*. 2017; 52(2):e33-e66. doi:10.1016/j.amepre.2016.10.036

¹² Hess IMR, Lachireddy K, Capon A. A systematic review of the health risks from passive exposure to electronic cigarette vapour. *Public Health Res Pract*. 2016; 26(2): e2621617. doi:10.17061/phrp2621617

¹³ Farsalinos KE, Polosa R. Safety evaluation and risk assessment of electronic cigarettes as tobacco cigarette substitutes: A systematic review. *Ther Adv Drug Safety*. 2014; 5(2): 67-86. doi:10.1177/2042098614524430

¹⁴ Grana R, Benowitz N, Glantz SA. E-cigarettes: A scientific review. *Circulation*. 2014; 129: 1972-1986. doi:10.1161/circulationaha.114.007667

- Second-hand exposure to vapour increases cotinine (a metabolite of nicotine) in blood^{15,16}
- E-cigarette vapour increases particulate matter, heavy metals, and nicotine in the air, however levels are significantly less than conventional cigarette smoke^{17,18,19}
- Second-hand exposure to vapour has a minimal to negligible potential to harm^{20,21,22}

One study found that e-cigarette use in adolescents and young adults increased the probability of beginning to smoke conventional cigarettes.²³ If a youth did not smoke and had never used an e-cigarette, there was found to be a 7.9% chance that they would begin to smoke in the future. However, if a youth began using an e-cigarette, there was a 30.4% chance of them beginning to smoke conventional cigarettes in the future.²⁴ Thus, a strong reason to include e-cigarettes in the by-law is to deter youth from initiating tobacco use.

Niagara Region Public Health and Emergency Services (NRPH & ES) is assessing our capacity to conduct a local evaluation on the impact of smoke-free policies, to understand how well the intended goals are being achieved and to inform possible improvements.

¹⁵ Glasser AM, Collins L, Pearson JL, et. Al. Overview of electronic nicotine delivery systems: A systematic review. *Am J Prev Med.* 2017; 52(2):e33-e66. doi:10.1016/j.amepre.2016.10.036

¹⁶ Grana R, Benowitz N, Glantz SA. E-cigarettes: A scientific review. *Circulation.* 2014; 129: 1972-1986. doi:10.1161/circulationaha.114.007667

¹⁷ Hess IMR, Lachireddy K, Capon A. A systematic review of the health risks from passive exposure to electronic cigarette vapour. *Public Health Res Pract.* 2016; 26(2): e2621617. doi:10.17061/phrp2621617

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²³ Soneji S, Barrington-Trimis JL, Wills TA, et al. Association between initial use of e-cigarettes and subsequent cigarette smoking among adolescents and young adults: A systematic review and meta-analysis. *JAMA Pediatr.* 2017; 171(8): 788-797. doi:10.1001/jamapediatrics.2017.1488

²⁴ Soneji S, Barrington-Trimis JL, Wills TA, et al. Association between initial use of e-cigarettes and subsequent cigarette smoking among adolescents and young adults: A systematic review and meta-analysis. *JAMA Pediatr.* 2017; 171(8): 788-797. doi:10.1001/jamapediatrics.2017.1488

Public Consultation

In order to conduct a fulsome consultation with the public, NRPH & ES developed a survey with the following objectives:

- a. To understand Niagara residents' opinions and attitudes toward smoking restrictions
- b. To determine the level of support or opposition to the amendments to Regional By-law No. 112-2013 in By-law No. 2019-07
- c. To determine the level of support or opposition toward possible by-law amendments

An online and paper survey was available between March 7 and April 5, 2019. The survey was promoted primarily through social media accounts (i.e. Facebook, Twitter, Instagram), and municipal/regional websites. Respondents to the survey resided both inside and outside of Niagara Region. There were a total of 5,578 surveys completed. See below for the breakdown of survey responses for residents within Niagara Region by municipality; this shows that a representative distribution of respondents was achieved.

Table 1-Number and Proportion of Respondents by Municipality

| Municipality | Population Estimate (2016) ^a | Proportion of Total Niagara Population | Number of Respondents | Proportion of Total Survey Respondents |
|---------------------|---|--|-----------------------|--|
| Niagara | 447,888 | 100% | 5,508 | 98.7% |
| St. Catharines | 133,113 | 30% | 1,677 | 30.1% |
| Niagara Falls | 88,071 | 20% | 1,035 | 18.6% |
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| | | | | |
|--------------|--------|----|-----|------|
| West Lincoln | 14,500 | 3% | 109 | 2.0% |
| Wainfleet | 6,372 | 1% | 71 | 1.3% |

^a Data source: Statistics Canada, 2016 Census of the Population. All data references are for the Census Division of Niagara.

Of the respondents, 35% used at least one tobacco or alternative product (i.e., cigarettes, cigars, little cigars and cigarillos, shisha/hookah, cannabis [medical & recreational], vapes [including JUUL] or Heat-Not-Burn tobacco products) at least once in the past 30 days.

Overall, 75.7% of respondents are supportive of the amendments to Regional By-law No. 112-2013, which includes tobacco, cannabis and vaping products. Furthermore, 84.7% of respondents are supportive of including additional prohibited locations, the list of which was selected from a scan of smoke-free by-laws in other jurisdictions.

Table 2-Number and Proportion of Respondents Who Support Additional Locations in By-Law

| Location | <i>n</i> | % |
|---|----------|-------|
| Nine metre radius surrounding any entrance or exit of a public building | 4,416 | 79.2% |
| Municipal recreational trails (including trail entrances/exits) | 3,144 | 56.4% |
| Municipal beaches | 3,377 | 60.5% |
| Outdoor community meeting areas | 3,515 | 63.0% |
| Other | 771 | 13.8% |

NRPH & ES receives daily complaints to the Tobacco Hotline from Niagara region residents. Over the course of 2014 to 2018, NRPH & ES received 559 documented complaints related to smoking. Smoking in front of entrances or exits to public buildings is the highest complaint for outdoor spaces, and this finding is further supported through the recent public survey with 79.2% of respondents supportive of prohibiting smoking

and vaping within a nine-metre radius surrounding any entrance or exit of a public building.

Municipal Consultation

In January 2019, NRPH & ES had a meeting with the Chief Administrative Officers (CAOs) from the local area municipalities (LAMs) to discuss the smoke-free outdoor spaces by-law and the changes to the *SFOA*. The CAOs recommended that a representative group from each LAM work together to form a consensus on amendments to the Regional by-law in a collaborative approach.

Subsequent meetings were held between February and April with the 12 LAM representatives. Representatives included a cross section of disciplines including by-law enforcement, planning and development, parks and recreation, legal services, building, health and safety, and a CAO.

The group was provided with background information on the by-law, changes to the *SFOA*, current research and evidence on cannabis and vaping, and results of an environmental scan of recent smoke-free bylaw amendments. As a group, decisions and guidance were provided for the public consultation survey including planning, implementation, and communication.

Survey results from public consultation were shared with the LAM representatives, from the perspective of the entire sample size, as well as municipal-specific information. Each proposed amendment was based on the literature review, environmental scan, and/or public consultation results. The LAM group was presented with an individual item for consideration, given the opportunity to discuss whether the amendments should be added, and then each LAM was provided an opportunity to either support or oppose the amendment.

Consultation Recommendations

The LAM representatives with consensus recommend the following amendments to Niagara Region By-law No. 112-2013

1. Inclusion of tobacco, cannabis and vaping
2. Expanding the prohibit places of use to include
 - a. Nine metres from entrances or exits of public buildings
 - b. Municipal/regional recreational trails
 - c. Municipal/regional beaches

Exclusions to the by-law include highways, road allowances abutting a regional or municipal property, municipal sidewalks, designated parking areas, and rights-of-way.

The *Municipal Act* provides municipalities the authority to pass by-laws with respect to the health, safety, and well-being of persons and specifically with respect to smoking and vaping of tobacco, cannabis and vapour products (section 115).

Furthermore, the *Municipal Act* provides authority to prohibit use within public places and workplaces.

To be enacted, the by-law must pass a “triple majority”, meaning

1. A majority of votes in favour of the by-law are cast at Regional Council
2. A majority of the local area municipalities must pass their own resolutions consenting to the by-law
3. The number of electors in those municipalities that pass consenting resolutions must represent a majority of all electors in the Region. If the by-law fails on either (1) or (2) above, it will be deemed to have been repealed at the Regional level.

Enforcement

Enforcement of smoking and vaping restrictions is often raised as a fiscal concern, however research following the implementation of local tobacco by-laws demonstrates that new laws are manageable with the current staff and within operational budgets.²⁵ The amended by-law will utilize the existing five FTE Tobacco Control Officers (TCOs) that currently enforce the Smoke-Free Ontario Strategy and current Regional By-law. Responsibilities of the TCOs entail promotion, education, and enforcement. Since legalization on October 17, 2018 to May 1, 2019, NRPH & ES has received 17 complaints related to cannabis and 92 complaints related to vaping.

In Niagara, enforcement of any new legislation consists of an education phase, and then moves on to warnings and/or charges, as appropriate. Enforcement of this by-law will be performed on a complaint basis where the TCOs work in conjunction with existing municipal by-law officers. Municipal by-law officers will have the authority to issue charges if there is support and capacity from their LAM.

A complaint referral process will be in place based on what already exists through the Tobacco Hotline and the NRPH & ES website. Previous experience enforcing by-laws demonstrates that comprehensive education efforts are fundamental to ensuring successful implementation. It is important to ensure that people know about the changes and NRPH & ES will ease into this change process with a similar approach to any of the legislative amendments.

²⁵ Kennedy RD, Zummach D, Filsinger S, Leatherdale ST. Reported municipal costs from outdoor smoke-free by-laws-experience from Ontario, Canada. *Tobacco Induced Diseases*. 2014; 12(4): 1-6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3944976/>

Public Education

NRPH & ES has developed a public education strategy that will ultimately increase awareness of the by-law and educate residents of the benefits of a smoke-free and vape-free environment. Strategies will include utilizing existing staff and support from a summer student to provide education and awareness through dissemination of information and resources to various stakeholders and using existing website and social media channels to engage Niagara residents. LAMs have agreed to support the communication efforts with updates to municipal website's and/or social media pages, and this collaboration will improve the campaign's reach.

Signage

Purchasing and distribution of signage will be managed through the existing operational budget. The Region will supply signs to the local area municipalities and/or property owners/operators with either metal signs or decals. Owners and operators of public buildings will have access to ordering signage online via the NRPH & ES website, as per our usual process.

It will be the responsibility of the municipality or property owner/operator to post or adhere the signs as appropriate.

Alternatives Reviewed

Through the consultation process, neither the public nor the LAMs supported excluding cannabis or vaping from the by-law. Consideration was given to fully expand the by-law to all public spaces, however due to the authority granted under the *Municipal Act*, application was limited to public places that did not include highways, roads, or sidewalks. Furthermore, the scope of the consultation limited expansion of the by-law beyond the current recommendations, as well as recommendations based on evidence in terms of excessive prohibition.

Relationship to Council Strategic Priorities

This work supports Doing Business Differently by proposing that Niagara continue to aim for simplicity and consistency while remaining among the leaders in Ontario in its smoke-free policies.

Other Pertinent Reports

- [PHD 02-2019 – Outdoor Second-Hand Smoking By-law Amendment - REVISED](#)
- [PHD 01-2019 – Cannabis Legalization](#)
- [PHD 13-2018 – Comprehensive Tobacco Control Report](#)

- [PHD 07-2018 – Cannabis Legalization](#)
- [PHD 01-2018 – Smoke-Free Ontario Modernization](#)
- [PHD 04-2017 - Ontario Student Drug Use and Health Survey Results](#)
- [PHD 09-2016 Revised - Cannabis Regulation and Control](#)

Prepared by:

Diana Teng
Manager, Chronic Disease and Injury
Prevention
Public Health and Emergency Services

Recommended by:

M. Mustafa Hirji, MD MPH RCPC
Medical Officer of Health/Commissioner
(Acting)
Public Health and Emergency Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Melanie Seguin, Health Promoter, Chronic Disease and Injury Prevention, Amanda Kirkwood, Program Evaluator, Organizational and Foundational Standards Division, Dr. Joanne Kearon, Medical Resident, David Lorenzo, Associate Director, Chronic Disease and Injury Prevention and reviewed by Dr. Andrea Feller, Associate Medical Office of Health.

Subject: Approval of 2018-2019 Public Health Program Audits

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 11, 2019

Recommendations

1. That the draft audited Schedule of Revenues and Expenses for Infant & Child Development Services for the calendar year ended December 31, 2018 (Appendix 1), **BE APPROVED**;
2. That the draft audited Schedules of Revenue and Expenses and Annual Reconciliation Return for the following programs for the fiscal year ended March 31, 2019 (Appendix 2 to 4), **BE APPROVED**;
 - a. Ambulance Communications Services— Schedule of Revenue and Expenses (Appendix 2)
 - b. Community Mental Health Program— Schedule of Revenue and Expenses (Appendix 3) & Annual Reconciliation Return (Appendix 4)
3. That staff **BE DIRECTED** to co-ordinate with the auditor to finalize the statements as presented; and
4. That this report **BE FORWARDED** to the Region's Audit Committee for information.

Key Facts

- The purpose of the report is to obtain approval of the audited schedules of revenues and expenses in accordance with the provincial requirement.
- The Ministry submission deadline for Infant & Child Development Services is anticipated to be July 31, 2019 (based on prior year reporting schedules, 2018-2019 reporting schedule not yet received).
- The Ministry submission deadlines for the Ambulance Communication Services and Community Mental Health are both June 30, 2019.
- In accordance with report AC-C 28-2018 dated June 18, 2018, respecting the Audit Committee Terms of Reference, which refers to "other audited financial statements", to include special purpose and compliance-based schedules, are approved by the standing committees with oversight of the program and then referred to the Audit Committee for information.

Financial Considerations

The schedules of revenues and expenses ("financial schedules") have been prepared in compliance with legislation and in accordance with the requirements and policies stipulated by the corresponding Ministry.

Draft copies of the schedules of revenues and expenses for the year ended December 31, 2018 and March 31, 2019 are attached as Appendix 1 – 4.

The financial schedules are prepared specifically for the purposes of meeting the requirements outlined in the service agreements with the funding Ministries.

The financial schedules of revenues and expenses have been prepared in compliance with legislation and in accordance with the requirements and policies stipulated by the corresponding Ministry.

The financial schedules for Public Health Programs are a provincial requirement as noted in the audit reports for each respective program as follows:

Infant & Child Development Services:

“The schedule is prepared to assist the Program to comply with the financial reporting provisions of the agreement between the Ontario Ministries of Children and Youth Services and Community and Social Services and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose.”

Ambulance Communication

“The schedule is prepared to assist the Region in complying with the financial reporting provisions of the agreement dated May 28, 2010 between the Ontario Ministry of Health and Long-Term Care and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose.”

Community Mental Health Program:

“The schedule is prepared to assist the Region in complying with the financial reporting provisions of the agreement dated April 1, 2018 between the Hamilton Niagara Haldimand Brant Local Health Integration Network and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose.”

Analysis

The audits of these Public Health Programs were completed by the Region’s external auditors, Deloitte. The auditors have indicated that, based on their review, nothing has come to their attention that causes them to believe that this information is not, in all material respects, in accordance with the Ministry requirements identified.

The approval of audited schedules performed for Ministry funding purposes rests with the Committee to which the department responsible for the funding reports. In the case of Infant & Child Development Services, approval by Committee and Council satisfies

the Ministry requirement of having approval from Niagara Region's Board of Health. Upon approval by the Committee, these schedules are referred to Audit Committee for information. Then the department's Commissioner and Treasurer will be authorized to sign the auditor's representation letter to obtain the auditors signed report.

Below is a summary of the results of the audited schedules:

- Infant & Child Development Services – This program is not in a grant payable or receivable position as all funding from the Ministry was spent during 2018.
- Ambulance Communication Services – This program has no funds returnable for the current reporting period as the Region has expended \$500,152 in excess of the provincial grant for the period.
- Community Mental Health Program – This program is in a grant repayable position of \$118,789 as at March 31, 2019. This represents a decrease in the grant repayable of \$254,295 compared to the prior period repayable amount of \$373,084.

These financial schedules are subject to minor wording changes once schedules are finalized.

Alternatives Reviewed

The audited schedules are a Ministry requirement and therefore no alternatives are available.

Relationship to Council Strategic Priorities

Advancing organizational excellence through the preparation and audit of the financial schedules. These audits are Ministry requirements to ensure compliance with the funding agreements in order to continue to provide Ministry funded programs in the Niagara Region.

Other Pertinent Reports

None

Prepared by:

Beth Brens, CPA, CA
Acting, Associate Director, Reporting &
Analysis
Enterprise Resource Management
Services

Recommended by:

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

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Noah Bruce, CPA, CA, Program Financial Specialist, and Michael Leckey, Program Financial Specialist.

Appendices

- Appendix 1 Infant & Child Development Program – Audited Schedule of Revenues and Expenses
- Appendix 2 Ambulance Communications – Audited Schedule of Revenues and Expenses
- Appendix 3 Community Mental Health Program – Schedule of Revenue and Expenses
- Appendix 4 Community Mental Health Program – Annual Reconciliation Return

Schedule of revenue and expenses

**The Regional Municipality of
Niagara Public Health Department**
Infant and Child Development Services

December 31, 2018

DRAFT

The Regional Municipality of Niagara Public Health Department

Infant and Child Development Services
December 31, 2018

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Independent Auditor's Report

To the Members of Council of the Regional Municipality of Niagara and the Ministries of Children and Youth Services and Community and Social Services

Opinion

We have audited the accompanying schedule of revenue and expenses of the Regional Municipality of Niagara Public Health Department – Infant and Child Development Services (the “Program”) for the year ended December 31, 2018 and notes to the schedule (collectively referred to as the “schedule”).

In our opinion, the accompanying schedule of the Program for the year-ended December 31, 2018 is prepared, in all material respects, in accordance with the financial reporting provisions of the agreement between the Ontario Ministries of Children and Youth Services and Community and Social Services and the Regional Municipality of Niagara.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards (“Canadian GAAS”). Our responsibilities under those standards are further described in the *Auditor’s Responsibilities for the Audit of the Schedule* section of our report. We are independent of the Program in accordance with the ethical requirements that are relevant to our audit of the schedule in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the schedule, which describes the basis of accounting. The schedule is prepared to assist the Program to comply with the financial reporting provisions of the agreement between the Ontario Ministries of Children and Youth Services and Community and Social Services and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedule

Management is responsible for the preparation of the schedule in accordance with the Guidelines, and for such internal control as management determines is necessary to enable the preparation of the schedule that is free from material misstatement, whether due to fraud or error.

In preparing the schedule, management is responsible for assessing the Program’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Program or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Program’s financial reporting process.

Auditor's Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this schedule.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the schedule, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Program's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Program's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the schedule or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Program to cease to continue as a going concern.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
Licensed Public Accountants
May 16, 2019

The Regional Municipality of Niagara

Public Health Department

Infant and Child Development Services

Schedule of revenue and expenses
year ended December 31, 2018

| | 2018 Budget | 2018 Actual | 2017 Actual |
|--|----------------|-----------------|----------------|
| | \$ | \$ | \$ |
| Revenue | | | |
| Province of Ontario - Service Contract | 568,423 | 568,428 | 568,360 |
| One-time Grant | - | 3,749 | - |
| | 568,423 | 572,177 | 568,360 |
| Expenses | | | |
| Salaries | 422,355 | 416,223 | 431,855 |
| Benefits | 106,239 | 102,186 | 109,840 |
| | 528,594 | 518,409 | 541,695 |
| Other service costs | | | |
| Administration costs (Note 3) | 45,740 | 49,331 | 32,793 |
| Supplies | 6,300 | 22,059 | 2,100 |
| Staff travel | 22,000 | 16,237 | 15,212 |
| Staff training | 3,000 | 8,168 | 1,817 |
| Audit services | 2,646 | 2,690 | 2,544 |
| IT licenses and support | 2,300 | 2,035 | 2,286 |
| Utilities and taxes | 2,000 | 1,792 | 2,040 |
| Purchased services | 1,284 | 472 | 660 |
| Fees and dues | 300 | 315 | 68 |
| | 85,570 | 103,099 | 59,520 |
| Total expenses | 614,164 | 621,508 | 601,215 |
| Deficiency of revenue over expenses | (45,741) | (49,331) | (32,855) |

The accompanying notes to the financial statements are an integral part of this financial statement.

The Regional Municipality of Niagara

Public Health Department

Infant and Child Development Services

Notes to the schedule of revenues and expenses

December 31, 2018

1. Significant accounting policies

This schedule has been prepared for the Ontario Ministries of Children and Youth Services and Community and Social Services ("the Ministry"). It is prepared in accordance with Canadian public sector accounting standards, except that it does not provide for employee future benefits and tangible capital assets are expensed as incurred. Since precise determination of many assets and liabilities is dependent upon future events, the preparation of periodic financial statements necessarily involves the use of estimates and approximations.

Significant accounting policies are as follows

Revenue and expenses

Revenue and expenses are reported on the accrual basis of accounting, with the exception of employee future benefits below.

The accrual basis of accounting recognizes revenues as they become available and measurable, expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

Capital assets

The historical cost and accumulated depreciation of capital assets are not recorded. Capital assets acquired are reported as an expenditure and amortization is not recorded on the statement of revenue and expenditure and surplus.

Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

2. Grant repayable

| | 2018 | 2017 |
|-------------------------------------|----------|----------|
| | \$ | \$ |
| Grant repayable, beginning of year | - | 68 |
| Amounts recovered during the year | - | (68) |
| Deficiency of revenue over expenses | (49,331) | (32,855) |
| Expenses not recoverable | 49,331 | 32,855 |
| Grant repayable, end of year | - | - |

The Regional Municipality of Niagara

Public Health Department

Infant and Child Development Services

Notes to the schedule of revenues and expenses

December 31, 2018

3. Administration costs

Administration costs are allocated under the indirect allocation methodology included in the cost allocation policy.

Under this methodology, all departments providing program/service support functions, as identified during the budget process, will allocate their costs using a basis that best match actual costs with the most appropriate beneficial recipient of the cost.

Administration costs are comprised of the following charges:

| | 2018 Budget | 2018 Actual | 2017 Actual |
|-----------------------------|----------------|----------------|----------------|
| | \$ | \$ | \$ |
| Accounting services | 1,647 | 1,443 | 1,065 |
| Payroll services | 10,365 | 12,280 | 7,897 |
| Human resources services | 6,453 | 13,704 | 5,398 |
| IT program support services | 19,123 | 14,830 | 15,827 |
| Insurance costs | 312 | 298 | 303 |
| Printing costs | 1,403 | 535 | 352 |
| Capital financing | 6,437 | 6,241 | 1,951 |
| | 45,740 | 49,331 | 32,793 |

4. Budget data

The budget data presented in the schedule is based on the budget data submitted to the Ontario Ministries of Children and Youth Services and Community and Social Services.

Schedule of revenues and
expenditures
The Regional Municipality of Niagara
Public Health Department
Ambulance Communications Service

March 31, 2019

| | |
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Independent Auditor's Report

To the Regional Municipality of Niagara and the Ontario Ministry of Health and Long-Term Care

Opinion

We have audited the accompanying schedule of revenues and expenditures of the Regional Municipality of Niagara Public Health Department – Ambulance Communications Service (the "Program"), for the year ended March 31, 2019 and notes to the schedule (collectively referred to as the "schedule").

In our opinion, the accompanying schedule of the Program for the year ended March 31, 2019 is prepared, in all material respects, in accordance with the financial reporting provisions of the agreement dated May 28, 2010 between the Ontario Ministry of Health and Long-Term Care and the Regional Municipality of Niagara (the "guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Schedule* section of our report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the schedule in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the schedule, which describes the basis of accounting. The schedule is prepared to assist the Region in complying with the financial reporting provisions of the agreement dated May 28, 2010 between the Ontario Ministry of Health and Long-Term Care and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedule

Management is responsible for the preparation of the schedule in accordance with the guidelines, and for such internal control as management determines is necessary to enable the preparation of the schedule that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the schedule is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this schedule.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the schedule, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
Licensed Public Accountants
[date of audit report]

DRAFT

The Regional Municipality of Niagara Public Health Department
Ambulance Communications Service
Schedule of revenues and expenditures
For the year ended March 31, 2019

| | Notes | 2019 Budget \$ | 2019 Actual \$ | 2018 Actual \$ |
|---|-------|----------------------|-------------------------|----------------------|
| Revenues | | | | |
| Provincial grant | | 5,686,704 | 5,686,704 | 5,582,192 |
| Other income | | — | 10,248 | 11,220 |
| | | <u>5,686,704</u> | <u>5,696,952</u> | <u>5,593,412</u> |
| Expenditures | | | | |
| Salaries and benefits | | | | |
| Salaries and wages | | 3,994,108 | 4,054,990 | 4,120,458 |
| Employee benefits | | 998,831 | 1,415,858 | 1,114,763 |
| Transportation and communications | | 154,012 | 178,494 | 197,556 |
| Services and rentals | | 233,133 | 227,744 | 247,737 |
| Supplies and equipment | | 56,572 | 18,956 | 30,155 |
| Administrative costs | 2 | 250,048 | 316,844 | 420,800 |
| Total expenditures | | <u>5,686,704</u> | <u>6,212,886</u> | <u>6,131,469</u> |
| Ineligible administration costs | 2 | — | (15,781) | (81,121) |
| Total eligible expenditures | | <u>5,686,704</u> | <u>6,197,105</u> | <u>6,050,348</u> |
| Excess of expenditures over revenues | | <u>—</u> | <u>(500,153)</u> | <u>(456,936)</u> |

The accompanying notes to the Schedule are an integral part of this Schedule.

1. Significant accounting policies

Basis for presentation

The schedule of revenues and expenditures is prepared in accordance with the agreement dated May 28, 2010 between the Ontario Ministry of Health and Long-Term Care and the Regional Municipality of Niagara.

The agreement requires the Schedule to be prepared in a manner consistent with generally accepted accounting principles ("GAAP"). Management of the Regional Municipality of Niagara Public Health Department has interpreted GAAP to be the recognition and measurement principles of the Canadian public sector accounting standards related specifically to revenues and expenditures, and not the presentation principles or the presentation of all the financial statements and note disclosures required by GAAP for a complete set of financial statements.

Revenues and expenditures

Revenues are reported on the accrual basis of accounting.

Expenditures are recorded if they are eligible for the program and incurred in the year.

Capital assets

Tangible capital assets acquired are reported as an expenditure, amortization is not recorded.

Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

Use of estimates

Since precise determination of many assets and liabilities is dependent upon future events, the preparation of a periodic schedule involves the use of estimates and approximations. These have been made using careful judgements.

2. Administration costs

The program records direct operating expenditures to their respective activity. In addition, in 2013, the Region established its first consolidated allocation policy with a guiding principle of more closely aligning indirect costs with the support programs and services as defined by the Province in the Financial Information Return (FIR). The new methodology allocates these indirect costs to end programs/services based on usage drivers.

Under this methodology, all departments providing program/service support functions will allocate their costs using drivers specific to each type of expense.

The Regional Municipality of Niagara Public Health Department
Ambulance Communications Service
Notes to the schedule of revenues and expenditures
March 31, 2019

2. Administration costs (continued)

Administration costs, which have been allocated, are:

| | 2019 | 2018 |
|---|----------------|-----------|
| | \$ | \$ |
| Accounting services | 7,757 | 7,178 |
| Capital levy | 7,997 | 65,167 |
| Debt costs | 7,784 | 15,954 |
| Financial management | 4,815 | 2,658 |
| Human resources services | 33,157 | 49,927 |
| IT program support services and project costs | 108,730 | 150,609 |
| Land ambulance shared services | 67,270 | 66,533 |
| Legal services | 1,706 | 1,733 |
| Payroll services | 72,575 | 58,210 |
| Printing costs | 310 | 445 |
| Procurement services | 4,719 | 2,290 |
| Property management | 24 | 96 |
| | 316,844 | 420,800 |

As per this program's funding agreement the following administration costs are considered ineligible and have been shown as a reduction of expense on the schedule of revenues and expenditures:

| | 2019 | 2018 |
|--------------|---------------|-----------|
| | \$ | \$ |
| Capital levy | 7,997 | 65,167 |
| Debt costs | 7,784 | 15,954 |
| | 15,781 | 81,121 |

3. Budget data

The budget data presented in the Schedule is based on the budget data submitted to the Ontario Ministry of Health and Long-Term Care.

Schedule of revenue and expenses
The Regional Municipality of Niagara
Public Health Department
Community Mental Health Program

March 31, 2019

| | |
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Independent Auditor's Report

To the Members of Council of the Regional Municipality of Niagara and the Hamilton Niagara Haldimand Brant Local Health Integration Network

Opinion

We have audited the accompanying schedule of revenue and expenses of the Regional Municipality of Niagara Public Health Department – Community Mental Health Program (the “Program” or “Region”), for the year ended March 31, 2019 and notes to the schedule (collectively referred to as the “schedule”).

In our opinion, the accompanying schedule of the Program for the year-ended March 31, 2019 is prepared, in all material respects, in accordance with the financial reporting provisions of the agreement dated April 1, 2018 between the Hamilton Niagara Haldimand Brant Local Health Integration Network and the Regional Municipality of Niagara (the “guidelines”).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards (“Canadian GAAS”). Our responsibilities under those standards are further described in the *Auditor’s Responsibilities for the Audit of the Schedule* section of our report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the schedule in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the schedule, which describes the basis of accounting. The schedule is prepared to assist the Region in complying with the financial reporting provisions of the agreement dated April 1, 2018 between the Hamilton Niagara Haldimand Brant Local Health Integration Network and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedule

Management is responsible for the preparation of the schedule in accordance with the Guidelines, and for such internal control as management determines is necessary to enable the preparation of the schedule that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region’s financial reporting process.

Auditor’s Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the schedule is free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this schedule.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the schedule, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
Licensed Public Accountants
[date of report]

The Regional Municipality of Niagara Public Health Department
Community Mental Health Program
Schedule of revenue and expenses
Year ended March 31, 2019

| | Notes | 2019 Budget \$ | 2019 Actual \$ | 2018 Actual \$ |
|---|-------|----------------------|-------------------------|----------------------|
| Revenue | | | | |
| Province of Ontario Grants | | 6,138,731 | 6,138,731 | 6,113,238 |
| Interest | | — | — | 2,474 |
| Miscellaneous | | 1,000 | 9,536 | 9,256 |
| | | <u>6,139,731</u> | <u>6,148,267</u> | <u>6,124,968</u> |
| Expenses | | | | |
| Compensation | | | | |
| Salaries | | 4,581,243 | 4,487,033 | 4,305,045 |
| Employee benefits | | 912,745 | 865,970 | 858,133 |
| | | <u>5,493,988</u> | <u>5,353,003</u> | <u>5,163,178</u> |
| Service costs | | | | |
| Administration costs | 3 | 39,500 | 452,073 | 499,893 |
| Audit and other professional fees | | 3,307 | 6,613 | 17,888 |
| Computer maintenance and supplies | | 6,725 | 3,943 | 4,477 |
| Other expenses | | 40,107 | 96,853 | 41,031 |
| Printing, postage, stationery and office supplies | | 13,481 | 14,882 | 10,210 |
| Rent and property taxes | | 291,893 | 267,039 | 248,467 |
| Staff education | | 17,771 | 45,207 | 33,212 |
| Telephone | | 22,350 | 14,918 | 14,834 |
| Travel | | 210,609 | 187,520 | 179,087 |
| | | <u>645,743</u> | <u>1,089,048</u> | <u>1,049,099</u> |
| Total expenses | | <u>6,139,731</u> | <u>6,442,051</u> | <u>6,212,277</u> |
| Ineligible administration costs | 3 | — | 412,573 | 460,393 |
| Total eligible expenses | | <u>6,139,731</u> | <u>6,029,478</u> | <u>5,751,884</u> |
| Excess of revenue over eligible expenses | | <u>—</u> | <u>118,789</u> | <u>373,084</u> |

The accompanying notes to the Schedule are an integral part of this Schedule.

The Regional Municipality of Niagara Public Health Department
Community Mental Health Program
Notes to the schedule of revenue and expenses
 March 31, 2019

1. Significant accounting policies

The schedule of revenue and expenses has been prepared for the Hamilton Niagara Haldimand Brant Local Health Integration Network. The agreement requires the Schedule to be prepared in a manner consistent with generally accepted accounting principles ("GAAP"). Management of the Regional Municipality of Niagara has interpreted GAAP to be recognition and measurement principles in accordance with Canadian Public Sector Accounting Standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Management has further interpreted that GAAP does not include the presentation principles or the presentation of all financial statements and note disclosures required by GAAP for a complete set of financial statements.

Significant accounting policies are as follows.

Revenue and expense recognition

Revenue and expenses are reported on the accrual basis of accounting, with the exception of employee future benefits below.

The accrual basis of accounting recognizes revenues as they become available and measureable, expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

Capital assets

Tangible capital assets acquired are reported as an expense, and amortization is not recorded.

Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

Use of estimates

Since precise determination of many assets and liabilities is dependent upon future events, the preparation of a periodic schedule involves the use of estimates and approximations. These have been made using careful judgements.

2. Grant funding repayable

The grant repayable to the Province of Ontario is subject to audit verification by the Hamilton Niagara Haldimand Brant Local Health Integration Network. The grant repayable is non-interest bearing and is normally repaid in the subsequent year. The grant repayable balance at the end of the year is comprised of the current year excess of revenue over eligible expenses excluding net book value associated with capital one-time funding and the unpaid grant repayable balance from prior years.

| | 2019 | 2018 |
|--|-----------------|-----------|
| | \$ | \$ |
| Grant repayable, beginning of year | 394,724 | 208,730 |
| Amounts repaid during the year | (21,641) | (187,090) |
| Excess of revenue over eligible expenses | 118,789 | 373,084 |
| Grant repayable, end of year | 491,872 | 394,724 |

**The Regional Municipality of Niagara Public Health Department
Community Mental Health Program**

Notes to the schedule of revenue and expenses

March 31, 2019

3. Administration costs

The program records direct operating expenses to their respective activity. In addition, in 2013, the Region established its first consolidated cost allocation policy with a guiding principle of more closely aligning indirect costs with the support programs and services as defined by the Province in the Financial Information Return (FIR). The new methodology allocates these indirect costs to end programs/services based on usage drivers.

Under this methodology, all departments providing program/service support functions will allocate their costs using drivers specific to each type of expense.

Administration costs are comprised of the following charges:

| | 2019 | 2018 |
|----------------------------|----------------|-----------|
| | \$ | \$ |
| Financial services | 66,879 | 59,202 |
| Human resource services | 111,110 | 93,454 |
| IT Services | 222,874 | 264,328 |
| Debt charges | 51,210 | 82,909 |
| Total administration costs | 452,073 | 499,893 |

As per direction from the funding body, administration costs are limited to \$39,500 (2018 - \$39,500) and therefore administration costs in excess of the limit are considered ineligible and have been shown as a reduction of expense on the schedule of revenue and expenses.

| | 2019 | 2018 |
|---------------------------------------|----------------|-----------|
| | \$ | \$ |
| Total administration costs | 452,073 | 499,893 |
| Less: administration cost limit | 39,500 | 39,500 |
| Total ineligible administration costs | 412,573 | 460,393 |

Annual Reconciliation Report
The Regional Municipality of Niagara
Public Health Department
Community Mental Health Program

March 31, 2019

| | |
|--|-----|
| Independent Auditor's Report | 1-2 |
| Annual Reconciliation Report | 3-8 |
| Note to the Annual Reconciliation Report | 9 |

Independent Auditor's Report

To the Members of Council of the Regional Municipality of Niagara, Hamilton Niagara Haldimand Brant Local Health Integration Network and the Ontario Ministry of Health and Long-Term Care

Opinion

We have audited the accompanying schedules (ARRFin1 and ARRFin2) and the Proxy Pay Equity Reconciliation Report (excluding statistics and FTEs) of the Annual Reconciliation Report of the Regional Municipality of Niagara Public Health Department Community Mental Health Program (the "Program" or "Region") for the year ended March 31, 2019 and note to the schedules (collectively referred to as the "schedules").

In our opinion, the accompanying schedules of the Program for the year-ended March 31, 2019 have been prepared, in all material respects, in accordance with the financial reporting provisions in the guidelines in Chapters 3 and 4 of the Ontario Healthcare Reporting Standards and the Community Financial Policy (2016) issued by the Ontario Ministry of Health and Long-Term Care (the "guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Schedules* section of our report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the schedule in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the schedule, which describes the basis of accounting. The schedules are prepared to assist the Program in complying with the financial reporting provisions in the guidelines in Chapters 3 and 4 of the Ontario Healthcare Reporting Standards and the Community Financial Policy (2016) issued by the Ontario Ministry of Health and Long-Term Care. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedules

Management is responsible for the preparation of the schedules in accordance with the guidelines, and for such internal control as management determines is necessary to enable the preparation of the schedules that are free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Schedules

Our objectives are to obtain reasonable assurance about whether the schedules are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the schedules.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the schedules, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
Licensed Public Accountants
[date of audit report]

IDENTIFICATION

| | |
|-----------------------------|---|
| IFIS / Recipient # | 100238 |
| SRI Organization Code | 473 |
| Report Name | 2018-19 Account Reconciliation Report |
| LHIN Name | Hamilton Niagara Haldimand Brant (Hnhb) |
| Service Provider Name | Community Mental Health Program |
| Service Provider Legal Name | Community Mental Health Program |

Service Provider Address

| | |
|-------------|--------------------------|
| Address 1 | 1815 Sir Isaac Brock Way |
| Address 2 | 0 |
| City | Thorold |
| Postal Code | L2V 4T7 |

| | |
|----------------------------|---------------------------------|
| HSP Contact Name | Michael Leckey |
| HSP Contact Position | Program Financial Specialist |
| HSP Contact Phone Number | 905-685-4225 x 7439 |
| HSP Contact E-mail Address | michael.leckey@niagararegion.ca |

Draft

TOTAL AGENCY

Form ARRfin 1- Total LHIN & Ministry Managed- Financial
Community Mental Health Program

| | | TOTAL HSP |
|---|--------|-----------|
| TABLE G: Total Agency Reporting | Line # | |
| Summary by Fund Type (Total Agency Financials) | | |
| Total Revenue Fund Type 1 | 115 | - |
| Total Expenses Fund Type 1 | 116 | - |
| Net Surplus/Deficit Fund Type 1 (Hospital) | 117 | - |
| Total Revenue Fund Type 2 (Above) | 118 | 6,148,267 |
| Total Expenses Fund Type 2 (Above) | 119 | 6,029,478 |
| Net Surplus/Deficit Fund Type 2 (Community Programs) | 120 | 118,789 |
| Total Revenue Fund Type 3 | 121 | - |
| Total Expenses Fund Type 3 | 122 | - |
| Net Surplus/Deficit Fund Type 3 (Other) | 123 | - |
| Total Revenue for the Provider | 124 | 6,148,267 |
| Total Expenses for the Provider | 125 | 6,029,478 |
| Net Surplus/Deficit | 126 | 118,789 |

Form ARRFin2 - LHIN Managed Programs
Community Mental Health Program

| Table B | | LHIN - CMHP1 | |
|--|--------|--|----------------------------------|
| | Line # | 2018-19 Final | Comments (Max 255 Characters) |
| Funding Initiative | | Select Funding Initiative (where applicable) | |
| LHIN Cash Flow: | | | |
| | 1 | | |
| Funding - Local Health Integrated Networks | | 6,138,731 | |
| Funding - Provincial MOHLTC (Allocation) | 2 | - | |
| Funding - LHINs One Time | 3 | - | |
| Funding - MOHLTC One Time | 4 | - | |
| Sessional fee funding - LHIN | 5 | - | |
| Sessional fee funding - MOHLTC | 6 | - | |
| Total LHIN/MOHLTC funding as per cash flow | 7 | 6,138,731 | |
| Service Recipient Revenue | 8 | - | |
| Recoveries from External/Internal Sources | 9 | - | |
| Donations | 10 | - | |
| Other Funding Sources and Other Revenue | 11 | 9,536 | Misc. |
| Other revenue adjustments (detailed comments required) | 12 | - | |
| Total revenue adjustments | 13 | 9,536 | |
| Total FUND TYPE 2 funding for settlement purposes | 14 | 6,148,267 | |
| Deferred LHIN/MMP funding used to purchase capitalized items in the current year (Enter as Negative Amount) | 15 | - | |
| Amortization of donation revenue and LHIN funding in the current fiscal year | 16 | - | |
| Other Adjustments including LHIN/MOHLTC recovery (detailed comments required) | 18 | - | |
| Total Revenue FUND TYPE 2 | 19 | 6,148,267 | |
| EXPENSES- Fund Type 2 | | | |
| Compensation | | | |
| Salaries and Wages (Worked + Benefit + Purchased) | 20 | 3,954,790 | |
| Benefit Contributions | 21 | 860,237 | |
| Employee Future Benefit Compensation | 22 | - | |
| Nurse Practitioner Remuneration | 23 | 32,665 | |
| Medical Staff Remuneration | 24 | 538,527 | |
| Sessional Fees | 25 | - | |
| Service Costs | | | |
| Med/Surgical Supplies and Drugs | 26 | - | |
| Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs) | 27 | 330,777 | |
| Community One Time Expense | 28 | - | |
| Equipment Expenses | 29 | 45,337 | |
| Amortization on Major Equip and Software License and Fees | 30 | - | |
| Contracted Out Expense | 31 | 31,769 | |
| Buildings and Grounds Expenses | 32 | 235,376 | |
| Building Amortization | 33 | - | |
| TOTAL EXPENSES Fund Type 2 | 34 | 6,029,478 | |
| Depreciation/Amortization of Capital Assets for the Program and Admin & Support | 35 | - | |
| Total Capitalized Purchases and Services in current year | 36 | - | |
| (CHC & Home Care purposes only) Inadmissible salary expenses | 37 | - | |
| (CHC & Home Care purposes only) Less: Other adjustments | 38 | - | |
| Total Expenses for Settlement Purposes | 39 | 6,029,478 | |
| Less sessional fee expenses (Enter as Negative Amount) | 40 | - | |
| Less one time expenses as per listing below (Negative sum of line 63 & 79) | 42 | - | |
| Total operating expenses for settlement purposes | 43 | 6,029,478 | |
| Operating Recovery | 44 | 118,789 | |
| Sessional Fee Recovery | 45 | - | |
| One Time Recovery | 46 | - | |
| Total Settlement Recovery | 47 | 118,789 | |
| TABLE C: One-Time Expenses | | | |
| | Line # | 2018-19 Final | Comments (Max 255 Characters) |
| Capitalized purchases from One Time funding Section C-1 | | | |
| | 48 | - | |
| | 49 | - | |
| | 50 | - | |
| | 51 | - | |
| | 52 | - | |
| | 53 | - | |
| | 54 | - | |
| | 55 | - | |
| | 56 | - | |
| | 57 | - | |
| | 58 | - | |
| | 59 | - | |
| | 60 | - | |
| | 61 | - | |
| | 62 | - | |
| Total One-time capitalized purchases from One-time funding | 63 | - | |

Form ARRFin2 - LHIN Managed Programs
Community Mental Health Program

| Operating expenses from One Time Funding | | LHIN - CMHP1 | |
|---|-----|--------------|----------------------------------|
| Section C-2 | | | |
| | 64 | - | |
| | 65 | - | |
| | 66 | - | |
| | 67 | - | |
| | 68 | - | |
| | 69 | - | |
| | 70 | - | |
| | 71 | - | |
| | 72 | - | |
| | 73 | - | |
| | 74 | - | |
| | 75 | - | |
| | 76 | - | |
| | 77 | - | |
| | 78 | - | |
| Total One-time operating expenses from One-time funding | 79 | - | |
| TABLE D: Operating Expenses | | Line # | 2018-19 Final |
| | | | Comments (Max 255 Characters) |
| Capitalized expenses Sourced from Operating Funding (Section D-1) (All capitalized items regardless of amount) | | | |
| | 80 | - | |
| | 81 | - | |
| | 82 | - | |
| | 83 | - | |
| | 84 | - | |
| | 85 | - | |
| | 86 | - | |
| | 87 | - | |
| | 88 | - | |
| | 89 | - | |
| | 90 | - | |
| | 91 | - | |
| | 92 | - | |
| | 93 | - | |
| | 94 | - | |
| Total Capitalized expenses from Operating Funding | 95 | - | |
| Non- capitalized one-time expenses > \$5,000 Sourced from Operating Funding (Section D-2) | | | |
| | 96 | - | |
| | 97 | - | |
| | 98 | - | |
| | 99 | - | |
| | 100 | - | |
| | 101 | - | |
| | 102 | - | |
| | 103 | - | |
| | 104 | - | |
| | 105 | - | |
| | 106 | - | |
| | 107 | - | |
| | 108 | - | |
| | 109 | - | |
| | 110 | - | |
| Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding | 111 | - | |
| Total One Time Expenses | 112 | - | |
| TABLE F: Sessional Fees Summary | | | |
| (Enter the # of Sessions Delivered) | | | |
| # of Sessions Delivered (From Sessional Fees) | 113 | 0 | |
| Calculated Cost Per Session | 114 | 0.00 | |

PROXY PAY EQUITY ANNUAL REPORT

This form is to be completed by transfer payment organizations who receive proxy pay equity funding from the Ministry of Health and Long-Term Care, pursuant to the April 23, 2003 Memorandum of Settlement. It must be completed on an annual basis until an organization no longer has a pay equity obligation.

| SECTION 1: BASIC PROGRAM INFORMATION | | | |
|--------------------------------------|---------------------------------|------------------------|--|
| Name of Agency: | Community Mental Health Program | | |
| Vendor #: | | Reporting Period: from | |
| | | to | |
| Contact Person: | | Phone: | |

| SECTION 2: EXPENDITURE REPORT | | | |
|---|----|------|-----|
| <u>Sources of Proxy Pay Equity Funds</u> | | | |
| Ministry of Health and Long-Term Care | \$ | | A |
| Other (Specify) | | | |
| TOTAL | | 0.00 | |
| <u>Expenditures</u> | | | |
| Actual Proxy Pay Equity Expenses | | | B |
| Surplus(Deficit) | | 0.00 | A-B |
| Current Outstanding Liabilities | | | |
| Total Number of Individuals Receiving Proxy Pay Equity | | | |

| SECTION 3: CERTIFICATION | |
|---|---|
| I, hereby certify that to the best of my knowledge the financial data is correct and it is reflected in the year-end settlement. | |
| <div style="border-bottom: 1px solid black; width: 300px; margin-bottom: 5px;"></div> (Signature of Health Service Provider Authority) | Title: |

Certification by Provider Fiscal 2018-19

Having the authority to bind the Health Service Provider, we certify that the information provided in ARRFIn1, ARRFIn2 and ARRFIn3 are complete and accurate

| | |
|--|------|
| Community Mental Health Program | |
| Dr. Mustafa Hirji | |
| Name of Signing Officer | Date |
| _____ Signing Officer*** | |
| Medical Officer of Health (Acting) | |
| Title | |
| Ron Tripp | |
| Name of Signing Officer | Date |
| _____ Signing Officer*** | |
| Chief Administrative Officer (Acting) | |
| Title | |

***I have the authority to bind the Health Service Provider

The Regional Municipality of Niagara Public Health Department
Community Mental Health Program
Note to the Annual Reconciliation Report
March 31, 2019

1. Significant accounting policies

Basis of accounting

These Schedules have been prepared for the Ontario Ministry of Health and Long-Term Care and the Hamilton Niagara Haldimand Brant Local Health Integration Network. They are prepared in accordance with Canadian public sector accounting standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Since precise determination of many assets and liabilities is dependent upon future events, the preparation of periodic financial information necessarily involves the use of estimates and approximations. These have been made using careful judgments.

Revenues and expenses

Revenues and expenses are reported on the accrual basis of accounting, with the exception of employee future benefits below.

The accrual basis of accounting recognizes revenues as they become available and measureable, expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

Capital assets

Tangible capital assets acquired are reported as an expenditure, and amortization is not recorded.

Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

Subject: Approval of 2018-2019 Community Service Program Audits

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 11, 2019

Recommendations

1. That the draft audited schedule of revenues and expenses for the Homelessness Partnering Strategy Program for the fiscal period ended March 31, 2019 (Appendix 1), **BE APPROVED**;
2. That the draft audited schedule of revenues and expenses for the Community Support Service Program, for the calendar year ended December 31, 2018 (Appendix 2), **BE APPROVED**;
3. That staff **BE DIRECTED** to co-ordinate with the auditor to finalize the statements as presented; and
4. That this report **BE FORWARDED** to the Region's Audit Committee for information.

Key Facts

- The purpose of the report is to obtain approval of the audited schedules in accordance with the federal and provincial funding requirements.
- The Ministry of Employment and Social Development Canada and the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) submission deadlines for the Homelessness Partnering Strategy Program and the Community Support Service Program are July 31, 2019 and June 30, 2019 respectively.
- In accordance with report AC-C 32-2018 dated June 18, 2018, respecting the Audit Committee Terms of Reference, which refers to "other audited financial statements", to include special purpose and compliance-based schedules, are approved by the standing committee with oversight of the program and then referred to Audit Committee for information.

Financial Considerations

The schedule of revenue and expenses for the Homelessness Partnering Strategy Program has been prepared in compliance with legislation and in accordance with the financial reporting provisions of the agreement between the Ministry of Employment and Social Development Canada and the Regional Municipality of Niagara. The Annual Reconciliation Return of the Community Support Service Program has been prepared in compliance with the guidelines of the Ontario Health Reporting Standards and the Community Financial Policy issued by the HNHB LHIN through the Multi-Sector Accountability Agreement (MSAA).

Draft copies of the audited schedule of revenues and expenses for the years ended March 31, 2019 and December 31, 2018 are attached as Appendix 1 and 2 respectively.

The financial schedules are prepared specifically for the purposes of meeting the requirements outlined in the service agreements with the funding Ministries. These financial schedules are a federal and provincial requirement as noted in the audit reports for each respective program as follows:

Homeless Partnering Strategy Program

“The schedule is prepared to assist the Program in complying with the financial reporting provisions of the agreement between the Ministry of Employment and Social Development Canada and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose.”

Community Services Support Program

“The schedules are prepared to assist the Program in complying with the financial reporting provisions in the guidelines in Chapters 3 and 4 of the Ontario Healthcare Reporting Standards and the Community Financial Policy (2016) issued by the Ontario Ministry of Health and Long-Term Care. As a result, the schedule may not be suitable for another purpose.

Analysis

The audits of these Community Service Programs were completed by the Region’s external auditors, Deloitte. The auditors have indicated that, based on their review, nothing has come to their attention that causes them to believe that this information is not, in all material respects, in accordance with the requirements identified.

Upon approval by the Council, these schedules are submitted to the respective Ministries in accordance with funding agreement requirements and timelines and are also referred to the Audit Committee for information.

Below is a summary of the results of the audited schedules:

- Homelessness Partnership Strategy Program – This program commenced April 1, 2014 and ends March 31, 2019. The maximum amount of Ministry contribution over the five year period was received totalling \$3,141,055.
- Community Support Service Program – This program has an overall deficit of \$43,551 at the end of December 31, 2018. The deficit is related to lower than anticipated service revenue generated from adult day programs, as a result of

inclement weather and seasonal outbreaks in 2018. \$694 is returnable to the HNHB LHIN as a result of a surplus in the Assisted Living program which has its own restricted funding envelope.

These financial schedules are subject to minor wording changes once schedules are finalized.

Alternatives Reviewed

The audited schedules are a funding agreement requirement and therefore no alternatives are available.

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

None

Prepared by:

Beth Brens, CPA, CA
Acting Associate Director, Reporting &
Analysis
Enterprise Resource Management
Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Kayla De Pauw, CPA, CA, Program Financial Specialist and Jordan Gamble, CPA, CA, Program Financial Specialist.

Appendices

Appendix 1 2018-2019 Homelessness Partnering Strategy Program – Audited
Schedule of Revenues and Expenses

Appendix 2 2018 Community Support Service Program Annual Reconciliation Return

Schedule of revenue and expenses
The Regional Municipality of Niagara
Homelessness Partnering Strategy
Program

March 31, 2019

| | |
|---|-----|
| Independent Auditor's Report | 1-2 |
| Schedule of revenue and expenses | 3 |
| Notes to the schedule of revenue and expenses | 4 |

Independent Auditor's Report

To the Members of Council of the Regional Municipality of Niagara and the Ministry of Employment and Social Development Canada

Opinion

We have audited the accompanying schedule of revenue and expenses of the Regional Municipality of Niagara Homelessness Partnering Strategy Program (the "Program" or "Region") for the year ended March 31, 2019 and notes to the schedule (collectively referred to as the "schedule").

In our opinion, the accompanying schedule of the Program for the year ended March 31, 2019 have been prepared, in all material respects, in accordance with the financial reporting provisions of the agreement between the Ministry of Employment and Social Development Canada and the Regional Municipality of Niagara (the "guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Schedule* section of our report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the schedule in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the schedule, which describes the basis of accounting. The schedule is prepared to assist the Program in complying with the financial reporting provisions of the agreement between the Ministry of Employment and Social Development Canada and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedule

Management is responsible for the preparation of the schedule in accordance with the guidelines, and for such internal control as management determines is necessary to enable the preparation of the schedule that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the schedule is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this schedule.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the schedule, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
Licensed Public Accountants
[date of report]

**The Regional Municipality of Niagara Homelessness
Partnering Strategy Program
Schedule of revenue and expenses**
Year ended March 31, 2019

| | Note | 2019 \$ | 2018 \$ |
|--|------|----------------|------------|
| Revenue | | | |
| Ministry funding | 2 | 714,705 | 714,705 |
| Expenses | | | |
| Service providers | | 643,365 | 637,897 |
| Chargeback – miscellaneous salaries and benefits | | 68,549 | 74,141 |
| Legal and survey expenses | | 2,791 | 2,667 |
| Total expenses | | 714,705 | 714,705 |
| Excess of eligible expenses over revenue | | — | — |

The accompanying notes to the Schedule are an integral part of this Schedule.

**The Regional Municipality of Niagara Homelessness
Partnering Strategy Program**

Notes to the schedule of revenue and expenses

March 31, 2019

1. Significant accounting policies

Basis of accounting

The Schedule has been prepared for the Ministry of Employment and Social Development Canada. The agreement between the Ministry of Employment and Social Development Canada and the Regional Municipality of Niagara requires the Schedule to be prepared in a manner consistent with generally accepted accounting principles ("GAAP"). Management of the Regional Municipality of Niagara has interpreted GAAP to be recognition and measurement principles in accordance with Canadian Public Sector Accounting Standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Management has further interpreted that GAAP does not include the presentation principles or the presentation of all financial statements and note disclosures required by GAAP for a complete set of financial statements.

Revenue and expenses

Revenues are reported on the accrual basis of accounting.

Expenses are recorded if they are eligible for the program and incurred in the period, except for employee future benefits.

Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

2. Ministry funding

This project commenced April 1, 2014 and will end March 31, 2019. Total maximum amount of the Ministry's contribution is \$3,141,055.

The maximum amount payable by the Ministry in each fiscal year of the project is:

| | \$ |
|------|------------------|
| 2015 | 476,470 |
| 2016 | 520,470 |
| 2017 | 714,705 |
| 2018 | 714,705 |
| 2019 | 714,705 |
| | <u>3,141,055</u> |

The total maximum amount of Canada's contribution was increased from \$2,426,350 to \$3,141,055 to support the Housing First Initiative and current transitional housing programs in 2017, 2018 and 2019.

Annual Reconciliation Report
The Regional Municipality of Niagara
Community Services Department
Community Support Service Program

December 31, 2018

| | |
|--|-----|
| Independent Auditor's Report | 1-2 |
| Annual Reconciliation Report | 3-8 |
| Note to the Annual Reconciliation Report | 9 |

Independent Auditor's Report

To the Members of Council of the Regional Municipality of Niagara, the Ontario Ministry of Health and Long-Term Care and the Hamilton Niagara Haldimand Brant Local Health Integration Network

Opinion

We have audited the accompanying schedules (ARRFin1 and ARRFin2) and the Proxy Pay Equity Reconciliation Report (excluding statistics and FTEs) of the Annual Reconciliation Report of the Regional Municipality of Niagara Community Services Department - Community Support Service Program (the "Program" or "Region") for the year ended December 31, 2018 and note to the schedules (collectively referred to as the "schedules").

In our opinion, the accompanying schedules of the Program for the year-ended March 31, 2019 have been prepared, in all material respects, in accordance with the financial reporting provisions in the guidelines in Chapters 3 and 4 of the Ontario Healthcare Reporting Standards and the Community Financial Policy (2016) issued by the Ontario Ministry of Health and Long-Term Care (the "guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Schedules* section of our report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the schedule in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the schedule, which describes the basis of accounting. The schedules are prepared to assist the Program in complying with the financial reporting provisions in the guidelines in Chapters 3 and 4 of the Ontario Healthcare Reporting Standards and the Community Financial Policy (2016) issued by the Ontario Ministry of Health and Long-Term Care. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedules

Management is responsible for the preparation of the schedules in accordance with the guidelines, and for such internal control as management determines is necessary to enable the preparation of the schedules that are free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Schedules

Our objectives are to obtain reasonable assurance about whether the schedules are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the schedules.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the schedules, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
Licensed Public Accountants
[date of audit report]

IDENTIFICATION

| | |
|-----------------------------|---|
| IFIS / Recipient # | 13115 |
| SRI Organization Code | 4165 |
| Report Name | 2018-19 Account Reconciliation Report |
| LHIN Name | Hamilton Niagara Haldimand Brant (Hnhb) |
| Service Provider Name | Regional Municipality Of Niagara |
| Service Provider Legal Name | Regional Municipality Of Niagara |

Service Provider Address

| | |
|-------------|--------------------------|
| Address 1 | 1815 Sir Isaac Brock Way |
| Address 2 | P.O. Box 1042 |
| City | THOROLD |
| Postal Code | L2V3Z3 |

| | |
|----------------------------|--------------------------------|
| HSP Contact Name | Jordan Gamble |
| HSP Contact Position | Program Financial Specialist |
| HSP Contact Phone Number | 905-685-4225, ext. 3815 |
| HSP Contact E-mail Address | jordan.gamble@niagararegion.ca |

Draft

TOTAL AGENCY

Form ARRfin 1- Total LHIN & Ministry Managed- Financial
Regional Municipality Of Niagara

| | | TOTAL HSP |
|---|--------|-----------|
| TABLE G: Total Agency Reporting | Line # | |
| Summary by Fund Type (Total Agency Financials) | | |
| Total Revenue Fund Type 1 | 115 | - |
| Total Expenses Fund Type 1 | 116 | - |
| Net Surplus/Deficit Fund Type 1 (Hospital) | 117 | - |
| Total Revenue Fund Type 2 (Above) | 118 | 7,114,638 |
| Total Expenses Fund Type 2 (Above) | 119 | 7,158,189 |
| Net Surplus/Deficit Fund Type 2 (Community Programs) | 120 | - 43,551 |
| Total Revenue Fund Type 3 | 121 | - |
| Total Expenses Fund Type 3 | 122 | - |
| Net Surplus/Deficit Fund Type 3 (Other) | 123 | - |
| Total Revenue for the Provider | 124 | 7,114,638 |
| Total Expenses for the Provider | 125 | 7,158,189 |
| Net Surplus/Deficit | 126 | - 43,551 |

| Form ARRRfin2 - LHIN Managed Programs Regional Municipality Of Niagara | | LHIN - CSS | | LHIN - SH | |
|---|--------|--|--|--|----------------------------------|
| Table B | Line # | 2018-19 Final | Comments (Max 255 Characters) | 2018-19 Final | Comments (Max 255 Characters) |
| Funding Initiative | | Select Funding Initiative (where applicable) | | Select Funding Initiative (where applicable) | |
| LHIN Cash Flow: | | | | | |
| Funding - Local Health Integrated Networks | 1 | 5,338,819 | reported for 2018 calendar year. Initial allocation of \$5,215,666 plus new base allocation for community paramedicine (\$123,151) | 800,028 | reported for 2018 calendar year |
| Funding - Provincial MOHLTC (Allocation) | 2 | - | | - | |
| | 3 | | Community Paramedicine Program Annual Funding (\$195,137) plus a ministry approved deferral at 2017/18 Q3 (\$24,933), Day and stay program funding (\$10,500) and ADP programs serving people with dementia (\$16,071) and Bill 148 funding (\$14,214) | 1,849 | Bill 148 |
| Funding - LHINs One Time | 4 | - | | - | |
| Funding - MOHLTC One Time | 5 | - | | - | |
| Sessional fee funding - LHIN | 6 | - | | - | |
| Sessional fee funding - MOHLTC | 7 | 5,599,674 | | 801,877 | |
| Total LHIN/MOHLTC funding as per cash flow | 8 | 701,891 | | - | |
| Service Recipient Revenue | 9 | 11,178 | | 18 | |
| Recoveries from External/Internal Sources | 10 | - | | - | |
| Donations | 11 | - | | - | |
| Other Funding Sources and Other Revenue | 12 | - | | - | |
| Other revenue adjustments (detailed comments required) | 13 | 713,069 | | 18 | |
| Total revenue adjustments | 14 | 6,312,743 | | 801,895 | |
| Total FUND TYPE 2 funding for settlement purposes | 15 | - | | - | |
| Deferred LHIN/MMP funding used to purchase capitalized items in the current year (Enter as Negative Amount) | 16 | - | | - | |
| Amortization of donation revenue and LHIN funding in the current fiscal year | 17 | - | | - | |
| Other Adjustments including LHIN/MOHLTC recovery (detailed comments required) | 18 | - | | - | |
| Total Revenue FUND TYPE 2 | 19 | 6,312,743 | | 801,895 | |
| EXPENSES- Fund Type 2 | | | | | |
| Compensation | | | | | |
| Salaries and Wages (Worked + Benefit + Purchased) | 20 | 3,368,985 | | 565,222 | |
| Benefit Contributions | 21 | 848,365 | | 140,324 | |
| Employee Future Benefit Compensation | 22 | - | | - | |
| Nurse Practitioner Remuneration | 23 | 132,074 | | - | |
| Medical Staff Remuneration | 24 | - | | - | |
| Sessional Fees | 25 | - | | - | |
| Service Costs | | | | | |
| Med/Surgical Supplies and Drugs | 26 | 4,578 | | 4,168 | |
| Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs) | 27 | 608,029 | | 67,668 | |
| Community One Time Expense | 28 | - | | - | |
| Equipment Expenses | 29 | 239,809 | | 6,151 | |
| Amortization on Major Equip and Software License and Fees | 30 | - | | - | |
| Contracted Out Expense | 31 | 946,049 | | 5,767 | |
| Buildings and Grounds Expenses | 32 | 209,098 | | 11,901 | |
| Building Amortization | 33 | - | | - | |
| TOTAL EXPENSES Fund Type 2 | 34 | 6,356,987 | | 801,201 | |
| Depreciation/Amortization of Capital Assets for the Program and Admin & Support | 35 | - | | - | |
| Total Capitalized Purchases and Services in current year | 36 | - | | - | |
| (CHC & Home Care purposes only) Inadmissible salary expenses | 37 | - | | - | |
| (CHC & Home Care purposes only) Less: Other adjustments | 38 | - | | - | |
| Total Expenses for Settlement Purposes | 39 | 6,356,987 | | 801,201 | |
| Less sessional fee expenses (Enter as Negative Amount) | 40 | - | | - | |
| Less one time expenses as per listing below (Negative sum of line 63 & 79) | 42 | 260,855 | | 1,849 | |
| Total operating expenses for settlement purposes | 43 | 6,096,132 | | 799,352 | |
| Operating Recovery | 44 | - | | 694 | |
| Sessional Fee Recovery | 45 | - | | - | |
| One Time Recovery | 46 | - | | - | |
| Total Settlement Recovery | 47 | - | | 694 | |
| TABLE C: One-Time Expenses | Line # | 2018-19 Final | Comments (Max 255 Characters) | 2018-19 Final | Comments (Max 255 Characters) |
| Capitalized purchases from One Time funding Section C-1 | | | | | |
| | 48 | - | | - | |
| | 49 | - | | - | |
| | 50 | - | | - | |
| | 51 | - | | - | |
| | 52 | - | | - | |
| | 53 | - | | - | |
| | 54 | - | | - | |
| | 55 | - | | - | |
| | 56 | - | | - | |
| | 57 | - | | - | |
| | 58 | - | | - | |
| | 59 | - | | - | |
| | 60 | - | | - | |
| | 61 | - | | - | |
| | 62 | - | | - | |
| Total One-time capitalized purchases from One-time funding | 63 | - | | - | |
| Operating expenses from One Time Funding Section C-2 | | | | | |
| | 64 | 260,855 | | 1,849 | |
| | 65 | - | | - | |
| | 66 | - | | - | |
| | 67 | - | | - | |
| | 68 | - | | - | |
| | 69 | - | | - | |
| | 70 | - | | - | |
| | 71 | - | | - | |
| | 72 | - | | - | |
| | 73 | - | | - | |
| | 74 | - | | - | |
| | 75 | - | | - | |
| | 76 | - | | - | |
| | 77 | - | | - | |
| | 78 | - | | - | |
| Total One-time operating expenses from One-time funding | 79 | 260,855 | | 1,849 | |

| | |
|--|--|
| Form ARRfin2 - LHIN Managed Programs Regional Municipality Of Niagara | |
|--|--|

| TABLE D: Operating Expenses | | Line # | LHIN - CSS | | LHIN - SH | |
|---|-----|--------|---------------|----------------------------------|---------------|----------------------------------|
| | | | 2018-19 Final | Comments (Max 255 Characters) | 2018-19 Final | Comments (Max 255 Characters) |
| Capitalized expenses Sourced from Operating Funding (Section D-1) (All capitalized items regardless of amount) | | | | | | |
| | 80 | - | | - | | |
| | 81 | - | | - | | |
| | 82 | - | | - | | |
| | 83 | - | | - | | |
| | 84 | - | | - | | |
| | 85 | - | | - | | |
| | 86 | - | | - | | |
| | 87 | - | | - | | |
| | 88 | - | | - | | |
| | 89 | - | | - | | |
| | 90 | - | | - | | |
| | 91 | - | | - | | |
| | 92 | - | | - | | |
| | 93 | - | | - | | |
| | 94 | - | | - | | |
| Total Capitalized expenses from Operating Funding | | 95 | - | | - | |
| Non- capitalized one-time expenses > \$5,000 Sourced from Operating Funding (Section D-2) | | | | | | |
| | 96 | - | | - | | |
| | 97 | - | | - | | |
| | 98 | - | | - | | |
| | 99 | - | | - | | |
| | 100 | - | | - | | |
| | 101 | - | | - | | |
| | 102 | - | | - | | |
| | 103 | - | | - | | |
| | 104 | - | | - | | |
| | 105 | - | | - | | |
| | 106 | - | | - | | |
| | 107 | - | | - | | |
| | 108 | - | | - | | |
| | 109 | - | | - | | |
| | 110 | - | | - | | |
| Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding | | 111 | - | | - | |
| Total One Time Expenses | | 112 | 260,855 | | 1,849 | |

| TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered) | | | |
|--|-----|------|------|
| # of Sessions Delivered (From Sessional Fees) | 113 | 0 | 0 |
| Calculated Cost Per Session | 114 | 0.00 | 0.00 |

PROXY PAY EQUITY ANNUAL REPORT

This form is to be completed by transfer payment organizations who receive proxy pay equity funding from the Ministry of Health and Long-Term Care, pursuant to the April 23, 2003 Memorandum of Settlement. It must be completed on an annual basis until an organization no longer has a pay equity obligation.

SECTION 1: BASIC PROGRAM INFORMATION

Name of Agency: Regional Municipality Of Niagara

Vendor #:

Reporting Period: from

to

Contact Person:

Phone:

SECTION 2: EXPENDITURE REPORT

Sources of Proxy Pay Equity Funds

Ministry of Health and Long-Term Care

\$

A

Other (Specify)

TOTAL

0.00

Expenditures

Actual Proxy Pay Equity Expenses

B

Surplus(Deficit)

0.00

A-B

Current Outstanding Liabilities

Total Number of Individuals Receiving Proxy Pay Equity

SECTION 3: CERTIFICATION

I, hereby certify that to the best of my knowledge the financial data is correct and it is reflected in the year-end settlement.

(Signature of Health Service Provider Authority)

Title:

Certification by Provider Fiscal 2018-19

Having the authority to bind the Health Service Provider, we certify that the information provided in ARRFIn1, ARRFIn2 and ARRFIn3 are complete and accurate

| | |
|----------------------------------|------|
| Regional Municipality Of Niagara | |
| <div></div> | |
| Name of Signing Officer | Date |
| Signing Officer*** | |
| <div></div> | |
| Title | |
| <div></div> | |
| Name of Signing Officer | Date |
| Signing Officer*** | |
| <div></div> | |
| Title | |

***I have the authority to bind the Health Service Provider

The Regional Municipality of Niagara Community Services Department
Community Support Service Program
Note to the Annual Reconciliation Report
 December 31, 2018

1. Significant accounting policies

Basis of accounting

These schedules have been prepared for the Ontario Ministry of Health and Long-Term Care and the Hamilton Niagara Haldimand Brant Local Health Integration Network. They are prepared in accordance with Canadian public sector accounting standards, except that they do not provide for employee future benefits and tangible capital assets are expensed as incurred. Since precise determination of many assets and liabilities is dependent upon future events, the preparation of periodic financial information necessarily involves the use of estimates and approximations. These have been made using careful judgments.

Revenue and expenses

Revenue is recognized as amounts become available and are measurable.

Expenses are recognized as they are incurred and measurable.

Capital assets

The historical cost and accumulated depreciation of capital assets are not recorded. Capital assets acquired are reported as expenditures and amortization is not reported on ARRFIn1 and ARRFIn2.

Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

Subject: Niagara Region Application for Built for Zero Canada

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 11, 2019

Recommendations

That council **ENDORSE** a Niagara Region application to participate in Built for Zero Canada, a campaign to end chronic homelessness.

Key Facts

- Built for Zero Canada (BFZ-C) is a Canadian movement, led by the Canadian Alliance to End Homelessness (CAEH), which supports participating Canadian communities to achieve a 'Functional Zero' end to chronic homelessness.
- A Functional Zero end to chronic homelessness is achieved when there are three or less people experiencing chronic homelessness in a given community, sustained over three consecutive months, as measured through a quality By-Name List (including single adults, youth and families).
- Niagara Region has been invited, through a targeted solicitation process, to submit an application by June 28, 2019 to be one of up to eight additional communities selected by CAEH to join the BFZ-C movement in the fall of 2019.
- Participation in BFZ-C would provide access to a variety of resources that would support Niagara Region to achieve a Functional Zero end to chronic homelessness, exceeding its required targets set by federal and provincial funders.
- An anticipated immediate direct cost of \$17,500 to participate in BFZ-C from September 2019 to June 2020 can be covered by the existing Homelessness Services budget.
- Program enhancements or additions to community based services that may be identified through participation in BFZ-C, or resulting budget implications, to achieve Functional Zero have not been included in this report as they would be determined through participation and would occur beyond the initial commitment period ending June 2020.

Financial Considerations

The anticipated immediate direct cost to Niagara Region to participate in Built for Zero Canada (BFZ-C) from September 2019 to June 2020 is \$17,500. This cost includes:

- Canadian Alliance to End Homelessness (CAEH) Fee – As a community with a population between 350,000-500,000, the fee for Niagara to participate in BFZ-C from September 2019 to June 2020 would be \$7,500.

- Cost for staff to attend in-person learning sessions outside of Niagara twice per year, with an estimated total cost of \$10,000.

It is expected that the immediate direct cost of participation can be covered by the existing 2019 Homelessness Services budget. Additional costs associated with key model components of BFZ-C are already included in the Homelessness Services budget and are financially supported by federal Reaching Home funding. These components include:

- Housing First approach
- Quality By-Name List
- Coordinated Access System, and
- Web-based homelessness information management system shared across homelessness services providers (HIFIS).

It should be noted that Homelessness Services is anticipating a 2020 budget pressure of an estimated \$800,000 to maintain existing service levels as provided during 2019.

The limited amount of provincial and federal funding Niagara receives for Homelessness Services remains a concern, with Niagara receiving amounts well below its comparators. Community Services continues to communicate, through its associations and with ministry staff, the ongoing needs of the Niagara community. For example, for 2019-2020, Niagara will receive \$9.2 million in provincial and federal funding, or 35.2% of Hamilton's allocation, (totaling \$26.1 million). For comparison, Niagara's population is 60% of that of Hamilton, and Niagara's social assistance caseload is 83% of that of Hamilton.

The cost of any program enhancements or additions to community based services that may be identified through participation in BFZ-C, to achieve Functional Zero have not been included in this report as they would be determined through participation and would occur beyond the initial commitment period ending June 2020. The associated costs would be considered as part of the 2021 budget process, should council decide to continue with the commitment.

As part of the application process, Niagara Region will be required to provide evidence of local investment that is committed to the objective of achieving a Functional Zero end to chronic homelessness. This requirement would be satisfied by the current levy contribution.

Analysis

Niagara Region has been invited, through a targeted solicitation process, to submit an application to participate in the Built for Zero Canada (BFZ-C) movement led by the Canadian Alliance to End Homelessness (CAEH). The application deadline is June 28, 2019. If successful, Niagara Region would be one of up to eight additional communities

selected by CAEH to join the BFZ-C movement in the fall of 2019. Communities will be selected based on their demonstrated interest and understanding of what it means to be involved in BFZ-C and the strength of their application. Preference will be given to communities who are Reaching Home Designated (in receipt of federal Reaching Home funding) and those applying to be Reaching Home Designated that have been invited to the targeted solicitation process.

The CAEH launched BFZ-C in March of 2019 with 24 participating communities from across Canada. Initial participation was open to communities which participated in the previous 20,000 Homes campaign. The current application process allows up to eight communities that were not part of 20,000 Homes to apply to be part of BFZ-C. After Niagara received an invitation to apply, staff from Homelessness Services participated in a webinar hosted by CAEH in April 2019 to learn about the process to apply to participate in BFZ-C as well as the cost and expectations of participation.

BFZ-C is based on the Built for Zero movement in the United States. The initiative is a rigorous national change effort working to help a core group of committed communities end chronic homelessness through a national effort that supports participating communities in developing real time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies. In the United States, three participating communities have measurably and sustainably ended chronic homelessness, more than 64 participating communities have achieved real time By-Name data on local homeless populations and more than 38 participating communities are driving measurable reductions in homelessness month over month.¹ In March 2019 the CAEH introduced the Built for Zero model to Canada in order to support participating Canadian communities to achieve a Functional Zero end to chronic homelessness by the end of 2022.

The Definition and Target of Functional Zero Chronic Homelessness

BFZ-C uses a specific measurable definition for a functional end to chronic homelessness:

Functional Zero chronic homelessness is achieved when there are three or less people experiencing chronic homelessness, sustained over three consecutive months, as measured through a quality By-Name List (including single adults, youth and families).

A Functional Zero end to chronic homelessness means that a community has a systematic response in place that ensures homelessness (unsheltered homeless, emergency sheltered homeless, provisionally accommodated or imminent risk of homelessness) is prevented whenever possible or is otherwise a rare, brief, and non-

¹ Built for Zero. (2019) Retrieved from <https://www.community.solutions/what-we-do/built-for-zero>

recurring experience. A strong community system has ample time to connect people to housing before they meet the chronic definition, which means a definitive zero (or very close) on chronic homelessness should be possible.

- *Homeless*: In the BFZ-C model everyone is considered “homeless” the day they ‘hit’ the streets;
- *Chronically homeless*: People are considered chronically homeless when they have gone without a home for more than 180 days in the past year, or 18 months in the past three years.

The definitions of homelessness and chronic homelessness used by BFZ-C closely reflect the Canadian definition of homelessness created by the Canadian Observatory on Homelessness (COH) and used by *Reaching Home: Canada’s Homelessness Strategy Directives*. BFZ-C follows the Government of Canada definition of chronic homelessness, although communities are encouraged to focus on housing people who are chronically homeless as well as those with the highest acuity of need. Niagara Region Homelessness Services has already adopted these definitions of homelessness.

The Federal government articulated in “*A Place to Call Home (2017)*” a target of reducing chronic homelessness among shelter users by 50% over ten years. The Province of Ontario has identified in its “*Long Term Affordable Housing Strategic Update (2016)*” a goal of ending chronic homelessness by 2025. The BFZ-C timeline for achieving a Functional Zero end to chronic homelessness is shorter than the Federal or Provincial timelines. BFZ-C communities will be expected to achieve and maintain a Functional Zero end to chronic homelessness by 2022.

Functional Zero is different from an absolute end to homelessness. An absolute end to homelessness refers to a true end to homelessness, where everyone has access to supports and appropriate housing so that no one becomes homeless (unsheltered homeless, sheltered homeless, or provisionally accommodated) or at risk in the first place. Communities that have achieved and are maintaining Functional Zero may still observe people “in the streets” that are either experiencing or perceived to be experiencing homelessness.

Benefits of Participation

Participating communities will receive a variety of coaching and learning opportunities tailored to their local context and current progress, including:

- Two annual in-person learning sessions
- On-site and virtual coaching
- An online resource package and toolkit and webinars
- Peer learning, knowledge sharing and support from other BFZ-C communities.

It is anticipated that the additional resources accessed through participation in BFZ-C would support Niagara Region to meet and exceed the Provincial target of ending chronic homelessness by 2025 and the Federal target of reducing chronic homelessness among shelter users by 50% by 2027.

Commitment and Expectations of Participating Communities

The initial commitment period is from September 2019 to June 2020. After that time, participating communities will have the first opportunity to renew for July 2020 to March 2022.

BFZ-C acknowledges that no one knows exactly what it will take to end chronic homelessness in Canada. Participating communities join a group of skilled solution-oriented problem-solvers who are interested in working together on this challenge. To be successful, the BFZ-C approach requires a certain collective mindset which includes a bias for action, willingness to grow, celebrating and learning from failures, focus on solutions, and commitment to do what it takes to end chronic homelessness.

Participating communities must commit to identify local leads, attend in-person learning sessions, submit monthly chronic homeless data, participate in monthly coaching, and submit quarterly scorecards while working towards a quality By-Name List and quality Coordinated Access System. Communities must also want to learn from and share with other participating communities. Communities must be committed to ending chronic homelessness (using the BFZ-C Functional Zero chronic homelessness definition).

Niagara Region is well-positioned to participate in the BFZ-C model. Homelessness Services has already implemented or is planning to implement the key system components shared by BFZ-C communities. Niagara Region's application will also require evidence of local investment that is committed to the objective of achieving a Functional Zero end to chronic homelessness. Investment can take the form of levy funding which council already contributes, social housing stock or community third party investment.

Alternatives Reviewed

If Niagara Region is unsuccessful in an application to participate in BFZ-C, Community Services would continue to implement the best practice components of a Built for Zero model without the additional support provided by the CAEH through BFZ-C.

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

Not applicable.

Prepared by:

Jeffrey Sinclair
Homelessness Action Plan Advisor
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

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



Mailing Address:
P.O. Box 344
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May 15, 2019

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

Dear Ms. Norio:

At their April 26, 2019 meeting, the Niagara Regional Housing Board of Directors, approved the following:

1. That Niagara Regional Housing (NRH) Board of Directors **RECOMMENDS** to Regional Council that NRH commit in principle to fund up to 25% of the proposed City of Niagara Falls development project for a combination of Rent Geared to Income (RGI) and Housing Allowance (H/A) units for 20 years (2022-2042).
2. That the CEO and NRH staff, subject to Council approving the forgoing recommendations, **BE DIRECTED** to investigate and recommend in a further report for final commitment.

Your assistance is requested in moving report NRH 6-2019, New Housing Allowance/Rent Supplement Initiative, through proper channels to Council for consideration.

Sincerely,

Mayor Walter Sendzik
Chair



REPORT TO: Board of Directors of Niagara Regional Housing

DATE: April 26, 2019

SUBJECT: New Housing Allowance / Rent Supplement Initiative

Recommendations

1. That Niagara Regional Housing (NRH) Board of Directors **RECOMMENDS** to Regional Council that NRH commit in principle to fund up to 25% of the proposed City of Niagara Falls development project for a combination of Rent Geared to Income (RGI) and Housing Allowance (H/A) units for 20 years (2022-2042).
2. That the CEO and NRH staff, subject to Council approving the forgoing recommendations, **BE DIRECTED** to investigate and recommend in a further report for final commitment.

Key Facts

- The City of Niagara Falls is in the process of working with the Niagara Region on a public procurement process to seek out developers to provide affordable housing. Subject to a request for proposal (RFP), they hope to partner with a developer to build up to an estimated 200 unit building that will provide affordable housing. The City of Niagara Falls is requesting a 20-year funding commitment from NRH which will allow NRH to administer RGI or H/A to 25% of the housing units gaining some valuable housing stock. They are requiring this commitment from NRH in order to partner with the Niagara Region as only the Niagara Region can designate housing as an Municipal Capital Facility.
- The current Rent Supplement program is funded partly through federal funding for the federal providers but mainly through Regional Levy for the private landlords.
- NRH currently administers RGI units that are provided by Non-Profit Providers under a Federal Program and provides a mortgage subsidy to those providers. As those mortgages mature, the Federal Operating Agreements with those providers are expiring (End of Operating Agreement (EOA)), thereby freeing those providers of any obligation to continue to provide RGI subsidies.
- The existing Housing Allowances (HA) program as administered by NRH provides funding directly to the landlord. The housing allowance values are

established by NRH and funded by the Federal and Provincial governments under various programs. Commitments to private landlords range between 2 to 5 years.

- NRH is at risk of losing 169 RGI Units with Federal Housing Providers reaching End of Operating Agreement (EOA) by the year 2022. Although some will enter into new agreements with NRH, NRH expects to continue to lose rent supplement and housing allowance units as some private landlords opt out of agreements or request a reduction of units upon vacancy. To replace these units, NRH will have to find new landlords to continue to provide the number of units to meet service level standards.
- Funding for the 20 year commitment is proposed to be drawn from the existing and forecasted budget for the rent supplement program that is being increased in anticipation of the EOAs under the Federal Program.
- Niagara Region has a proposal going to Council to have approval for staff to be able to partner with the City of Niagara Falls to develop a public process to solicit competitive bids for a not for profit partner in order to provide an affordable housing development. The intent of the development proposal is to offer a number of financial incentives in order to incent the private construction of affordable housing rental units at an overall lower or equal cost to that of construction by the Region.

Financial Considerations

The proposed commitment will provide monthly subsidy to the private landlord of the City of Niagara Falls development. NRH will commit to providing funding for up to 20 years. The monthly subsidy amounts will be the same as those offered through the existing Federal, Provincial and Regional Programs (currently average approximately \$620 per month per unit), but we are estimating a rate of up to \$400 per month per unit as we will be using Maximum shelter for OW and ODSP clients.

As outlined in the 'Analysis' section below, funding for the new program is expected to be drawn from the existing and forecasted budget related to those units that are currently provided under the Federal Provider program and existing private landlords exiting the programs. As the Federal Housing Providers reach their EOAs, NRH is budgeting additional funding as part of the NRH-funded rent supplement program in an effort to continue the relationship with those providers to preserve social housing stock in Niagara. As some of the existing providers will choose not to continue to participate, new solutions are required to mitigate any resulting pressure on the wait list.

Subject to the negotiated RFP, if the City of Niagara Falls is approved for up to the estimated 200 unit development, NRH would be committing up to 25% of the housing units or 50 units to be kept under the CMHC average market rent. These units could

receive up to \$400 per month for the 20 year period. As such, the total annual commitment from NRH for these units could be up to \$240,000 per year. These monthly payments are anticipated to start in 2022.

This amount will be funded by reallocating funding from the rent supplement program. On average, each year approximately 35% of the units with Federal providers that have reached their End of Operating Agreements with the program have been identified by the landlords as not available for NRH's rent supplement program.

Analysis

The City of Niagara Falls development project is working on a proposal to work with the Niagara Region on a public procurement process to seek out developers to provide affordable housing. There is a report going on May 8, 2019 to Corporate Services Committee In order to proceed with the development, the City of Niagara Falls has requested a commitment from NRH for financial support towards affordable units. A 20-year commitment has been requested, in part to establish a positive cash flow for the project and to target the Region's affordable housing shortage.

With the foreseeable end to some of the providers operating agreements, NRH will lose valuable housing stock for their significant waiting list. In order to address this challenge, NRH staff are recommending the Board to approve in principle to fund up to 25% of the City of Niagara Falls and Niagara Region development in order to ensure that these units will remain affordable for the next 20 years and can keep a stable stock.

Funding for the units is expected to be drawn from the existing and forecasted operating budget related to NRH funding for Rent Supplement Units. This approach allows the new units to be initiated within the previously proposed budget levels for NRH, and more efficiently utilizes approved funding to address wait times.

NRH is currently negotiating with providers in the Federal program where operating agreements are coming to an end. The goal of these negotiations is to develop a new relationship with the providers to try to preserve current affordable social housing stock. NRH has currently incorporated into its proposed 2019 budget and forecast increases to the Rent Supplement line to cover rent-supplement costs formerly funded by the Federal government and the providers.

Alternatives Reviewed

The Niagara Regional Housing Board could not approve the commitment to agree in principle to fund up to 25% of the units in the City of Niagara Falls and Niagara Region development. However, this is one of the ways that NRH is able to ensure that the supply of affordable housing remains sustainable due to the number of providers with operating agreements ending in the next few years.

Alternatively, a new NRH New Development Housing Allowance (NDHA) Program was approved by NRH and Council in 2017 for the Bethlehem Housing and Support Services for the funding of 20 units of the development as part of the new Development Housing Allowance Program at monthly rates of \$250/unit for singles and \$300/unit for families for a period of 20 years. NRH could agree in principle under this NDHA program.

Relationship to NRH and/or Council Strategic Priorities

The proposed recommendation to support the City of Niagara Falls new development project is in line with the NRH Board of Directors proposed Strategic Plan 2019 – 2023 and commitment to Regional Council's focus on Niagara as a "healthy community that supports a safe, healthy, diverse, culturally rich community where people of all ages and incomes enjoy a high quality of life".

Other Pertinent Reports

None

Submitted by:

Approved by:

Donna Woiceshyn
Chief Executive Officer

Walter Sendzik
Chair

This report was prepared by Donna Woiceshyn, Niagara Regional Housing CEO in consultation with Stephanie Muhic, Program Financial Specialist.

Subject: Supportive Housing – Human Trafficking Safe House Pilot

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 11, 2019

Recommendations

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

Key Facts

- Public Safety Canada defines human trafficking as "the recruitment, transportation, harbouring and/or exercising control, direction or influence over the movements of a person in order to exploit that person, typically through sexual exploitation or forced labour. It is often described as a modern form of slavery."
- Despite a well-recognized need, currently Niagara does not have a human trafficking safe house, a recommended resource to support victims of human trafficking.
- In an effort to clearly quantify local need, for the last six months the YWCA Emergency Shelters have identified five to six survivors of human trafficking presenting each month in need of emergency shelter and crisis supports necessary to successfully exit this dangerous situation.
- The planned safe house pilot (up to two years) will support six to eight young women at any given time.
- The safe house pilot is a partnership initiative between the YWCA and the Niagara Regional Native Centre, with Niagara Region funding 50% of the costs, leveraging the Provincial Home for Good supportive housing funding.
- The safe house pilot will provide safe housing and programming to young women fleeing or exiting their exploitive situation. The house will be staffed 24 hours a day, seven days a week and have a peer worker on staff.

Financial Considerations

The Regional share of the operating funding for the safe house pilot would be financed through the Provincial Home for Good supportive housing funding envelope. In the event that sustainable funding is not secured at the conclusion of the pilot, the clients would be transitioned into the YWCA Home for Good build, estimated to be completed in January of 2021, to ensure continuity of service, however the additional programming provided through the safe house pilot would be discontinued.

Analysis

Background

The Niagara region is a well-known hub in Canada for human trafficking. Shae Invidiata, founder of *Free-Them* (an anti-human trafficking advocacy group) states that Ontario's Golden Horseshoe accounts for 75% of all human trafficking cases in Canada, with Niagara, Stoney Creek, Grimsby, Ancaster, and Hamilton identified as major hot spots.

In the last fiscal year, YWCA Niagara's drop-in program for sex trade workers supported 140 individual women, of which 80% stated that they were initially trafficked as young girls.

The YWCA documented 134 disclosures of human trafficking in the 2018-2019 year. Victim Services Niagara made 49 referrals for trafficked individuals.

In addition, the YWCA has seen an increase in individuals accessing shelter as a response to fleeing a trafficking situation. Previously, one or two people every few months requested assistance, however over the past six months the average has increased to five to six survivors accessing YWCA emergency shelter every month. It should be noted this does not include data from Niagara's domestic violence shelters.

The YMCA in Hamilton has a Youth in Transition worker (for anti human trafficking), funded by the Ministry of Children, Community and Social Services, supporting the geography of Hamilton, Brantford and Niagara. The chart below represents the age demographics of the 33 clients identified in Niagara that have presented, since work commenced in December of 2017. All 33 clients have identified as having been trafficked for the purpose of sexual exploitation. Clients are largely from the communities of St. Catharines, Niagara Falls and Port Colborne.

| AGE | NUMBER OF CLIENTS |
|--------------|-------------------|
| 15 | 5 |
| 16 | 7 |
| 17 | 2 |
| 18 | 4 |
| 19 | 3 |
| 20 | 3 |
| 21 | 1 |
| 22 | 2 |
| 23 | 3 |
| 24 | 1 |
| Other | 2 |
| TOTAL | 33 |

Service offerings to support young victims of human trafficking are almost exclusively available outside of the Niagara region. Unfortunately, as a result, Niagara youth are often choosing to go without supports or incomplete supports, as they are choosing to remain in Niagara even when arrangements for services could be made in alternative cities.

Opportunity

Through a recognition of urgent need and a spirit of collaboration, the YWCA and the Niagara Regional Native Centre have established a partnership strategy to operate an, up to two-year, safe house pilot, designated for young women exiting human trafficking. Niagara Region Community Services is contributing to this initiative by leveraging Home for Good operating funding temporarily available during the construction phase of the new Home for Good supportive housing units by the YWCA. Home for Good supportive housing includes intensive case management, addictions support, occupational therapy, access to mental health services and housing allowances. In addition, Community Services will provide data support and continued offering of human trafficking awareness training to the homelessness system and other agencies who may interact with victims.

The pilot program will provide clients with: on-site, trauma informed support staffing 24 hours a day, seven days week; culturally appropriate healing; and supportive housing services available through Home for Good, as noted above. The safe house will offer physical security and monitoring to ensure clients are safe and can actively participate in programs allowing them to recover and transition into independent living.

During the pilot, Niagara Region Community Services, YWCA, the Niagara Regional Native Centre and other local agencies will continue to collect data on the incidence of human trafficking in Niagara to support proposals and advocacy with the province to secure ongoing funding for this important service.

In the event sustainable funding is not secured, the pilot will be concluded upon occupancy of the new YWCA build, estimated for January 2021, and clients can be transferred to the new build and programming associated with human trafficking supports will conclude.

Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

None

Prepared by:

Cathy Cousins, CPA, CA
Director
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Kayla De Pauw, Program Financial Specialist.

Subject: Niagara Prosperity Initiative 2019 Update

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 11, 2019

Recommendations

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

Key Facts

- Since 2008 (COM 53-2008) Regional Council has authorized staff to invest \$1.5 million annually towards Niagara Prosperity Initiatives (NPI).
- NPI focuses on neighbourhood-based interventions to help build capacity and improve the quality of life for residents living in poverty.
- This report provides information on NPI projects approved in 2019.
- Twenty-four projects from 22 agencies across Niagara were approved for funding with service impacts anticipated to include:
 - 11,582 people served
 - 784 jobs created and filled by people who live in poverty
 - \$285,714 in revenue generated from social enterprise projects.

Financial Considerations

An investment of \$1.5 million for NPI is included in the 2019 Community Services Operating Budget. Of the \$1.5 million, \$150,000 is allocated to the Convener (Niagara Community Foundation) and Secretariat (United Way Niagara) functions to support the administration and stakeholder engagement associated with this initiative. Returned funds from previously completed projects plus interest earned allowed an additional \$114,617 (total \$1,464,617) for allocation through the 2019 Request for Proposal (RFP) process.

Analysis

NPI focuses on neighbourhood based interventions and development to increase prosperity for Niagara residents living in poverty. The goals of NPI are as follows:

- To guide and direct investments on identified initiatives to alleviate poverty in neighborhoods across Niagara;
- To advocate for change that will reduce and prevent poverty in the community;
- To develop and enhance collaborative relationships between stakeholders; and
- To engage people living in poverty in meaningful ways to ensure that investments reflect need.

Through community engagement in 2017, four priority areas of need were identified and used for the 2018 and 2019 RFP process.

1. **Housing** (outreach, homelessness prevention, enhancing accessibility and improved stability);
2. **Health** (mental health, addictions, emotional health and wellbeing for children, dental needs for adults and sustainable access to healthy food);
3. **Employment** (social enterprises and working with Niagara's businesses to create secure jobs that pay a living wage); and
4. **Neighbourhood / Community Empowerment** (creating a sense of belonging and engagement in community, increased self-advocacy and creating leaders)

The 2019 RFP was issued February 4th and closed March 1st. Forty-two applications, with a total funding request of \$4,957,105, were received. Of the 36 agencies that requested funding, seven had never received NPI funding in the past.

Niagara Region approves funding applications based on the recommendations of an independent Review Committee. Review committee members for 2019 included three Regional Councillors (B. Greenwood, L. Ip, L. Villella); three members from Niagara's non-profit sector; two Niagara Region Community Services employees (Children's Services and Mental Health Services); one retired District School Board of Niagara teacher; one Brock University employee; one Niagara College employee and one member of the public currently living in poverty in Port Colborne. Two assessors reviewed each proposal independently, and then the group discussed funding recommendations throughout March and April 2019.

The criteria for assessment matched the proposal criteria and scoring as well as a list of review considerations which were used to assist in deciding if the proposal is recommended or not recommended. After all proposals were discussed, the group completed their final approval and corresponding proposed budget recommendations. United Way Niagara finalized contracts based on these recommendations and a list of the approved projects by neighbourhood is attached as Appendix A.

Twenty-four proposals from 22 agencies were approved totaling \$1,464,617 in funding. Below is a distribution summary of the investments. There are 24 projects; however, some projects are taking place in multiple communities.

| Projects Approved | | \$ (Contracted) | % of Funding |
|-------------------|---|-----------------|--------------|
| Regional | 8 | \$714,120 | 48.8% |
| St. Catharines | 8 | \$313,239 | 21.4% |
| Welland | 6 | \$171,449 | 11.7% |
| Niagara Falls | 5 | \$131,017 | 8.9% |
| Port Colborne | 3 | \$41,709 | 2.8% |
| Fort Erie | 1 | \$9,928 | 0.7% |

| | | | |
|--------------|---|--------------------|------|
| Grimsby | 1 | \$35,000 | 2.4% |
| Wainfleet | 1 | \$7,920 | 0.5% |
| West Lincoln | 1 | \$40,235 | 2.8% |
| | | \$1,464,617 | |

Each proposal sets out its anticipated service impacts. Based on estimates from the approved projects:

- 11,582 people will be served
- 784 jobs created and filled by people who live in poverty
- \$285,714 in revenue generated from social enterprise projects.

Within the four streams of funding, five projects are under Housing, nine projects are under Health, five projects are under Employment and five projects are under Neighbourhood / Community Empowerment.

| Types of Projects | \$ | % | # of Projects |
|------------------------------------|-----------|--------------------|----------------------|
| Housing – Outreach | \$115,196 | 7.9% | 1 |
| Housing – Improved Stability | \$39,576 | 2.7% | 1 |
| Housing – Prevention | \$142,466 | 9.7% | 3 |
| Health – Mental Health Outreach | \$202,697 | 13.8% | 3 |
| Health – Wellbeing for Children | \$180,389 | 12.3% | 3 |
| Health – Healthy Food | \$88,468 | 6.0% | 2 |
| Health – Dental Needs for Adults | \$184,192 | 12.6% | 1 |
| Employment – Social Enterprises | \$261,021 | 17.8% | 5 |
| Neighbourhood – Sense of Belonging | \$165,630 | 11.3% | 4 |
| Neighbourhood – Creating Leaders | \$84,982 | 5.9% | 1 |
| | | \$1,464,617 | 24 |

NPI projects can be funded for one or two years. In 2019, 23 projects are funded for one year and one project is funded for two years. Project funding for 2019 cannot go beyond April 2021.

Research Study

In 2018, Niagara Region's Social Assistance & Employment Opportunities division obtained funding of \$476,763 from the province's Local Poverty Reduction Fund (LPRF) for a three-year research project.

This funding, in partnership with Brock University, will develop an updated report outlining the state of poverty in Niagara using data from the 2016 census, provide analysis on the impacts, outcomes, and efficacy of NPI, and offer recommendations on best practices moving forward. A part of the review will include an assessment of the evaluation

methodology used by NPI to measure project outcomes. To date, key areas of focus for Brock's research team have been a communication strategy, literature reviews, interviews with NPI funded project leads and analysis of NPI service users' testimonials. Early research findings will be used to inform the 2020 RFP process.

Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

COM 04-2008 A Legacy of Poverty Addressing Cycles of Poverty and the Impact on Child Health in Niagara Region
COM 44-2011 Niagara Prosperity Initiative Update (*Building a New Legacy: Building Prosperity by Improving the Quality of Neighbourhood Life*)
COM C 6-2017 Local Poverty Reduction Fund Application
COM 04-2019 Niagara Prosperity Initiative Update and Request for Review Committee Members

Prepared by:

Lori Watson
Director
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

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

Appendices

Appendix A List of approved 2019 NPI projects and agencies

Page 6

Appendix A – 2019 Niagara Prosperity Initiatives

Regional

| Agency | Project Name | Project Description | Funding Stream | Contract |
|---|--|--|---------------------------------|-----------|
| Gateway Residential & Community Support Services. | Niagara Outreach Worker | Two street Outreach Workers will provide mobile services and supports to some of our communities' most vulnerable and disadvantaged citizens. Outreach Workers will establish a presence, build rapport, assess need and provide or connect services to people who are at urgent risk of becoming homeless and those who are chronically or persistently homeless. | Housing – Outreach | \$115,196 |
| Canadian Mental Health Association Niagara | Mental Health and Addictions Coach Project | CMHA Niagara and Community Addiction Services Niagara are collaborating with YWCA Niagara shelters to employ full-time Mental Health & Addiction Coaches. The Coaches support individuals in YWCA shelters who are experiencing mental health and addiction issues that interfere with their ability to find and maintain housing and employment, and help them develop a connection to their community. | Health – Mental Health Outreach | \$136,037 |
| John Howard Society of Niagara | Strengthening Families for the Future | This Canadian best practice project supports families and children who may be at risk for mental health issues and substance use. The program includes individual sessions followed by family sessions and include role-play and interactive activities to promote problem solving and communication skills. Families learn healthy strategies/improve family dynamic. | Health – Children | \$53,262 |
| Community Care St. Catharines and Thorold | Brushed Aside 2019 | This project provides access to dental care services and dentures for adults in need of treatment. Community Care is the lead agency working with five partners across Niagara leveraging resources and accepting referrals from other community agencies and services. | Health - Dental | \$184,192 |
| Employment Help Centre | Niagara Community Garden Makers Program | In collaboration with Start Me Up Niagara, this project offers an employment skills training program and market gardening social enterprise for youth and adults. Clients will gain employment training, experience, practical skills, create marketable products, develop self-esteem and cultivate social support networks through community gardening. | Employment – Social Enterprise | \$35,264 |
| Heartland Forest Nature Experience | Employ-Ability Skills for Adults with Disabilities | Heartland Forest is offering structured and goal-oriented work experience programs for adults with intellectual and developmental disabilities through development of employability skills and exploration of social procurement strategies. Working with local businesses and seniors' homes will leverage participant skills into a self-sustaining program. | Employment – Social Enterprise | \$65,533 |
| Niagara Furniture Bank | Niagara Furniture Bank Training and Skill Development Centre | The Niagara Furniture Bank warehouse is used as a "classroom" for Start Me Up Niagara (SMUN) clients. Training options include warehouse logistics, warehouse maintenance, inventory, janitorial, fleet maintenance, woodworking repair and reception/scheduling. The training is supported by an onsite job developer provided by SMUN employment centre. | Employment – Social Enterprise | \$53,064 |

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|------|-------------|--|--------------------------------|----------|
| RAFT | Fresh Paint | This social enterprise project provides at-risk youth opportunities to work with experienced contractors to complete unit turnover preparation for Niagara Regional Housing. This requires youth to clean, repair, and paint units. Youth will be paid competitive wages and gain employment experience/training, while working with Youth Reconnect to ensure healthy life decisions and support to remain housed and connected to their community. | Employment – Social Enterprise | \$71,572 |
|------|-------------|--|--------------------------------|----------|

St. Catharines

| Agency | Project Name | Project Description | Funding Stream | Contract |
|-------------------------------|-----------------------------------|---|---------------------------------|----------|
| Start Me Up Niagara | The Niagara Rooming House Project | Assisting landlords and tenants with practical support to ensure issues that negatively impact tenancy in single room occupancy dwellings are addressed. By supporting individuals with complex needs and/or mental health concerns, the goal is to reduce evictions and maintain the availability of single room occupancy dwellings as part of housing stock. | Housing – Prevention | \$55,231 |
| Westview Christian Fellowship | Westview @ Night | This project offers support to sex trade workers and those struggling with addiction by providing a nutritious hot meal, supplies (fem. protection, condoms, etc.), clothing, advocacy and a safe place to share concerns. This project offers services without judgment to women who often fall between the cracks and struggle with acceptance. | Health – Mental Health Outreach | \$13,200 |
| Strive Niagara | Moving Forward | To provide unique, trauma-informed, customized individual / group interventions including information, education/skills building, referral and expert support to teenage parents. Participants will experience greater immediate stabilization and improved outcomes for long-term success through early intervention to break the generational poverty cycle. | Health – Children | \$23,862 |
| Links for Greener Learning | The Good Food Box | The Good Food Box project aims to increase the use of fresh food in daily meals. Our priority is to reach communities with barriers to accessing fresh and affordable produce by providing low cost and high value monthly fresh produce boxes to households. | Health – Food | \$9,928 |
| Food4Kids Niagara | Weekends Without Hunger | Building on current model, this project will expand the weekend program to reach an additional 60 children in four schools that are experiencing food insecurity. Economically vulnerable children will have their basic nourishment needs met by increasing access to healthy foods and reducing barriers to access of food on a consistent basis. | Health – Food | \$12,943 |
| Southridge Shelter | Southridge Jam Company | This social enterprise produces and sells small-batch jams and jellies while providing individuals who are transitioning from homelessness with stability, purpose and positive momentum from job and life skills training. Profits from the social enterprise contribute to funding of Niagara's largest provider of homelessness services. | Employment – Social Enterprise | \$35,588 |

| | | | | |
|-------------------------------|-----------------------|--|------------------------------------|----------|
| Westview Christian Fellowship | Westview Centre4Women | Westview Centre4Women opens doors and reduces isolation for women living in poverty through workshops, mentoring, compassion and advocacy. Services include hot meals, pantry access, laundry services, literacy classes, education, employment / housing support, haircuts, hygiene, free clothing, income tax classes, field trips and many other services. | Neighbourhood – Sense of Belonging | \$77,506 |
| Westview Christian Fellowship | Community Champions | This train-the-trainer project invites local experts from the community to teach participants to become future "Community Champions" who will in turn assist other participants. By bringing their life experience and knowledge, the "Community Champions" will provide support and connection to increase the capacity of the Westview Centre4Women to delivery quality service. | Neighbourhood – Creating Leaders | \$84,982 |

Welland

| Agency | Project Name | Project Description | Funding Stream | Contract |
|---|-----------------------------------|--|---------------------------------|----------|
| Welland Heritage Council and Multicultural Centre | Housing Coordinator | The Housing Coordinator will serve newcomer clients to facilitate the housing transition into permanent housing. The project will reduce the risk of newcomers falling into precarious housing or homelessness by providing intake support, promoting self-reliance, educating about housing/renting in Canada, and supporting clients through the process of finding, securing, and maintaining stable housing. | Housing – Stability | \$39,576 |
| The Hope Centre | Return 2 Hope Counselling Program | This project will offer free, high quality counselling service to individuals without access to affordable mental health services. Group and individual counseling sessions will be offered by a registered psychotherapist and is essential to successfully facilitating growth and change to reduce the impact of past trauma and other root causes of homelessness. | Health – Mental Health Outreach | \$53,460 |
| Strive Niagara | Moving Forward | To provide unique, trauma-informed, customized individual / group interventions including information, education/skills building, referral and expert support to teenage parents. Participants will experience greater immediate stabilization and improved outcomes for long-term success through early intervention to break the generational poverty cycle. | Health – Children | \$23,862 |
| Centre de santé communautaire Hamilton / Niagara | Youth Summer Sports Camp- YSSC | This free sports camp will increase the emotional health and wellbeing for Francophone children aged 7 to 13 from low-income families. The safe and inclusive project will be offered over an eight-week period and will include healthy snacks, lunches prepared by the participants with our dietitian, sports fundamentals, structured outings, yoga, meditation. | Health – Children | \$31,680 |
| Links for Greener Learning | The Good Food Box | The Good Food Box project aims to increase the use of fresh food in daily meals. Our priority is to reach communities with barriers to accessing fresh and affordable produce by providing low cost and high value monthly fresh produce boxes to households. | Health – Food | \$9,928 |

| | | | | |
|----------------------|----------------------------|---|---------------|----------|
| Food4Kids Niagara | Weekends Without Hunger | Building on current model, this project will expand the weekend program to reach an additional 60 children in four schools that are experiencing food insecurity. Economically vulnerable children will have their basic nourishment needs met by increasing access to healthy foods and reducing barriers to access of food on a consistent basis. | Health – Food | \$12,943 |
|----------------------|----------------------------|---|---------------|----------|

Niagara Falls

| Agency | Project Name | Project Description | Funding Stream | Contract |
|--|-----------------------------------|--|------------------------------------|----------|
| Project SHARE of Niagara Falls Inc. | Intensive Case-management | An Intensive Case Facilitator specializing in mental health and addictions will help chronically homeless individuals find stable housing. They will work one-on-one to address the needs of clients with multiple barriers to provide support, accountability, community referrals and advocate for the client in their search for stable housing. | Housing – Prevention | \$52,235 |
| Strive Niagara | Moving Forward | To provide unique, trauma-informed, customized individual / group interventions including information, education/skills building, referral and expert support to teenage parents. Participants will experience greater immediate stabilization and improved outcomes for long-term success through early intervention to break the generational poverty cycle. | Health – Children | \$23,862 |
| Links for Greener Learning | The Good Food Box | The Good Food Box project aims to increase the use of fresh food in daily meals. Our priority is to reach communities with barriers to accessing fresh and affordable produce by providing low cost and high value monthly fresh produce boxes to households across Niagara. | Health – Food | \$9,928 |
| Food4Kids Niagara | Weekends Without Hunger | Building on current model, this project will expand the weekend program to reach an additional 60 children in four schools that are experiencing food insecurity. Economically vulnerable children will have their basic nourishment needs met by increasing access to healthy foods and reducing barriers to access of food on a consistent basis. | Health – Food | \$12,943 |
| Third Space Cafe | Building Community on Queen | This social enterprise builds community and provides an inclusive workplace for those who face barriers to employment because of physical, cognitive, and invisible disabilities. Through our suspended coffee program, customers can pay-it-forward to give free food or drink to anyone in need. | Neighbourhood – Sense of Belonging | \$32,050 |

Port Colborne

| Agency | Project Name | Project Description | Funding Stream | Contract |
|-------------------|----------------|---|-------------------|----------|
| Strive Niagara | Moving Forward | To provide unique, trauma-informed, customized individual / group interventions including information, education/skills building, referral and expert support to teenage parents. | Health – Children | \$23,862 |

| | | | | |
|--|-------------------|---|------------------------------------|---------|
| | | Participants will experience greater immediate stabilization and improved outcomes for long-term success through early intervention to break the generational poverty cycle. | | |
| Links for Greener Learning | The Good Food Box | The Good Food Box project aims to increase the use of fresh food in daily meals. Our priority is to reach communities with barriers to accessing fresh and affordable produce by providing low cost and high value monthly fresh produce boxes to households. | Health – Food | \$9,928 |
| Community Living Port Colborne Wainfleet | With My Friends | "With My Friends" is an opportunity for children, from low income families to attend summer camps at Heartland Forest, I CANTER or YMCA in July and August 2019. Children at camp will increase self-confidence and self esteem, decrease isolation and improve communication skills. | Neighbourhood – Sense of Belonging | \$7,920 |

Fort Erie

| Agency | Project Name | Project Description | Funding Stream | Contract |
|----------------------------|-------------------|---|----------------|----------|
| Links for Greener Learning | The Good Food Box | The Good Food Box project aims to increase the use of fresh food in daily meals. Our priority is to reach communities with barriers to accessing fresh and affordable produce by providing low cost and high value monthly fresh produce boxes to households. | Health – Food | \$9,928 |

Grimsby

| Agency | Project Name | Project Description | Funding Stream | Contract |
|-------------------------|---------------------------|--|----------------------|----------|
| Grimsby Benevolent Fund | Rental Assistance Service | The Rental Assistance Service provides eligible, low-income households with assistance to help with monthly rent payments in the private market. The program provides one-time rent assistance for people facing eviction and subsidy for people paying more than 30% of their total income on rent. | Housing – Prevention | \$35,000 |

Wainfleet

| Agency | Project Name | Project Description | Funding Stream | Contract |
|--|-----------------|---|------------------------------------|----------|
| Community Living Port Colborne Wainfleet | With My Friends | "With My Friends" is an opportunity for children, from low income families to attend summer camps at Heartland Forest, I CANTER or YMCA in July and August 2019. Children at camp will increase self-confidence and self esteem, decrease isolation and improve communication skills. | Neighbourhood – Sense of Belonging | \$7,920 |

West Lincoln

| Agency | Project Name | Project Description | Funding Stream | Contract |
|--------|----------------------------|---|------------------------------------|----------|
| Fort | Helping West Niagara Youth | The FORT will continue to offer free after-school and summer programming, resources, and guidance in Smithville. This project will build on effective programs in West Lincoln that help youth stay in school, get jobs, or receive support with mental health and crisis intervention. | Neighbourhood – Sense of Belonging | \$40,234 |

Subject: Homelessness Services Report 2018
Report to: Public Health and Social Services Committee
Report date: Tuesday, June 11, 2019

Recommendations

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

Key Facts

- This report provides information regarding Homelessness Services' activities and metrics for 2018 and planned activities for 2019.
- 2018 saw continued efforts to improve services for clients, improve alignment with evidence-informed practices and achievement of performance target outcomes.
- In 2018, Niagara housed 68 additional homeless individuals through Housing First programming, and operated a total of 168 Housing First units (rent supplements plus client supports).
- Home for Good is a permanent supportive housing program for those chronically homeless with complex needs based on Housing First principles. In 2018, Niagara housed 30 homeless individuals through this intensive support program.
- In 2018, approximately 70 homeless households moved into transitional housing to receive supports and help to find permanent housing.
- Consistent with Canadian practice, implementation of a shared federal database (Homeless Individuals & Families Information System (HIFIS)) continued among service providers, to improve and streamline client service, as well as capture client and service use data.
- In 2018, Niagara implemented two pilot programs in emergency shelters to further assess the level of acuity and respond to the complex needs of clients: one for children and families, and one for adults. A third pilot project related to landlord engagement continued in 2018 with promising results.

Financial Considerations

The activities highlighted in this report were provided within the 2018/19 fiscal funding envelopes. Homelessness Services is primarily funded by the Ministry of Municipal Affairs and Housing (MMAH) (\$8,286,923 - 77.4% (which includes Community Homelessness Prevention Initiative (CHPI) and Home for Good funding)), the federal Homelessness Partnering Strategy (\$714,705 – 6.7%) as well as Regional levy (\$1,703,561 -15.9%).

The limited amount of provincial and federal funding Niagara receives for Homelessness Services remains a concern, with Niagara receiving amounts well below its comparators. Community Services continues to communicate, through its associations and with ministry staff, the ongoing needs of the Niagara community. For example, for 2019-2020, Niagara will receive \$9.2 million in provincial and federal funding, or 35.2% of Hamilton's allocation, (totaling \$26.1 million). For comparison, Niagara's population is 60% of that of Hamilton, and Niagara's social assistance caseload is 83% of that of Hamilton.

Homelessness Services is anticipating a 2020 budget pressure of an estimated \$800,000 to maintain existing service levels as provided during 2019.

Analysis

Community Services operationalizes the Region's provincially mandated responsibilities as the Consolidated Municipal Service Manager (CMSM) for the homelessness system in Niagara. Its key responsibility is service system planning and administration for the homelessness system, and it operates under rules established by the MMAH. The Region also receives federal funding under the Homelessness Partnering Strategy (now known as *Reaching Home*) and is identified as the local Community Entity for this funding.

Homelessness services are delivered by 22 community agencies through purchase of service contracts with Niagara Region. The types of homelessness services align with the Council approved priorities of outreach, supported transitional housing, Housing First, emergency shelters, and homelessness prevention, and with approaches recommended in the province's *Long Term Affordable Housing Strategy*.

Service system management includes establishing and maintaining relationships with community agencies and others to set priorities and identify gaps. Administrative responsibilities include allocating resources to meet local needs including setting and implementing accountability structures to manage and deliver an outcome-focused service system.

Homelessness Services Data

The Homelessness Services division and community agencies have been working diligently to improve the availability and quality of operational metrics to better understand local needs and support improved service planning, including continued work to leverage additional data opportunities within the homelessness services system.

Through the continued implementation of HIFIS across Niagara's homelessness services system, staff are seeking to modernize our local system, improving coordinated services for client and supporting the development of an evidence-informed system.

HIFIS is a web-based homeless management information system created by the federal government and is available at no cost to Niagara Region (for the software).

Beginning in 2017, staff at funded community agencies were trained to enter basic client demographics into HIFIS. Following this, emergency shelter staff were trained to capture the admission and stay details of clients in addition to basic demographics. In the past six months, work and further training has been underway to begin capturing all services received by clients through funded projects, as well as housing history (including experiences of unsheltered homelessness, couch surfing, etc.), and further demographics (e.g., income source, highest level of education, etc.). These three phases of implementation are illustrated in Table 1.

Table 1.

| Phase 1 (complete) | Phase 2 (complete) | Phase 3 (current) |
|--|---|---|
| <ul style="list-style-type: none"> • Basic demographics (e.g., name, DOB, veteran status, Indigenous identity, citizenship) | <ul style="list-style-type: none"> • Basic demographics • Admissions (i.e. shelter book-ins/book-outs) • Client Assessments (used by Home for Good occupational therapist) | <ul style="list-style-type: none"> • Basic demographics • Admissions • Assessments • Enhanced demographics • Case management • Housing placement • Client benefits and services used • Safety flags |

With a few exceptions, most client information in HIFIS is shared across providers within Niagara's homelessness services system, facilitating better coordination of services between staff/providers at different community agencies, as well as with Regional staff.

In addition, HIFIS supports the extraction of raw data and reports, simplifying the collection of data for local service planning purposes and for reporting to funders. These capabilities will be implemented starting in the second half of 2019.

Homelessness Services Metrics and Outcomes

Based on emergency shelter system data, there are on average 22 households, at any given time, with chronic emergency shelter use histories (i.e. more than 180 cumulative days in shelter over the previous 12 months). A further 60 or so households have emergency shelter stays between 100 and 179 cumulative days over the previous 12 months.

While helpful to understand local need, these are under estimates of the real extent of chronic homelessness in Niagara, which should include individuals who have experienced homelessness in addition to, or outside of, the emergency shelter system (e.g. couch surfing, tenting). Results from Niagara's most recent Point-in-Time Count

(March 2018) indicated that 128 survey respondents self-identified more than 180 days of homelessness in the previous year (excludes those staying in transitional housing on the night of the Count). This year's inclusion of outreach clients in HIFIS will improve the identification of those who are chronically homeless and help in our targeted efforts to support this complex population.

Housing First

Niagara Region's Housing First (HF) program has been operating since 2014, providing housing placement services, case management supports and rent supplements to support individuals experiencing chronic and/or episodic homelessness to achieve housing stability long-term. Results to date are shown in Table 2. At their six-month milestone, 83% of clients were housed and active in the HF program or had successfully exited Housing First. At 12 months, **this rate was 78%**.

Table 2.

Table 2:

| HF Program Status | Outcome | | At 6 Months | | At 12 Months | |
|-------------------|----------------------------------|----------------------|-------------|------|--------------|------|
| Active | Still housed | Original placement | 149 | 67% | 102 | 52% |
| | | Subsequent placement | 20 | 9% | 28 | 14% |
| | Waiting for subsequent placement | | 21 | 9% | 12 | 6% |
| Discharged | Exited to homelessness | | 5 | 2% | 6 | 3% |
| | Exited successfully | | 15 | 7% | 23 | 12% |
| | Exited for other reasons | | 14 | 6% | 26 | 13% |
| Total | | | 224 | 100% | 197 | 100% |

Another outcome measured as part of the Housing First program is social and economic participation. To date in the 2018/19 fiscal year, 21 clients increased their income (e.g. they began receiving ODSP instead of OW), 22 clients began paid employment, 30 clients began an education program or participated in job skills, and 54 clients participated in volunteer work, a positive social experience, and/or recreational/cultural activities. **These results are considered to be quite positive within the Housing First model.**

Home for Good

At the end of 2017, Niagara Region received Home for Good (HFG) funding to add 40 community-based supportive housing placements for individuals experiencing chronic, Indigenous, or youth homelessness, or homelessness following exit from a provincial institution. Clients of this program receive similar but enhanced case management supports, as in Housing First, with a reduced caseload ratio for support workers due to more complex needs, plus the provision of mental health services, addictions services,

and occupational therapy, as needed. Results to date are shown in Table 3. At six months, 19 out of 24 clients (79%) were housed and active in the HFG program.

Table 3.

| HFG Program Status | Outcome | | At 6 Months | |
|--------------------|----------------------------------|----------------------|-------------|------|
| Active | Still housed | Original placement | 14 | 58% |
| | | Subsequent placement | 5 | 21% |
| | Waiting for subsequent placement | | 1 | 4% |
| Discharged | | | 4 | 17% |
| Total | | | 24 | 100% |

Participants of HF and HFG often have multiple challenges including mental health issues, physical health issues, addictions, and trauma. In many cases, individuals have not been housed for a period of years, and require a multi-level approach to maintaining housing. Niagara Region will be expanding both Home for Good and Housing First in 2019 and 2020 to continue to respond to those with the most complex needs and extensive periods of homelessness.

The Home for Good Program included an assessment for all clients utilizing the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool). A score of eight or greater (out of 17) means the individual has high and complex needs and is appropriate for supportive housing. The clients assessed for the Home for Good program all scored over 10.

Construction funding was also received under the provincial Home for Good program, for 23 additional purpose-built supportive housing units, with the Port Colborne build completion expected in the fall of 2019 and the St. Catharines build to be complete in the spring of 2021.

Additional homelessness services metrics for the period 2016 to 2018 are shown in Table 4.

Table 4.

| INITIATIVE | 2016 | 2017 | 2018 |
|---|------|------|------|
| Emergency Shelter – number of unique households accessing shelter | 1682 | 1641 | 1835 |
| Emergency Shelter – number of unique households where head of household is 50 or over | 409 | 379 | 428 |
| Emergency Shelter – number of unique households where family size is four or greater | 48 | 49 | 41 |
| Transitional Housing – number of unique households accessing service | 426 | 444 | 451 |

| INITIATIVE | 2016 | 2017 | 2018 |
|--|-------|-------|-------|
| Housing First – number of unique households placed in year | 41 | 85 | 68 |
| Homelessness Prevention programs (e.g., housing help) – number of unique households served | 1848 | 1997 | 2162 |
| Average number of visits by the top 60 shelter users | 16.7 | 18.6 | 22.2 |
| Average number of days in a shelter by the top 60 shelter users | 164.2 | 181.8 | 185.1 |
| Number of households visiting shelter 4-6 times | 229 | 160 | 190 |
| Housing Stability Plan – number of unique households receiving a Housing Stability benefit | N/A | 3306 | 3615 |
| Housing Stability Plan – average value of housing stability benefits issued (e.g., rent arrears, last month's rent deposit, moving expenses) | N/A | \$705 | \$738 |

Homelessness System Continuous Improvements

In order to further investigate and address specific needs identified within the homelessness system, three important pilot projects were undertaken in 2018. The Social Worker Shelter pilot and the Early Years pilot began in 2018 and the Landlord Engagement pilot continued through 2018, and was extended to March 31, 2020.

Social Worker Shelter Pilot

Through a partnership with Niagara Region's Mental Health program, a clinical social worker was hired to administer a number of formal mental health and addictions assessments to shelter clients identified as having at least 60 days of homelessness over the course of the last 120 days. In many cases it was noted that these clients were incarcerated, in treatment, hospitalized, or couch surfing before presenting in a homeless shelter. The goal of this pilot project is to better understand the needs of this population to inform service offerings going forward, identify broader service gaps and to support requests for service enhancements or future funding applications.

While most clients have been very willing to speak with the social worker, developing the rapport and trust necessary to conduct the assessments takes a lot of time. In most cases, the social worker has many interactions with clients before even one assessment can be completed. Assessments are administered to identify symptoms and indications of mental health issues, vulnerability, acuity of need, alcohol and drug history and dependence, previous treatment history, etc. To date, the social worker has completed at least one assessment with 49 individuals, and has completed all assessments with 18 individuals.

This project is providing a wealth of information and insights about clients, over and above their assessment scores. Early indications in the shelter pilot suggest a strong prevalence of concurrent disorders (addictions and mental health disorders) and many

individuals presenting with severe and chronic addiction. It has been observed that there are also higher levels of developmental and personality disorders present.

Early Years Pilot

Through a partnership with Niagara Region Children's Services, a children's resource consultant is on-site, on a part-time basis, within the YWCA's emergency shelters to support positive child and family outcomes of vulnerable families (particularly those with children ages 0-6).

Acting as an integrated case management team, shelter staff, Ontario Works hostel workers, and the resource consultant, work with families and their children to identify housing, income, employment and child development needs/concerns, as well as opportunities to work collaboratively to enable positive outcomes (through sharing of information, case-conferencing, etc.).

Several successes of this pilot have occurred to date:

- The YWCA's Niagara Falls shelters have established designated play areas for children to use while they are staying in shelter.
- The resource consultant has helped shelter clients access licensed childcare and summer camp spaces in 2019.
- A fee subsidy worker is available to go to shelter sites, upon request, to assist families with their childcare assistance applications, eliminating the barrier of having to go to Regional headquarters for an appointment.

Landlord Engagement Pilot

In the context of a very limited rental housing market, the goal of this pilot project is to develop relationships with landlords in order to house more clients from the homelessness system. The primary emphasis was originally on Home for Good clients but the service has also been extended to Housing First and shelter clients, and lately off-site transitional housing programs have started requesting support.

In 2018, the Landlord Engagement Specialist (LES) secured 26 units of safe, suitable housing in good condition, for clients experiencing homelessness. This is a very positive result in the current market, where landlords are receiving numerous applications for any available unit.

Another important focus of this pilot is to support successful tenancies for clients with a history of frequent evictions and substantial episodes of homelessness. This is accomplished by working closely with landlords, tenants/clients, and client case managers (e.g. through eviction prevention, mediation, etc.), as well as through community engagement and education efforts (e.g. landlord / tenant rights and responsibilities, how to engage landlords, etc.).

Since the beginning of this pilot project, only two tenancies receiving LES support were unsuccessful. In both cases, relationships with the landlords were preserved and the housing units were retained for other homelessness services clients.

Other activities undertaken in 2018 to support continuous improvement within the homelessness service system and drive outcomes related to the reduction of local homelessness include:

- Homelessness System Review
- Home for Good capital builds (Gateway eight units and the YWCA 15 units)
- Capacity training for system agencies (human trafficking awareness, Residential Tenancies Act)
- Housing First training through the Canadian Alliance to End Homelessness (CAEH).

Enhancements planned or started for 2019:

- Increase number of Housing First units
- Homelessness Services System Review implementation, including development of KPI's and targets, redesign of outreach services and housing help support
- Case management training
- Enhanced assertive outreach services
- Housing First training/accreditation
- Planning for 2020 enumeration in the form of a registry week (Point-in-Time Count)
- System procurement for the 2020-2022 system contracts
- Youth shelter diversion pilot
- Human trafficking safe house pilot
- Commence implementation of the quality By- Name list (aligned with federal *Reaching Home* requirements)

Commence work on coordinated access system (aligned with federal *Reaching Home* requirements).

Alternatives Reviewed

Not Applicable.

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

- COM 15-2019 HHAP Update 2018
- COM 10-2019 Homelessness Services System Review

- COM 01-2019 Community Homelessness Prevention Initiative Investment Plan 2019-20
- COM 16-2018 Homelessness Point-in-Time Count Report
- COM 08-2018 Homelessness Services Report 2017
- COM 16-2017 Emergency Shelter Expression of Interest (EOI) Award Results.

Prepared by:

Kristina Nickel, BSc
Program Evaluation and Data Advisor
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

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

Subject: Seniors Services Quality Improvement Report 2018/2019

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 11, 2019

Recommendations

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

Key Facts

The purpose of this report is to provide Committee and Council with highlights of quality initiatives and outcomes in 2018 as well as in the first quarter of 2019 in Senior Services. Areas of focus in this quality update include:

- Indicator Analysis – Falls Prevention
- Resident Satisfaction Survey 2018 Results
- Quality Improvement Plans
- Best Practices Spotlight Organization (BPSO) Designation with the Registered Nurses Association of Ontario (RNAO)

Key Metrics for 2019 are provided in Appendix 1.

Financial Considerations

The activities highlighted in this report were funded within the 2018 and 2019 approved operating budgets. The Ministry of Health and Long-Term Care (MOHLTC) and the Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) are the primary sources of funding for the Seniors Services division. Other funding sources include user fees and regional levy.

Analysis

Indicator Analysis – Falls

In the fall of 2018, Long-Term Care (LTC) homes received supplemental funding from the MOHLTC to support the falls program. A per diem of \$100 was received per resident (e.g. 80 bed home received \$8,000) to purchase equipment to:

- prevent falls
- reduce injuries
- promote mobility and
- help prevent a decline in functional status in the residents.

Niagara Region's LTC homes purchased a range of items in support of decreasing falls including chair alarms, bed alarms, coloured call bell cords (to enhance visibility for residents) and non-slip socks. These strategies help to enhance resident safety and quality of life as well as preventing residents from needing to go to the hospital due to falls. Falls prevention is a key program in Seniors Services as seniors are at a high risk of falls related to acuity and cognitive impairment. The Seniors Services falls prevention program focuses not only on reducing falls but also more importantly, on reducing injuries resulting from falls.

Seniors Services tracks two metrics related to falls to track the effectiveness of the falls prevention program.

Percentage of residents who have fallen in the last 30 days: this is a measure of the percentage of residents who sustained a fall in the last 30 days.

The average of the eight homes is 18.25%, slightly higher than the provincial average of 16.25%. This may in part be attributed to the fact that the relative acuity of residents is also higher across our eight homes than the provincial average (i.e. the relative adjusted provincial acuity average is 100 and the rate for Niagara Region homes is 104.04). The homes will be leveraging the equipment purchased through the supplemental funding to further enhance the effectiveness of the falls program and decrease overall falls.

Percentage of residents with new fractures: this is a measure of the percent of residents who sustained a fracture in the last 30 days.

The average of the eight homes is 0.79%, slightly better than the provincial average of 2.1%.

Resident Satisfaction Survey

In accordance with Ministry requirements, Seniors Services annually issues satisfaction surveys to residents and families. To improve the value of the survey a small quality improvement group worked in consultation with the Region's Internal Control and Organization Performance team to review and streamline the survey tool. The resultant survey includes 31 standardized questions and was issued to residents and families in both paper and electronic formats.

The revised survey maintains questions consistent with Municipal Benchmarking Network Canada to ensure that Seniors Services can continue to compare performance data with other municipal homes.

The surveys issued in December 2018 showed an overall satisfaction rate of 95% among residents and family members. This level of satisfaction has been consistent for the last three years.

The areas where residents and families rated the homes most favourably include:

- Residents are treated with compassion and respect by staff (98%),
- Residents would recommend the home and organization to others (97%) and
- Residents feel safe living in our homes (96%).

Areas identified for improvement included quality of food and snacks (84% satisfaction score) and physician helpfulness (87% satisfaction score). Action plans have been developed by home Administrators in consultation with the Residents Councils and Family Councils to enhance the resident and family satisfaction in these areas.

Each home has posted the results of the survey on their Resident and Family information board and has reviewed the results with the Resident and Family councils.

Quality Improvement Plans

Seniors Services is required under the HNNB LHIN Long-Term Care Homes Accountability Agreement (LSAA) and Health Quality Ontario (HQP) to submit an annual Quality Improvement Plan. This plan focuses on key metrics aligned with provincial priorities. These measures include Resident Experience (resident and family satisfaction survey results and action plans), complaints acknowledged in a timely manner, palliative care needs (working in collaboration with the Nurse Led Outreach Team and Hospice Niagara), and emergency room avoidance (working in collaboration with Niagara Health to minimize transfers to acute care when possible).

Seniors Services has developed plans that include specific targets and actions that reflect the Ministry of Health's improvement priorities in collaboration with each home's Quality Committee and Quality Improvement Program. The homes will be working on these plans throughout 2019 and will implement change ideas to move their key performance indicators toward identified targets.

The plans support safe, efficient and resident centered care and are available to the public.

Best Practices Spotlight Organization (BPSO) Designation with Registered Nurses Association of Ontario (RNAO)

The Best Practices Spotlight Organization Designation is a voluntary initiative, through the Registered Nurses Association of Ontario. Participating organizations, reflecting a desire to leverage best practice wherever possible, strive for continuous improvement and provide the highest level of care for residents, applied through a request for proposals process. The Seniors Services RNAO BPSO journey began in 2016 in three of the Long-Term Care homes: Deer Park Villa, Rapelje Lodge and Woodlands of Sunset. The group was committed to implementing three Best Practice Guidelines (BPG's) in partnership with RNAO over a three-year period. The team completed a gap

analysis and were able to engage and train frontline staff in the methodology of RNAO BPG's. The teams worked collaboratively to improve nursing leadership skills, skin and wound care, and pain assessment over this period across all eight LTC homes. The team successfully received official designation of Best Practice Spotlight Organization in April of 2019 by completing all RNAO requirements across all eight homes. The group will continue to improve and transform nursing practice in Seniors Services through knowledge translation by completing two other RNAO guidelines over the next two years. The areas of focus include care transitions and diversity in health care best practice guidelines.

Alternatives Reviewed

Not Applicable

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

| | |
|-------------|---|
| COM 7-2019 | Seniors Services Quality Improvement Report Sept. – Dec. 2018 |
| COM 19-2018 | Seniors Services Quality Improvement Report Jan. – March 2018 |
| COM 4-2018 | Seniors Services Quality Improvement Report Oct. – Dec. 2017 |

Prepared by:

Henri Koning
Director, Community Services

Recommended by:

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

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Jordan Gamble, Program Financial Specialist.

Appendices

Appendix 1

Seniors Services Report Card 2018 – 2019

Page 5

| Measures | Definition | 2018 Q4 | 2019 Q1 | 2019 Q2 | 2019 Q3 |
|--|---|------------|------------|------------|------------|
| Seniors Long-Term Care Home Metrics | | | | | |
| Cognitive Impairment | This metric provides a percentage of residents whose diagnosis includes dementia, other than Alzheimer's or related neurologic diseases after the resident assessment has been completed. | 66.7 | 67.21 | | |
| Resident Satisfaction Survey | This metric provides a measure of the residents' perception of the services and overall rating of a great place to live. The resident satisfaction survey is issued annually. The 2017 MBN median for upper-tier municipalities was 95%. In 2017 for all 8 Niagara Region LTC was 95% | 95% | | | |
| Pressure Ulcers | This is a measure of the # of worsened stage 2-4 pressure ulcers documented on their target assessment and the stage of pressure ulcer is greater on their target assessment than on their prior assessment (Prov. Avg. 2.6%) | 3.7 | 3.73 | | |
| Outbreaks | The resident home area may be declared in outbreak by Public Health if two or more residents residing in the same resident home area have two or more consistent infectious symptoms (2017 total was 18) | 1 | 4 | | |
| % of Resident who have fallen in the last 30 days | This is a measure of the % of residents who sustained a fall in the last 30 days recorded on their target assessment. (Prov. Aver. 16.25%) | 17.25 | 18.25 | | |
| % of Residents with New Fractures | This is a measure of the % of residents who sustained a fracture during this quarter on their most recent assessment. This total includes any fracture that may occur. The goal is to minimize all fractures. (Prov. Aver. 2.1%) | 1.74 | 0.79 | | |

| Seniors Community Programs | | | | | |
|---|--|------|------|--|--|
| Number of unique individuals served in 2018 | Individual is counted once in a calendar year regardless of the number of services one individual may be accessing | 1682 | 1698 | | |
| % satisfied with overall services | Average across all SCP programs | 97% | | | |
| # of complex case consultations | Multi-agency collaboration is required to support the diverse needs of the individual in developing a community plan of support/care | 10 | 23 | | |

MEMORANDUM**PHD-C 02-2019**

Subject: Accountability Indicators
Date: May 5, 2019
To: Public Health and Social Services Committee
From: Diane Vanecko, Director, Organizational and Foundational Standards Division

The Public Health Funding and Accountability Agreement, which sets out the obligations of the Board of Health (BOH) and the Ministry of Health and Long-Term Care (MOHLTC) contains a series of reporting requirements.

The Public Health Accountability Framework (see Appendix A) articulates the requirements to hold the Board of Health (BOH) accountable and transparent for the implementation of the [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#) (July 2018). Accountability across four domains (delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice) is supported by three measures:

1. Accountability documents which includes organizational requirements and the Ministry-BOH accountability agreement;
2. Planning documents which includes the BOH strategic plan and BOH annual service plan and budget submission; and
3. Reporting documents, which includes performance reports outlining program achievements/outcomes and an annual report defining delivery and compliance with various legislative requirements.

This memo outlines a component of the reporting documents: accountability indicators.

In 2017, the MOHLTC reduced the requirements to an essential set of monitoring indicators to minimize the impact of the release of the new Standards. Accountability indicators are set and reviewed annually by the MOHLTC. There are 15 monitoring indicators that are organized into two areas: health promotion and health protection that are based on the Standards. The two health promotion indicators focus on chronic disease and the 13 health protection indicators focus on food safety, water safety, infectious diseases, and vaccine preventable diseases. If targets are not achieved, Board of Health may be required to submit a performance report, outlining the cause of the issue and the steps that the Board of Health plan to undertake in order to improve performance.

Niagara Region Public Health complied with all 15 performance indicators for 2017, which are summarized below. The reporting period is January 1, 2017 to December 31, 2017 unless otherwise indicated.

Respectfully submitted and signed by

Diane Vanecko, RN, BScN, MBA
Director, Organizational and Foundational Standards
Public Health & Emergency Services

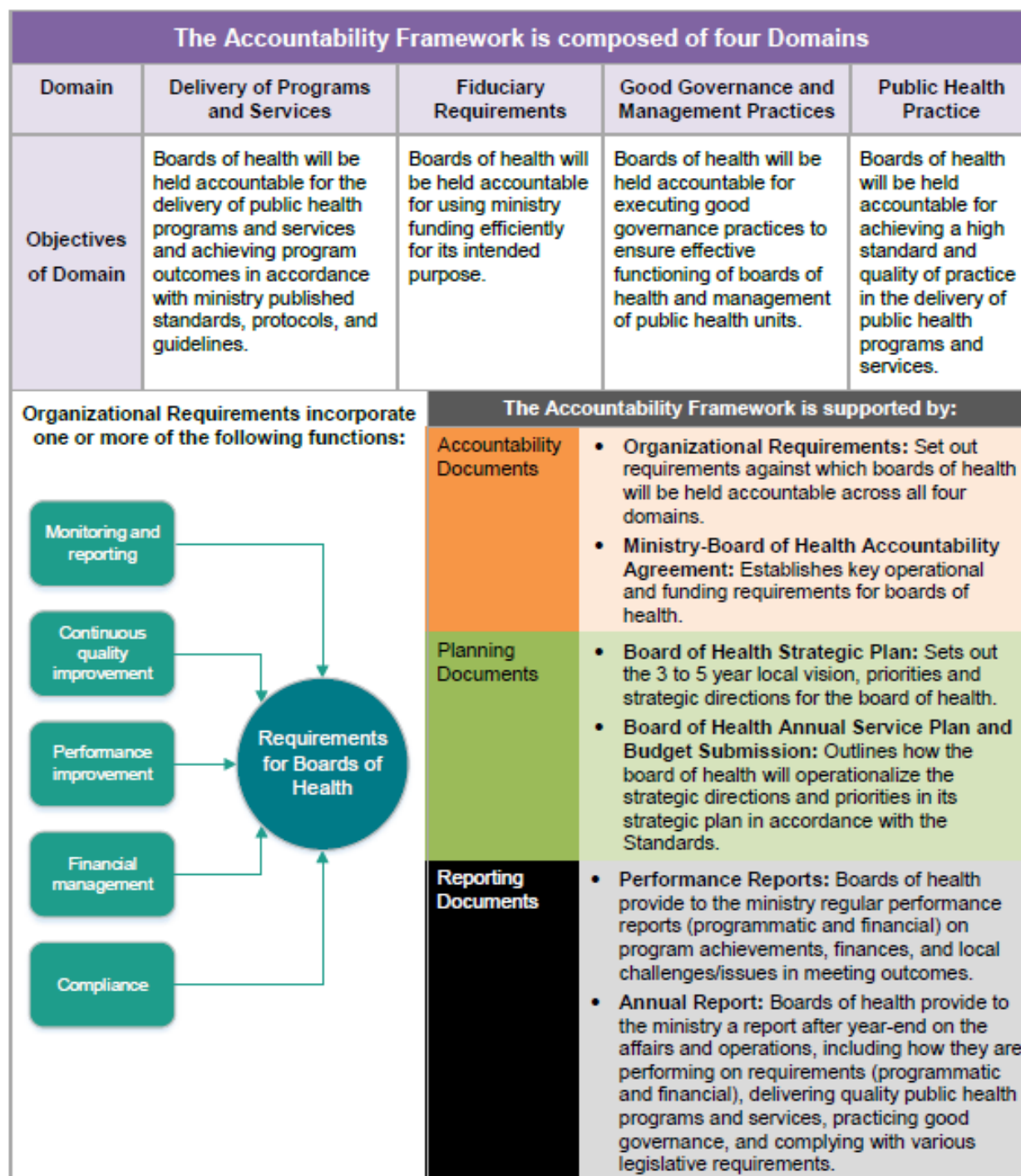
2017 Year-End Indicator Summary Table: Health Promotion & Protection Indicators

| # | Indicator | Reporting Period | Numerator | Denominator | Performance | Target (%)/ Monitoring/ Baseline | Performance /Compliance Report Required |
|-----|--|----------------------------|-----------|-------------|-------------|--|--|
| 1.4 | % of tobacco vendors in compliance with youth access legislation at the time of last inspection | Jan 1, 2017 – Dec 31, 2017 | 379 | 399 | 95.0% | Monitoring | No |
| 1.7 | % of tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA) | Jan 1, 2017 – Dec 31, 2017 | 399 | 400 | 99.8% | Monitoring | No |
| 2.1 | % of high-risk food premises inspected once every 4 months while in operation | Jan 1, 2017 – Dec 31, 2017 | 932 | 932 | 100.0% | Monitoring | No |
| 2.3 | % of Class A pools inspected while in operation | Jan 1, 2017 – Dec 31, 2017 | 47 | 47 | 100.0% | Monitoring | No |
| 3.1 | % of personal services settings inspected annually | Jan 1, 2017 – Dec 31, 2017 | 725 | 725 | 100.0% | Monitoring | No |
| 3.6 | % of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines | Jan 1, 2017 – Dec 31, 2017 | 139 | 178 | 78.1% | Monitoring | No |

| # | Indicator | Reporting Period | Numerator | Denominator | Performance | Target (%)/ Monitoring/ Baseline | Performance /Compliance Report Required |
|-----|---|----------------------------|-----------|-------------|-------------|--|--|
| 4.1 | % of HPV vaccine wasted that is stored/administered by the public health unit | Jan 1, 2017 – Dec 31, 2017 | 40 | 9,232 | 0.4% | Monitoring | No |
| 4.3 | % of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection | Jan 1, 2017 – Dec 31, 2017 | 395 | 395 | 100.0% | Monitoring | No |
| 4.4 | % of school-aged children who have completed immunizations for hepatitis B | Jan 1, 2017 – Dec 31, 2017 | 3,193 | 4,534 | 70.4% | Monitoring | No |
| 4.5 | % of school-aged who have completed immunizations for HPV | Jan 1, 2017 – Dec 31, 2017 | 2,712 | 4,534 | 59.8% | Monitoring | No |
| 4.6 | % of school-aged children who have completed immunizations for meningococcus | Jan 1, 2017 – Dec 31, 2017 | 3,923 | 4,534 | 86.5% | Monitoring | No |
| 4.7 | % of MMR vaccine wastage | Jan 1, 2017 – Dec 31, 2017 | 573 | 7,500 | 7.6% | Monitoring | No |
| 4.8 | % of 7 or 8 year old students in compliance with the ISPA | Jan 1, 2017 – Dec 31, 2017 | 4,408 | 4,527 | 97.4% | Monitoring | No |

| # | Indicator | Reporting Period | Numerator | Denominator | Performance | Target (%)/ Monitoring/ Baseline | Performance /Compliance Report Required |
|------|--|-------------------------------|-----------|-------------|-------------|--|--|
| 4.9 | % of 16 or 17 year old students in compliance with the ISPA | Jan 1, 2017 – Dec 31, 2017 | 4,484 | 4,790 | 93.6% | Monitoring | No |
| 4.10 | % of influenza vaccine wasted that is stored/administered by the public health unit and healthcare providers | Jan 1, 2017 – Dec 31, 2017 | 8,841 | 139,420 | 6.3% | Monitoring | No |

Appendix A: The Public Health Accountability Framework



Niagara Regional Housing

1815 Sir Isaac Brock Way, PO Box 344, Thorold, ON L2V 3Z3
Telephone: 905-682-9201 Toll-free: 1-800-232-3292
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www.nrh.ca

May 24, 2019

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

Dear Ms. Norio:

At their May 24, 2019 meeting, the Niagara Regional Housing Board of Directors, passed the following motion as recommended in attached report NRH 7-2019:

That Niagara Regional Housing Quarterly Report January 1 to March 31, 2019 be APPROVED and FORWARDED to the Public Health and Social Services Committee and subsequently to Regional and Municipal Councils for information.

Your assistance is requested in moving report NRH 7-2019 through proper channels to Regional Council.

Sincerely,



Mayor Walter Sendzik
Chair

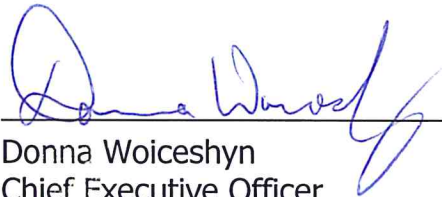


Q1 (January 1 to March 31, 2019) to Board of Directors

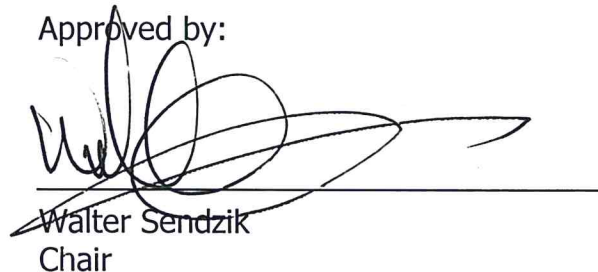
Recommendation:

That Niagara Regional Housing Quarterly Report January 1 to March 31, 2019 be APPROVED and FORWARDED to the Public Health and Social Services Committee and subsequently to Regional and Municipal Councils for information.

Submitted by:


Donna Woiceshyn
Chief Executive Officer

Approved by:


Walter Sendzik
Chair

Directors:

Walter Sendzik, Chair
Regional Councillor
St. Catharines

James Hyatt, Vice-Chair
Community Director
St. Catharines

Karen Blackley, Secretary
Community Director
Thorold

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

Betty Ann Baker
Community Director
St. Catharines

Barbara Butters
Regional Councillor
Port Colborne

Tom Insinna
Regional Councillor
Fort Erie

Betty Lou Souter
Community Director
St. Catharines

Leanne Villella
Regional Councillor
Welland

HIGHLIGHTS:



VISION

That the Niagara community will provide affordable, accessible and quality housing for all residents

MISSION

To expand opportunities that make affordable housing an integral part of building healthy and sustainable communities in Niagara

As the administrator of social housing for Niagara Region, Niagara Regional Housing (NRH) works to fulfill our vision and mission through six main areas of responsibility:

1. [Public Housing \(NRH Owned Units\)](#)
2. [Non-Profit Housing Programs](#)
3. [Rent Supplement Program](#)
4. [Affordable Housing Program](#)
5. [Service Manager Responsibilities](#)
6. [Housing Access Centre and Centralized Waiting List](#)



Definitions can be found in the attached Reference Sheet.

1. Public Housing (NRH Owned Units)

DAY-TO-DAY MAINTENANCE:

In Q1, **2,500 work orders** were issued, representing \$820,955.20. \$32,587.37 of this amount was charged back to tenants who were held responsible for damages.

| | 2018-Q1 | 2018-Q2 | 2018-Q3 | 2018-Q4 | 2019-Q1 |
|--------------------------------|---------|---------|---------|---------|---------|
| # of work orders issued | 2,566 | 2,768 | 3,216 | 3,203 | 2,500 |

Work order volume for 2019-Q1 is consistent with 2018-Q1.

CAPITAL PROGRAM:

The Capital Program is responsible for maintaining the Public Housing (NRH Owned Units) asset and planning for future sustainability.

In Q1, 52 contract orders were issued and purchase orders issued \$2,939,784.92.

The Capital Program was responsible for six capital projects valued at \$ 205,000 including:

- Domestic Hot Water Replacement
- Parking Lot Consulting Design (two locations)
- Booster Pump Replacement Design (two locations)
- Earth Bins - in ground waste collection
- Various RFPs

As of March 31, 2019, \$205,000 of the \$11.7 budgeted (excluding emergency) has been committed and or actually spent (2%).

TENANT MOVE OUTS:

| Move Outs By Reason | | | |
|-------------------------------|----|-----------------------------|-----------|
| Health | 3 | NRH Transfer | 11 |
| Long Term Care Facility | 4 | Moved to Coop or Non-Profit | 2 |
| Deceased | 14 | Bought a House | 1 |
| Private Rental | 3 | Left Without Notice | 2 |
| Voluntarily Left Under Notice | 2 | Other/None Given | 7 |
| Eviction – Tribunal | 2 | Cease to Qualify | 0 |
| | | TOTAL | 51 |

In Q1, there were **51 move outs**. Two involved eviction orders granted under the Ontario Landlord Tenant Board (LTB) for Disruptive Behavior with one enforced by the Sherriff.

| | 2018-Q1 | 2018-Q2 | 2018-Q3 | 2018-Q4 | 2019-Q1 |
|----------------|---------|---------|---------|---------|---------|
| # of move outs | 67 | 83 | 89 | 65 | 51 |

ARREARS:

NRH Housing Operations actively works to reduce rent arrears and saw a significant decrease from the end of 2018-Q1 to the end of 2019-Q1.

| | Mar 31, 2018 | Jun 30, 2018 | Sept 30, 2018 | Dec 31, 2018 | Mar 31, 2019 |
|----------------------------|----------------|----------------|----------------|----------------|----------------|
| Rent charges for the month | \$1,167,751.69 | \$1,136,607.00 | \$1,165,765.00 | \$1,187,770.00 | \$1,203,317.00 |
| Accumulated rent arrears | \$48,660.91 | \$35,055.56 | \$23,378.86 | \$24,135.76 | \$35,736.89 |
| Arrears % | 4.17% | 3.08% | 2.01% | 2.03% | 2.97% |

INSURANCE:

In Q1, there were two property damage claims expected to exceed the \$25,000 deductible and one notice of claims.

COMMUNITY RESOURCES AND PARTNERSHIPS:

In Q1, we had partnerships with **46 community agencies** across Niagara. As a result of these partnerships, more than 200 support and enrichment activities were offered to tenants at NRH sites. Each partnership contributes to tenant lives and, in turn, the success of the Public Housing community as a whole:

- In addition to numerous community-building events, the Rykert Volunteer Committee (RVC) began hosting resume-building workshops and sewing classes to enhance tenant employability and skills. The Committee has demonstrated a commitment to responding to the needs of the community, while promoting a positive neighbourhood culture.
- A teenage Manchester tenant began working as a "Community Attendant", a paid position contracted by NRH through the RAFT, tasked with delivery of notices, updating notice boards, returning shopping carts etc. Created as part of enhanced community development at Manchester, the position was designed to engage youth and encourage pride in the community, as well as provide a part-time job for a community teen.

Also during Q1, NRH Community Programs Coordinators (CPCs) offered support to **328 new referrals of tenants in need of assistance**. Of those new referrals, **56% were considered medium-high need**. In particular, there was an increase in the number of tenants requesting help with paperwork and social issues.

2. Non-Profit Housing Programs

As administrator of social housing for Niagara Region, NRH provides legislative oversight for 60 Non-Profit Housing Programs (non-profit and co-operative). Operational Reviews are conducted to determine the overall health of each.

| | 2018-Q1 | 2018-Q2 | 2018-Q3 | 2018-Q4 | 2019-Q1 |
|--|-----------|-----------|-----------|-----------|-----------|
| Healthy | 41 | 41 | 41 | 40 | 40 |
| Routine Monitoring | 18 | 18 | 18 | 17 | 18 |
| Intensive Monitoring | 1 | 1 | 1 | 2 | 0 |
| Pre-PID (Project in Difficulty) | 1 | 1 | 1 | 1 | 1 |
| PID (Project in Difficulty) | 1 | 1 | 1 | 1 | 1 |
| TOTAL | 62 | 62 | 62 | 61 | 60 |

NRH Housing Programs staff continue to work with Federal Housing Providers as they move toward End of Operating Agreements (EOA).

3. Rent Supplement Program

In Q1, there were **1,419 Rent Supplement/Housing Allowance units** across Niagara. In the Rent Supplement program, tenants pay 30% of their gross monthly income directly to the private landlord and NRH subsidizes the difference up to the market rent for the unit. The Housing Allowance program is a short-term program that provides a set allowance to help applicants on the wait list.

| | 2018-Q1 | 2018-Q2 | 2018-Q3 | 2018-Q4 | 2019-Q1 |
|-----------------------------|--------------|--------------|--------------|--------------|--------------|
| Fort Erie | 27 | 28 | 28 | 28 | 26 |
| Grimsby | 26 | 26 | 26 | 26 | 34 |
| Lincoln (Beamsville) | 13 | 12 | 12 | 11 | 11 |
| Niagara Falls | 228 | 229 | 230 | 230 | 235 |
| Niagara-on-the-Lake | - | - | - | - | 4 |
| Pelham | 23 | 23 | 22 | 21 | 20 |
| Port Colborne | 51 | 53 | 51 | 53 | 67 |
| St. Catharines | 657 | 700 | 719 | 732 | 741 |
| Thorold | 32 | 37 | 54 | 53 | 57 |
| Welland | 202 | 201 | 197 | 201 | 209 |
| West Lincoln | 14 | 15 | 15 | 15 | 15 |
| TOTAL | 1,273 | 1,324 | 1,354 | 1,370 | 1,419 |

Variances in the number of Rent Supplement/Housing Allowance units reflects the general management of the program and required take-up/deletion of units due to End of Operating Agreements (EOA), move out of tenants, and/or new units/landlords. Totals will be increasing in the future as some Non-Profit Housing Programs transition into a Rent Supplement agreement upon expiry of their operating agreement. It is unknown which areas will be affected.

4. Affordable Housing Program

NIAGARA RENOVATES PROGRAM:

Niagara Renovates inspections for 2019-2020 funding are underway. Inspections include all areas inside and outside of the home to ensure compliance with program guidelines. Issues are identified and a detailed Inspection Report is provided to the homeowner.

NRH received \$600,000 through the Investment in Affordable Housing - Extension (IAH-E) program for homeowner and secondary suite repairs and \$311,015 for multi-unit repairs, totaling \$911,015 for the 2019/2020 period.

HOMEOWNERSHIP PROGRAM – “WELCOME HOME NIAGARA”:

The Homeownership program assists low-to-moderate income rental households to purchase their first home by providing a down payment loan.

2018-2019 funding was fully used by December 2018. NRH received \$180,000 through the Investment in Affordable Housing - Extension (IAH-E) program for the 2019/2020 period, with \$100,000 of that allocated to Habitat for Humanity Niagara.

| | 2018-Q1 | 2018-Q2 | 2018-Q3 | 2018-Q4 | 2019-Q1 |
|--------------------------|---------|---------|---------|---------|---------|
| # of homeowners assisted | 5 | 9 | 14 | 19 | 0 |

HOUSING FIRST PROGRAM:

The Housing First program helps people move quickly from homelessness to their own home by providing supports to help difficult to house individuals find and keep housing.

In Q1, **10 individuals/families** were housed through the Housing First program. Since 2012, Housing First has helped 381 individuals/families.

| | 2018-Q1 | 2018-Q2 | 2018-Q3 | 2018-Q4 | 2019-Q1 |
|---|---------|---------|---------|---------|---------|
| # of individuals/families housed | 17 | 14 | 9 | 27 | 10 |
| # of Housing First units (at quarter end) | 165 | 170 | 178 | 184 | 189 |

RENTAL HOUSING (NEW DEVELOPMENT):

NRH New Development

| Carlton Street, St. Catharines | Amount | Units |
|--|---------------------|-----------|
| Investment in Affordable Housing-Extension (IAH-E), Year 3 | \$5,806,000 | 45 |
| Investment in Affordable Housing-Extension (IAH-E), Year 4 | \$2,888,000 | 23 |
| Social Infrastructure Fund (SIF), Year 1 | \$2,387,817 | 17 |
| | | |
| Roach Avenue, Welland | | |
| Social Infrastructure Fund (SIF), Year 3 | \$1,200,000 | 8 |
| TOTAL | \$12,281,817 | 93 |

At the end of Q1:

Carlton Street

- Occupancy March 1, 2019
- Deficiencies are being addressed
- Landscaping and paving outstanding

Roach Avenue

- Structural framing and roofing complete
- Mechanical rough-in 5%
- Electrical rough-in 5%
- Drywall delivered to site, window delivery scheduled
- Project schedule – approximately 1 month behind schedule
- Project approximately 35% complete

Additional New Development

Investment in Affordable Housing-Extension (IAH-E), Year 2 funding has been allocated to three non-profit organizations and will result in the creation of 40 units for seniors and mental health consumers in Niagara:

| | Amount | Units |
|--|--------------------|-----------|
| Gateway Residences of Niagara, Huron Street, Niagara Falls | \$720,000 | 9 |
| Thorold Municipal Non-Profit, Ormond Street, Thorold | \$1,228,912 | 14 |
| Stamford Kiwanis, Barker Street, Niagara Falls | \$1,089,088 | 17 |
| TOTAL | \$3,038,000 | 40 |

At the end of Q1:

- Gateway Residence of Niagara and Thorold Municipal Non-Profit – complete and operational
- Stamford Kiwanis – finishing trades work in progress, approximately 65% complete. Occupancy and substantial completion expected late fall 2019.

5. Service Manager Responsibilities

APPEALS:

In Q1, **10 appeals** were heard (9 fewer than in 2018-Q1).

- Six related to ongoing RGI eligibility (one for a Rent Supplement tenant)
 - Four for failure to provide information - three were UPHELD; one was OVERTURNED
 - One for failure to report changes and owes former tenancy arrears - UPHELD
 - One regarding illegal occupant - OVERTURNED
- Four for decisions made by Housing Access (urgent status) - three were UPHELD; one was OVERTURNED

| | 2018-Q1 | 2018-Q2 | 2018-Q3 | 2018-Q4 | 2019-Q1 |
|--------------|---------|---------|---------|---------|---------|
| # of appeals | 19 | 9 | 15 | 12 | 10 |

INVESTMENTS:

See Appendix A – Investment Report

6. Housing Access Centre & Centralized Waiting List

APPLICATION ACTIVITY:

| | | | |
|--|-----|------------------------------|-----|
| # of Applications Received & Processed | 716 | # of Eligible Applications | 693 |
| # of Special Provincial Priority Status Applications | 83 | # of Ineligible Applications | 23 |
| # of Urgent Status Applications | 115 | # of Cancelled Applications | 352 |
| # of Homeless Status Applications | 146 | # of Applicants Housed | 171 |

In Q1, **352 households were removed** from the Centralized Waiting List because they were no longer eligible, they found alternate housing or we were unable to make contact.

Q1 (January 1 to March 31, 2019)

CENTRALIZED WAITING LIST:

| | | 2018- Q1 | 2018- Q2 | 2018- Q3 | 2018- Q4 | 2019- Q1 |
|---|--|-----------------|---------------|---------------|---------------|---------------|
| | | # of households | | | | |
| A | Rent-Geared-to-Income (RGI) waiting list: | | | | | |
| | Niagara resident RGI waiting list | 4,287 | 4,562 | 4,642 | 4,616 | 4,715 |
| | Applicants from outside of Niagara | 639 | 692 | 758 | 761 | 793 |
| TOTAL RGI waiting list: | | 4,926 | 5,254 | 5,400 | 5,377 | 5,508 |
| | Housing Allowance: a set allowance to help applicants on the waiting list with affordability in the private market until housed in an RGI unit | 569 | 605 | 618 | 639 | 704 |
| A1 | RGI waiting list demographics: | | | | | |
| | Seniors | 2,064 | 2,173 | 2,236 | 2,218 | 2,257 |
| | Adults no dependents | 1,630 | 1,727 | 1,764 | 1,761 | 1,805 |
| | Adults with dependents | 1,232 | 1,354 | 1,400 | 1,398 | 1,446 |
| A2 | RGI list further segmented (#'s included in A & A1): | | | | | |
| | SPP – Special Provincial Priority (Ministry Priority): helps victims of violence separate permanently from their abuser | 122 | 129 | 129 | 131 | 128 |
| | URG – Urgent (Local Priority): for applicants with mobility barriers and/or extreme hardship where their current accommodation puts them at extreme risk and/or causes hardship | 104 | 120 | 123 | 116 | 117 |
| | HML – Homeless (Local Priority): provides increased opportunity for placement to homeless households | 842 | 894 | 947 | 954 | 971 |
| | SUP – Supportive/Transitional: provides targeted, provisional services to assist individuals to transition beyond basic needs to more permanent housing | 17 | 17 | 13 | 13 | 15 |
| B | In addition, NRH manages: | | | | | |
| | Overhoused: households who are living in subsidized accommodation with more bedrooms than they are eligible for | 152 | 167 | 171 | 168 | 180 |
| | Transfer: households who are currently living in subsidized accommodation and have requested a transfer to another provider | 518 | 525 | 547 | 535 | 564 |
| TOTAL RGI households on waiting list managed by NRH: | | 5,596 | 5,946 | 6,118 | 6,080 | 6,252 |
| C | NRH maintains a waiting list for market rent units (62 Non-Profit Housing Programs): | | | | | |
| | Market: applicants who have applied for a market rent unit in the Non-Profit Housing Programs portfolio | 578 | 597 | 629 | 647 | 667 |
| TOTAL households on waiting list managed by NRH: | | 6,174 | 6,543 | 6,747 | 6,727 | 6,919 |
| TOTAL individuals on waiting list managed by NRH: | | 10,380 | 11,052 | 11,496 | 11,488 | 11,884 |

Note: the above chart includes only those who apply to the Centralized Waiting List and does not capture the full number of those in need of affordable housing in Niagara.

ESTIMATED WAIT TIMES:

| CITY | SENIORS Age 55 and older | | SINGLES Age 16-54 | | HOUSEHOLDS WITH DEPENDENTS | | | |
|---------------------|-----------------------------|-------|----------------------|-------|----------------------------|-------|-------|-------|
| | Bachelor | 1 Bed | Bachelor | 1 Bed | 2 Bed | 3 Bed | 4 Bed | 5 Bed |
| | YEARS | | | | | | | |
| Fort Erie | - | 9 | 2 | 8.5 | 2 | 1 | 5 | - |
| Grimsby | - | 4 | - | - | - | - | - | - |
| Lincoln | - | 4.5 | - | 12 | 9 | 8 | - | - |
| Niagara Falls | 4 | 6 | - | 16 | 5 | 3 | 7 | 14 |
| Niagara-on-the-Lake | - | 6.5 | - | - | - | - | - | - |
| Pelham | - | 3.5 | - | - | - | - | - | - |
| Port Colborne | - | 4.5 | - | 13 | 3 | 3 | 3 | - |
| St. Catharines | - | 6.5 | 9 | 13 | 3.5 | 3 | 9 | 12 |
| Thorold | - | 6.5 | - | 10 | 6 | 8 | - | - |
| Welland | - | 5 | 6 | 15 | 5 | 2.5 | 7 | 2 |
| West Lincoln | - | 4 | - | - | 5.5 | 7 | - | - |

- no units of this size available in this community

January 2018

Please note:

- wait time information can fluctuate and is an approximation only
- wait times may not reflect the actual time one may wait for affordable housing

Quarterly Report on Cash / Investments / Reserves for Period Ending March 31, 2019

NRH 7-2019
19-181-2.5.
Appendix A
May 24, 2019

| | This Quarter Balance | Last Quarter Balance | Variance \$ | Variance % | Comments |
|--|-------------------------|-------------------------|----------------------|----------------|---|
| BANK ACCOUNTS | | | | | |
| Current Bank Account: Royal Bank account used for day-to-day operations for the owned units. Also to cash flow various short terms programs funded by Prov and Fed gov't usch as development, homeownership and capital repair programs. | \$18,628,610.43 | 6,693,118.16 | 11,935,492.27 | 178.32% | Since the February 2016 transition to PeopleSoft, day-to-day accounts payable transactions are paid by the Region through PeopleSoft. Reconciliation of the due to the Region account will be performed on a regular basis to transfer amounts due to the Region. |
| | | | | | |
| Investment Bank Account: Used to hold funds "In Trust" for designated Housing Providers for capital work. | | | | | Interest earned at a rate of RBC Prime minus 1.70% on balances in bank and investment accounts. |
| A CMHA: Reserves held for CMHA Units. | 4,592.36 | 4,592.36 | - | 0.00% | To be paid back to CMHA May 2019. |
| B Ganawageh Capital Fund: | 97,971.49 | 97,971.49 | - | 0.00% | Withdrawals are made in accordance with approved procedures. Current quarter interest. |
| C Due (From) Current Account | 279,813.40 | 277,719.84 | 2,093.56 | 0.75% | |
| Total Investment Bank Account | 382,377.25 | 380,283.69 | 2,093.56 | 0.55% | |

Quarterly Report on Cash / Investments / Reserves for Period Ending March 31, 2019

NRH 7-2019
19-181-2.5.
Appendix A
May 24, 2019

| | This Quarter Balance | Last Quarter Balance | Variance \$ | Variance % | Comments |
|---|---|-------------------------|------------------|---------------|----------|
| INVESTMENT VEHICLES - FUND ACCOUNTING | | | | | |
| Various investment vehicles are used to protect and optimize the cash that is held for specified purposes. Investments are both short-term and long-term in nature. These funds are intended to ensure continued growth without capital erosion by inflation. | | | | | |
| Current Instruments: | 2 Year GIC, \$521,565; due date is 05/16/2019; interest rate of 1.26% to 1.63% | | | | |
| RBC Investment Savings = \$4,455,298.26 | 2 Year GIC, \$497,000; due date is 08/15/2019; interest rate of 1.45% to 2.25%. | | | | |
| | 2 Year GIC, \$188,000; due date is 08/17/2020; interest rate of 2.65% to 2.74% | | | | |
| | 2 Year GIC, \$376,000; due date is 08/20/2020; interest rate of 2.60% to 2.65% | | | | |
| | 2 Year GIC, \$264,280; due date is 08/21/2020; interest rate of 2.53% | | | | |
| Total | 6,343,057.59 | 6,315,853.62 | 27,203.97 | 0.43% | |

Q1 Report on Reserves as at March 31, 2019

NRH 7-2019 Appendix A

| Description | Balances at December 31, 2018 | Year-to-date Net Transfers from (to) Operating | Year-to-date Capital Transfers | Balance at March 31, 2019 |
|--|----------------------------------|--|-----------------------------------|------------------------------|
| NRH Owned Units Public/Local Housing Corp: | | | | |
| 503 Jubilee/Broad oak | 215,569 | 18,000 | - | 233,569 |
| Fitch Street | 261,040 | 22,250 | - | 283,290 |
| Carlton | - | 52,500 | - | 52,500 |
| Other Owned Units | 3,644,207 | 152,606 | (1,111,870) | 2,684,943 |
| NRH Owned Units Public/Local Housing Corp TOTAL | 4,120,816 | 245,356 | (1,111,870) | 3,254,302 |
| 502 Niagara Regional Housing: | | | | |
| Emergency Capital Funding for Housing Providers | 1,924,871 | 318,599 | - | 2,243,470 |
| Title Normalization for NRH Owned Units | 712,381 | - | - | 712,381 |
| New Initiatives, other social housing purposes and any new deposits are added to this category | 3,403,047 | - | (410,415) | 2,992,632 |
| 502 Niagara Regional Housing TOTAL | 6,040,299 | 318,599 | (410,415) | 5,948,483 |
| Total NRH Capital Reserves | \$ 10,161,115 | \$ 563,955 | \$ (1,522,285) | \$ 9,202,785 |
| 533 NRH Rent Supplement: | | | | |
| | \$ 278,301 | \$ (3,000) | \$ - | 275,301 |
| NRH Stabilization Reserves TOTAL | \$ 278,301 | \$ (3,000) | \$ - | \$ 275,301 |
| 561 NRH Employee Future Benefits: | | | | |
| | \$ 792,733 | \$ - | \$ - | 792,733 |
| NRH Future Liability Reserves TOTAL | \$ 792,733 | \$ - | \$ - | \$ 792,733 |
| Total | \$ 11,232,149 | \$ 560,955 | \$ (1,522,285) | \$ 10,270,819 |

Interest no longer applied by approval of Regional Council (CSD 02-2013).

503 NRH Owned Units Public/Local Housing Corp: This reserve was set-up by the Board of Directors as a Reserve Fund in September 2004 for capital expenses related to the NRH owned units. This reserve includes specific reserve balances to support 3 properties (Jubilee/Broad oak, Fitch, Carlton) based on the reserve fund studies completed to ensure sustainable. The balance is for all other owned units.

502 Niagara Regional Housing
This reserve includes three major elements: (1) Emergency Capital Funding for Housing Providers - *intent to support capital repair program for housing providers; surplus from housing programs should be directed to this component of the reserve* (2) Title Normalization for NRH Owned Units (3) New Initiatives / New Development - *\$2.29M is restricted to future development/intensification in Niagara Falls (see 2017 Year-End Transfer) - expected to cover \$810k - 100% costs related to 2019 NF capital project; remainder unrestricted.*

NRH Rent Supplement: This fund was set-up by the Board of Directors in December 2008 (year end) for a new Rent Supplement program. This Rent Supplement program is budgeted annually and withdrawal from the Reserve matches that year's expenditures.

NRH Employee Future Benefits: This fund was set-up by the Board of Directors in 2011 to fund Employee Future Benefits. (retiree benefits, sick leave, vacation. etc.).

| | |
|----------|--|
| A | <p>AFFORDABLE HOUSING RENTS: Rents are established at 80% market of Canada Mortgage and Housing Corporation (CMHC) Average Market Rent, with no ongoing rental subsidy.</p> <p>APPEALS: Social Housing tenants/members can request reviews of decisions related to applicant eligibility, priority status, transfer requests, overhoused status, ongoing Rent-Geared-to-Income (RGI) eligibility and rent calculation issues. The NRH Appeal Committee makes decisions on appeals from applicants and tenants in Public Housing, Social Housing (where they have not established an Appeal Committee) and Rent Supplement units. All appeal decisions are final, per legislation.</p> <p>ARREARS: To assist with arrears collection, tenants/members are provided the option of entering into a repayment agreement but are still expected to pay full rent on time.</p> |
| B | |
| C | <p>CAPITAL PROGRAM: Is responsible for maintaining the Public Housing (NRH-owned) asset and planning for future sustainability, as well as issuing tenders for service contracts.</p> <p>CENTRALIZED WAITING LIST: Is comprised of almost 200 subsidiary lists of Public Housing, Social Housing and private units through the Rent Supplement program. It is maintained on a modified chronological basis (i.e. in order to ensure that applicants are treated fairly, units are offered based on the date of application). The needs of particularly at-risk populations are addressed through Priority Status groups that are offered units before other applicants on the Centralized Waiting List:</p> <ul style="list-style-type: none"> • Special Provincial Priority (SPP) Status • Urgent Status • Homeless Status <p>The <i>Housing Services Act, 2011</i> (HSA) requires that the Centralized Waiting List is reviewed on a regular basis. Applicants are asked to confirm their continued interest and to update information annually (# of household members, total household income) so that NRH can verify ongoing eligibility for housing subsidy. If a household is no longer interested or is deemed ineligible the application is cancelled and removed from the list.</p> <p>The Centralized Waiting List includes various types of households (i.e. families, seniors and singles/adults without dependents) from both within and outside Niagara, the priority groups mentioned above, RGI and Market applicants and existing tenants who are overhoused (have more bedrooms than they need).</p> <p>COMMUNITY PROGRAMS: NRH's community partners offer events, presentations, activities and programs to help mitigate the effects of poverty by building community pride, offering life skills training and enhancing the lives of the tenants. While NRH does not deliver these services directly to tenants, NRH's Community Resource Unit facilitates partnerships by identifying evolving community and tenant needs, connecting with appropriate programs and supporting their ongoing success.</p> |
| D | |

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| E | <p>END OF OPERATING AGREEMENTS (EAO): EOA refers to the expiry of federally signed operating agreements. NRH is working with these providers to find innovative solutions to maintain the existing number of social housing units in Niagara and protect existing tenants/members from losing subsidy.</p> |
| | <p>END OF MORTGAGE (EOM): Federal/provincial and provincial housing providers (non-profits and co-ops) legislated under the Housing Services Act (HSA) do not have operating agreements that expire when the mortgage matures. The relationship between service manager and housing provider continues with the housing provider still obliged to follow the HSA. The obligation of service manager to pay a mortgage subsidy ends.</p> |
| | <p>EVICTION PREVENTION/SUPPORT: Supports to help NRH tenants stay in their homes through identification of tenant needs and connection with supports and services (ex. Mental health issues, cognitive decline, addiction, family breakdown etc).</p> |
| F | |
| G | |
| | <p>HOMEOWNERSHIP PROGRAM – “WELCOME HOME NIAGARA”: The Homeownership program assists low-to-moderate income rental households to purchase their first home by providing a down payment loan. The loan is forgivable after 20 years if the household remains in the home.</p> |
| | <p>HOUSING AND HOMELESSNESS ACTION PLAN (HHAP): Niagara’s 10-year Community Action Plan to help everyone in Niagara have a home.</p> |
| | <p>HOUSING ACCESS CENTRE: Housing Access is the gateway to affordable housing in Niagara. All applications for housing are processed through the Housing Access Centre including initial and ongoing eligibility assessment as well as management of the Centralized Waiting List. Options include accommodation with Non-profit and Co-operative housing providers (Social Housing), NRH owned units (Public Housing and two mixed income communities), or for-profit/private landlord owned buildings (Rent Supplement/Housing Allowance).</p> |
| | <p>HOUSING ALLOWANCE PROGRAM: A variation of the Rent Supplement program that provides a set allowance of up to \$300 per month to private landlords to assist applicants who are on the Centralized Waiting List.</p> |
| | <p>HOUSING FIRST: Helps people move quickly from homelessness to their own home by providing supports to help difficult to house individuals find and keep housing. NRH partners with Niagara Region Community Services and community agencies to provide rent supplement to landlords while agency staff provide a range of personalized supports to encourage successful tenancies and, if the tenant chooses, address personal challenges.</p> |
| I | <p>INVESTMENT IN AFFORDABLE HOUSING PROGRAM – EXTENSION (IAH-E): Provincial and federally funded program designed to improve access to affordable housing that is safe and suitable, while assisting local economies through job creation generated by new development and home repairs/modifications, including:</p> <ul style="list-style-type: none"> • Niagara Renovates |

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| | <ul style="list-style-type: none"> • Homeownership (Welcome Home Niagara) • Rent Supplement/Housing Allowance • Rental Housing (New Development) |
| J | |
| K | |
| L | LOCAL HOUSING CORPORATION (LHC): Also called “Public Housing”, LHC refers to the communities that Niagara Regional Housing owns and manages. |
| M | |
| N | <p>NIAGARA RENOVATES PROGRAM: Provides assistance to low-to-moderate income homeowners for home repairs, accessibility modifications and the creation of secondary suites in single family homes. Assistance is provided in the form of a forgivable loan, written off over a 10-year period, as long as the homeowner continues to live in the home.</p> <p>NON PROFIT HOUSING PROGRAMS (FORMERLY “SOCIAL HOUSING”): Includes Non-Profit and Cooperative Housing Providers, who own and manage their own housing communities and have their own independent Boards. NRH provides legislative oversight to ensure they are in compliance with the <i>Housing Services Act (HSA)</i>. Generally, 25% of these units are designated as market rent units. The remaining 75% of units are offered to households on the Centralized Waiting List that pay RGI.</p> |
| O | OPERATIONAL REVIEWS: In order to ensure that non-profit housing providers are in compliance with legislation and local policies, NRH investigates overall health by analyzing many factors including finances, vacancy losses, governance issues, condition of buildings etc. NRH then works with them to bring them into compliance and provide recommendations on best business practices. |
| P | PORTABLE HOUSING ALLOWANCE: Direct financial assistance given to the household (tenant) on the Centralized Waiting List; not tied to a housing unit. |
| | <p>PRIORITY STATUS GROUPS: Priority Status groups are offered units before other applicants on the Centralized Waiting List:</p> <ul style="list-style-type: none"> • Special Provincial Priority (SPP) Status is the only legislated priority and is intended to help victims of violence separate permanently from their abuser • Urgent Status is intended for applicants with (1) Mobility Barriers (i.e. physical limitations that require barrier-free units) and/or (2) Extreme Hardship (i.e. where the applicants’ current accommodations puts them at extreme risk and/or causes hardship and relocation would reduce the risks and/or alleviate the hardship) • Homeless Status provides an increased opportunity for placement to households that are homeless (1 in every 10 households offered housing) <p>PUBLIC HOUSING (ALSO CALLED “LOCAL HOUSING CORPORATION”): NRH owns and manages 2,660 units of Public Housing stock in 9 of the 12 Niagara municipalities.</p> |

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| | Tenants pay 30% of their income for rent. <i>*Note: NRH owns and manages an additional 91 units that have affordable (80% market) and market rents.</i> |
| Q | |
| R | RENT SUPPLEMENT PROGRAM: Tenants pay 30% of their gross monthly income directly to the private landlord and NRH subsidizes the difference up to the agreed market rent for the unit. <i>*See also Housing Allowance Program and Housing First Project.</i> |
| S | SERVICE MANAGER: As administrator for affordable housing on behalf of Niagara Region, NRH's main responsibilities include: administering Rent Supplement Programs, oversight of Non-Profit and Cooperative Housing Providers, determining RGI eligibility, maintaining Centralized Waiting List, establishing Local Policies etc. |
| | SOCIAL HOUSING (FORMERLY "AFFORDABLE HOUSING"): All NRH programs and services, including Public Housing (NRH-owned), Non-Profit Housing Programs, the Rent Supplement Program and the Affordable Housing Program |
| T | |
| U | |
| V | |
| W | WELCOME HOME NIAGARA: Assists low-to-moderate income rental households to purchase their first home by providing a down payment loan. The loan is forgivable after 20 years if the household remains in the home. |
| X | |
| Y | |
| Z | |