



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

PHSSC 07-2019

Tuesday, July 9, 2019

2:00 p.m.

Council Chamber

Niagara Region Headquarters, Campbell West

1815 Sir Isaac Brock Way, Thorold, ON

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	Pages
1. <u>CALL TO ORDER</u>	
2. <u>DISCLOSURES OF PECUNIARY INTEREST</u>	
3. <u>PRESENTATIONS</u>	
3.1 <u>Negotiated Request for Proposals – General Overview</u> Bart Menage, Director, Procurement and Strategic Acquisitions	4 - 14
3.2 <u>Environmental Health Hazards: Agencies &amp; Jurisdictions</u> Peter Jekel, Manager, Environmental Health and Rabia Bana, Medical Resident	15 - 26
4. <u>DELEGATIONS</u>	
5. <u>ITEMS FOR CONSIDERATION</u>	
5.1 <u>PHD-C 06-2019</u> Response to Proposed Provincial Restructuring of Local Public Health Agencies	27 - 30
<i>This item was referred to the Public Health and Social Services Committee at the Regional Council meeting held on June 20, 2019.</i>	

5.2	<u>PHD 12-2019</u> Approval of 2018 Public Health Audits	31 - 50
5.3	<u>PHD 13-2019</u> Increasing Capacity for Mental Health Services using External Funding	51 - 66
5.4	<u>PHD 11-2019</u> Sole Source EMS Interdev Software Support Agreement and Hardware Purchase	67 - 74
5.5	<u>COM 29-2019</u> Procurement of Homelessness Services for Period of April 1, 2020- March 31, 2023	75 - 81
5.6	<u>COM 31-2019</u> Budget Adjustment – Children’s Services	82 - 85
5.7	<u>NRH 8-2019</u> Canada-Ontario Community Housing (COCHI) & Ontario Priorities Housing Initiative (OPHI)	86 - 102

## 6. CONSENT ITEMS FOR INFORMATION

6.1	<u>PHD-C 03-2019</u> Port Colborne Quarry	103 - 104
6.2	<u>PHD-C 04-2019</u> Mental Health Beds at Niagara Health St. Catharines Site	105
6.3	<u>COM 28-2019</u> ProKids Program – Providing Recreational/Cultural Opportunities for Children/Youth 2018 Year End Report	106 - 108
6.4	<u>COM 30-2019</u> School Based Child Care Capital Projects	109 - 112

## 7. OTHER BUSINESS

## 8. CLOSED SESSION

8.1	<u>Confidential COM 36-2019</u> A Matter respecting A Position, Plan, Procedure, Criteria or Instruction to be Applied to Any Negotiations Carried on by or on Behalf of the Municipality under s.239(2) of the Municipal Act, 2001- Services Transformation
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9. **BUSINESS ARISING FROM CLOSED SESSION**

10. **NEXT MEETING**

The next meeting will be held on Tuesday, August 6, 2019 at 2:00 p.m. in the Council Chamber, Regional Headquarters.

11. **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](mailto:accessibility@niagararegion.ca) (email).

# **NEGOTIATED REQUEST FOR PROPOSAL (NRFP): A GENERAL OVERVIEW**

July 9<sup>th</sup> and 10<sup>th</sup> 2019

# Negotiated RFP “Path”

Date	Process Path and Utilization
2017 September	Approved PAC Work Plan Item
2017 November	PAC Accelerated Implementation
2018 February	Templates and their use approved but with Council Approval
2019 February	Council Approval and adoption of Procurement By-law amendments to use Negotiated RFP
2019 July	In use for 2 Council Approved “In Flight” projects and being considered for 2 “In Development” projects
Beyond	Future use could include other complex projects which meet the criteria outlined herein including acquisitions of IT related requirements



# Benefits

- Non-binding / Flexible Format;
- Fix administrative matters or deficiencies through Rectification;
- Negotiations refine and enhance proposed solutions prior to award;
- Better shared understanding of project/solutions via discussion; and
- Negotiate over-budget bids to reduce exposures resulting from cancellation

# Risks & Challenges

- Bidders can withdraw their bid at any time;
- Compliance with and adherence to Trade Treaty Legislation;
- Pressures on the capacity of staff to manager and facilitate the process;
- Requires an adjustment to a more flexible process; and
- Complexity of the process and lack of certainty of the outcome could impact pricing

# How does it differ from Traditional RFP?

## **Traditional - Binding**

- Best suited to projects with clear specifications, deliverables & evaluation criteria;
- Binding: No modifications to received proposals; “Contract A”;
- Duty to Award with limited options; and
- Bidder (by submitting) is bound to provide the good or service.

## **Negotiated – Non Binding**

- Best suited to projects with high complexity and uncertainty. (better outcomes could be achieved via negotiation and expertise from the market)
- Non-Binding: No expressed or implied obligations;
- Changes/clarifications can be considered – this flexibility extends to the contract stage
- Bidder can withdraw / not obligated to provide good or service until the process concludes.



# The Processes

TRADITIONAL	NEGOTIATED	
CONTRACT "A"	CONCURRENT / BAFO	CONSECUTIVE
I – Mandatory	I – Mandatory and Rectification Period	I – Mandatory and Rectification Period
II – Rated Criteria	II – Rated Criteria	II – Rated Criteria
III – Pricing	III – Pricing	III – Pricing
IV – Ranking and Selection of Top Ranked Proponent	IV – Initial Ranking and Concurrent Negotiations	IV – Ranking and Contract Negotiations
	V – Submission of Best and Final Offers (BAFO)	
	VI – Final Ranking and Contract Negotiations	

# Negotiation Principles

- Focus on the strengths/weaknesses of each proposal;
- Treat all Proponents/proposals confidentially and equally;
- Elimination of any proponent is on the basis of the published evaluation criteria
- Typically results in an increased number of higher-scoring proposals; and
- Improved contract and resulting opportunities

# What can we Negotiate?

- Not open ended / adhere to our process;
- We can clarify requirements;
- We can request improvements in:
  - Pricing; and/or
  - performance terms; and
- We can consider commercially reasonable adjustments to the legal terms and conditions contained in the standard form of agreement issued with the Negotiated RFP.

# What can't we Negotiate?

- Everything and anything;
- Prescriptiveness in our requirements and mandates will limit what is open to negotiation;
- Can't negotiate critical requirements or items deemed “non-negotiable”; and
- Final agreement cannot significantly depart from that define in the original RFP.

# Negotiation Process

- At the conclusion of initial Pricing evaluations:
  - Procurement with the Client will review the top ranked submissions; refine the negotiation strategy;
  - Invited Proponents are provided an Agenda; prepared;
  - Procurement would remain an active participant in the process supporting the Client as the subject matter experts throughout the negotiations; and
  - Record of the negotiations would be documented; contract awarded based on outcome of negotiations

# Questions



# Environmental Health Hazards: Agencies And Jurisdictions

Environmental Health Division  
Niagara Region Public Health & Emergency Services

# OBJECTIVES

- Describe the role of Public Health in responding to environmental health hazards
- Outline the role of other municipal and provincial agencies in responding to environmental health complaints



# ONTARIO PUBLIC HEALTH STANDARDS

- Timely and effective detection, identification, and response to health hazards and associated **public health risks**, trends, and illnesses
- Engage in community and multi-sectoral collaboration with **municipal and other relevant partners** to promote healthy built and natural environments

# HOW IS THIS ACHIEVED?

1. Identification of health hazards in the physical environment
2. Review of evidence regarding health impacts of environmental exposures
3. Risk assessment
4. Corrective actions to reduce exposure to health hazards while considering their impacts (eg. Infringing others' freedom)

# ROLE OF PUBLIC HEALTH

## Public Health DOES:

- Act when a health hazard exists
- Respond to hazards that impact the population/community
  - Eg. Contaminated public pool

## Public Health DOES NOT:

- Act on the basis of the theoretical potential of a health hazard
- Respond to hazards that affect a single individual
  - Eg. Mould in a private residence

# COLLABORATION

- Public Health Units can work with municipalities to promote and maintain healthy and safe environments
- By-laws
  - Tool to create supportive physical and social environments that reduce exposure to **potential** health hazards
  - A type of healthy public policy
  - Example of a municipal by-law that affects environmental health – Idling control

# PROPERTY STANDARDS

- Enact by-laws that address property standards and maintenance including: *structural integrity, repairs, cleanliness, waste removal, heating, plumbing, electrical, pests*

# EXAMPLES

Mould



Rats



Abandoned Pool



# MINISTRY OF THE ENVIRONMENT, CONSERVATION AND PARKS (MECP)

- “promoting clean and safe **air, land, and water** to ensure healthy communities, ecological protection and sustainable development...”

# EXAMPLES

## Aquifer contamination



## Industrial operations leading to soil pollution

- Eg. Nickel contamination of soil





# RELEVANT LEGISLATION

Law/By-law	Description
Residential Tenancies Act	Landlord obligations for repair and maintenance
Local property standards by-laws	Structural integrity, utilities, safety and security
Health Protection and Promotion Act	Protection of the public from imminent health risks
Ontario Human Rights Code	Accommodation without “undue hardship” to landlord
Ontario Water Resources Act	Regulates sewage disposal and prohibits the discharge of polluting materials that may impair water quality
Clean Water Act	Protect existing and future sources of drinking water
Pesticides Act	Education, license and permit requirements for pesticides
Safe Drinking Water Act	Standards for drinking water quality
Toxics Reduction Act	Reduce the use and creation of prescribed toxic substances

# SUMMARY

- The responsibility of maintaining adequate environmental conditions for health and safety lies with multiple agencies
- Legislation exists that clearly defines roles & responsibilities
- Local by-law enforcement is often the most direct & nimble response
- Public Health can act when a health hazard with population impact exists
- Public Health has little authority prior to a health hazard existing; nor if a hazard affects only one person or household
- Agencies can work together to expedite resolution of a health hazard (eg. property concern) in the most efficient and cost-effective way

**In accordance with the notice and submission deadline requirements of Sections 18.1 (b) and 11.3, respectively, of Niagara Region's Procedural By-law, the Regional Clerk received from Councillor Ip a motion to be brought forward for consideration at the June 20, 2019 Council meeting respecting Response to Proposed Provincial Restructuring of Local Public Health Agencies.**

## **Response to the Proposed Provincial Restructuring of Local Public Health Agencies**

WHEREAS the Provincial Government has announced restructuring local public health agencies from 35 public health units to 10 new Regional Public Health Entities, governed by autonomous boards of health;

WHEREAS the Province expects to reduce provincial spending on local public health by \$200 million by 2021-22 from a current provincial budget for local public health of approximately \$750 million;

WHEREAS the Province is adjusting the cost-sharing formula with municipalities for local public health;

WHEREAS municipalities such as Niagara, Hamilton, and most others have been contributing more than their 25% share under Provincial policy for many years in order to ensure community needs are met based on the Ontario Public Health Standards, as set out by the provincial government;

WHEREAS the announcements do not contain sufficient detail to be able to fully understand the costs and implications of the proposed restructuring;

WHEREAS the scale of the proposed changes to the governance, organization and funding of local public health is unprecedented in Ontario;

WHEREAS the role of municipal councils is not clear in the proposed restructuring;

WHEREAS local public health agencies that are part of local government such as Niagara already achieve significant administrative efficiencies through the economies of scale from being part of much larger organizations than the future Public Health Entities;

WHEREAS local public health benefits from significant collaboration with social service, planning, recreation, and transportation services all of which address the social determinants of health and determine half of health outcomes;

WHEREAS separating public health agencies that are part of local government may have unintended negative consequences such as reducing municipal leadership on public health issues, reducing transparency and public scrutiny, as well as reducing effectiveness in collaboration on the social determinants of health;

WHEREAS the announcements appear to have a significant likelihood to impact on the delivery of local public health services;

WHEREAS Niagara Regional Council confirms its support of its public health staff in all the work that they do;

WHEREAS lessons from the past show that when the public health system is weakened, serious consequences occur;

WHEREAS expert reports, such as those following Walkerton's drinking water contamination and the outbreak of Severe Acute Respiratory Syndrome (SARS) have highlighted the need for a strong and independent public health sector to protect the health and safety of the public;

WHEREAS local public health has a unique mandate that focuses on upstream approaches to prevent injuries and illness before they occur, as well as health protection measures that contribute to the safety of our food, water, and environment, and protect us from infectious diseases;

WHEREAS the evidence shows that the success of prevention is largely invisible, but the social and economic returns on these investments are immense with every dollar invested in public health programming saving on average eight dollars in avoided health and social care costs;

WHEREAS to achieve health and reduce "hallway medicine" both a strong health care and a strong public health system are needed;

WHEREAS the independence of the Board of Health and the Medical Officer of Health as the doctor for the community are essential parts of a strong and transparent public health system;

WHEREAS local perspectives add value to provincial priority-setting and decision making;

WHEREAS significant advances in public health have been led through local action, such as the development of tobacco control bylaws; and

WHEREAS the Province has indicated a willingness to consult with boards of health and municipalities on the phased implementation of the proposed changes.

NOW THEREFORE BE IT RESOLVED:

1. That Regional Council **THANKS** the Premier and the Minister of Health & Long Term Care for responding to feedback by municipalities to delay funding changes to public health and other municipally operated health and social services;
2. That the Regional Chair **BE DIRECTED** to write a letter to the Minister of Health & Long Term Care and the Minister of Municipal Affairs and Housing to request that any restructuring or modernization of local Public Health ensure adherence to the following principles:
  - i. That its unique mandate to keep people and our communities healthy, prevent disease and reduce health inequities be maintained;
  - ii. That its focus on the core functions of public health, including population health assessment and surveillance, promotion of health and wellness, disease prevention, health protection, and emergency management and response be continued;
  - iii. That sufficient funding and human resources to fulfill its unique mandate are ensured;
  - iv. That the focus for public health services be maintained at the community level to best serve residents and lead strategic community partnerships with municipalities, school boards, health care organizations, community agencies and residents;
  - v. That there be senior and medical leadership at the local public health level to provide advice on public health issues to municipal councils and to participate in strategic community partnerships;
  - vi. That local public health services be responsive and tailored to the health needs and priorities of each local community, including those of vulnerable groups or those with specific needs such as the indigenous community;

- vii. That representation of municipalities on any board of health be proportionate to both their population and to the size of the financial contribution of that municipality to the regional Public Health Entity; and
  - viii. That any transition be carried out with attention to good change management, and while ensuring ongoing service delivery;
- 3. That the Regional Chair **BE DIRECTED** to work with MARCO/LUMCO and AMO to describe the benefits of Public Health remaining fully integrated with other Niagara Region functions;
- 4. That the Medical Officer of Health **BE DIRECTED** to continue to report to the Board of Health in a timely manner as any new developments occur;
- 5. That at a minimum, the Chair of the Board of Health or co-Chair (Public Health) of the Public Health & Social Services Committee **PARTICIPATE** in Ministry consultations with boards of health on public health restructuring, and through the Association of Local Public Health Agencies (alPHa); and
- 6. That this resolution **BE CIRCULATED** to the Minister of Health & Long Term Care, the Minister of Municipal Affairs and Housing, all municipalities, all Boards of Health, AMO, MARCO/LUMCO, and the Association of Local Public Health Agencies.

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**Subject:** Approval of 2018 Public Health Program Audit

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, July 9, 2019

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## Recommendations

1. That the draft audited schedule of revenues and expenses and annual reconciliation return for the Public Health General Programs (attached in Appendix 1 and 2), **BE APPROVED**;
2. That staff **BE DIRECTED** to co-ordinate with the auditor to finalize the statements as presented; and
3. 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.
- Draft financial statements are due to the Ministry by June 28, 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 schedule of revenues and expenses ("financial schedule") has been prepared in compliance with legislation and in accordance with the requirements and policies stipulated by the Ministry.

Draft copies of the schedule of revenues and expenses and the annual reconciliation return as of December 31, 2018 are attached as Appendix 1 and 2.

The financial schedule is prepared specifically for the purposes of meeting the requirements outlined in the service agreements with the funding Ministry.

The financial schedule for Public Health Programs are a provincial requirement as noted in the audit report as follows:

“The schedule is prepared to assist the Region in complying with the Guidelines. As a result, the schedule may not be suitable for another purpose.”

## **Analysis**

The audit of the Public Health Program has been 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.

Upon approval by Council, these schedules are submitted to the Ministry 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 schedule:

Public Health General Programs – The total of all programs results in a grant receivable of \$95,377. The receivable reported reflects actual expenditure that is eligible for subsidy.

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**

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

## **Other Pertinent Reports**

None.



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**Prepared by:**

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

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**Recommended by:**

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

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**Submitted by:**

Ron Tripp, P.Eng.  
Acting, Chief Administrative Officer

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

**Appendices**

Appendix 1	General Health Programs – Schedule of Revenues and Expenses
Appendix 2	General Health Programs – Annual Reconciliation Return

Schedule of revenue, expenses and grant receivable/repayable

**The Regional Municipality of  
Niagara Public Health Department**  
General programs

December 31, 2018

DRAFT

# **The Regional Municipality of Niagara Public Health Department**

General programs  
December 31, 2018

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DRAFT

## Independent Auditor's Report

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

### Opinion

We have audited the accompanying schedule of revenue, expenses and grant receivable/payable of The Regional Municipality of Niagara Public Health Department – General Programs (the "Program" or "Region") 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 Public Health Accountability Agreement effective January 1, 2018 between the Ontario Ministry of Health and Long Term Care and The Regional Municipality of Niagara and the 2017 Program-Based Grants User Guide for Health Programs and Services (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 Guidelines. 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 and fair presentation of the schedule in accordance with the basis of accounting as described in Note 1, 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 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 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

## General Programs

Schedule of revenue, expenses and grant receivable/repayable  
year ended December 31, 2018

	Revenue Budget	Revenue Actual	Expense Budget	Expense Actual	Surplus (deficit) Actual	Add back: ineligible expenses	Add back: eligible expenses (revenues) in excess of Ministry funding (deficit)	Grant repayable (receivable)
	\$	\$	\$	\$	\$	\$	\$	\$
<b>Province of Ontario</b>								
Mandatory Programs MOHLTC (75%)	19,932,700	19,932,858	29,320,016	28,749,412	(8,816,554)	1,173,680	7,643,032	158
Chief Nursing Officer Support	121,500	121,500	121,578	125,710	(4,210)	4,210	-	-
Food Safety - Farm to Fork	78,400	78,400	78,478	78,400	-	(1,645)	1,645	-
Harm Reduction Program	250,000	250,000	250,000	257,683	(7,683)	7,683	-	-
Healthy Smiles Ontario (HSO)	1,250,900	1,250,900	1,253,008	1,325,288	(74,388)	74,388	-	-
Infection Control Program	90,100	90,100	89,557	94,866	(4,766)	4,766	-	-
Infectious Disease Control	611,200	611,200	620,268	643,772	(32,572)	25,637	6,935	-
Needle Exchange Program Initiative	192,000	192,000	191,974	195,003	(3,003)	3,003	-	-
Physician Services Agreement (Medical Officer of Health)	340,000	286,522	340,000	219,636	66,886	900	-	67,786
Safe Water Program	35,300	35,300	35,296	36,200	(900)	900	-	-
Small Drinking Water Systems (75%)	40,400	40,400	53,945	56,551	(16,151)	-	16,151	-
Smoke Free Ontario Strategy Program	668,600	668,600	670,382	758,805	(90,205)	87,810	2,395	-
Social Determinants of Health Nurses	180,500	180,500	179,505	191,545	(11,045)	4,766	6,279	-
Vector-Borne Diseases Program (75%)	500,100	500,100	669,060	667,209	(167,109)	-	167,109	-
Youth Tobacco Use Prevention	80,000	80,000	80,170	85,243	(5,243)	5,243	-	-
<b>One-time</b>								
Business Intelligence Framework (2018-19)	167,100	125,325	-	7,947	117,378	-	(117,378)	-
Vision Screening Tools (2018-19)	42,600	-	-	42,600	(42,600)	-	-	(42,600)
Cannabis Enforcement (2018-19)	52,600	-	-	52,600	(52,600)	-	-	(52,600)
HSO: Dental Operator (2017-18)	-	28,000	-	28,000	-	-	-	-
Needle Exchange Program Initiative: Supplies (2017-18)	-	84,403	-	81,968	2,435	-	-	2,435
Outbreak of Diseases: Infection Prevention (2017-18)	-	3,953	-	3,953	-	-	-	-
Panorama Project (2017-18)	-	94,825	-	96,061	(1,236)	1,236	-	-
Smoking Cessation Programming (2017-18)	-	26,185	-	26,609	(423)	423	-	-
Universal Influenza (UIPP)	-	-	-	45,247	(45,247)	-	35,577	(9,670)
Meningococcal C	-	5,551	-	100,579	(95,028)	-	64,037	(30,991)
Human Papillomavirus	-	26,316	-	154,716	(128,400)	-	98,506	(29,895)
	24,634,000	24,712,937	33,953,236	34,125,603	(9,412,664)	1,393,001	7,924,288	(95,377)
<b>Region grant and other income</b>								
The Regional Municipality of Niagara levy	9,079,296	8,973,504	-	-	8,973,504	-	-	-
Other income	322,000	343,783	-	-	343,783	-	-	-
	9,401,296	9,317,287	-	-	9,317,287	-	-	-
<b>Total</b>	34,035,296	34,030,224	33,953,236	34,125,603	(95,377)	1,393,001	7,924,288	(95,377)

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

# The Regional Municipality of Niagara Public Health Department

## General Programs

Schedule of revenue, expenses and grant receivable/repayable  
year ended December 31, 2017

	Revenue Budget	Revenue Actual	Expense Budget	Expense Actual	Surplus (deficit) Actual	Add back: ineligible expenses	Add back: eligible expenses (revenues) in excess of Ministry funding (deficit)	Grant repayable (receivable)
	\$	\$	\$	\$	\$	\$	\$	\$
<b>Province of Ontario</b>								
Mandatory Programs MOHLTC (75%)	19,352,100	19,352,100	30,705,724	28,133,903	(8,781,803)	1,602,207	7,179,596	-
CNO Support	121,500	121,500	125,458	127,607	(6,107)	3,954	2,153	-
Food Safety - Farm to Fork	78,400	78,400	80,868	116,765	(38,365)	38,365	-	-
Safe Water Program	35,300	35,300	36,435	36,435	(1,135)	1,135	-	-
Harm Reduction Program	250,000	250,000	250,000	251,063	(1,063)	-	1,063	-
Healthy Smiles Ontario	1,226,300	1,226,300	1,272,355	1,337,640	(111,340)	66,275	45,065	-
Infection Control Program	90,100	90,100	92,586	93,891	(3,791)	3,791	-	-
Infectious Disease Control	611,200	611,200	623,192	631,315	(20,115)	20,115	-	-
Physician Services Agreement (Medical Officer of Health)	340,000	289,444	340,680	283,337	6,107	832	-	6,939
Needle Exchange Program Initiative	187,500	174,000	176,525	190,672	(16,672)	3,172	-	(13,500)
Small Drinking Water Systems (75%)	40,400	40,400	56,335	57,060	(16,660)	-	16,660	-
Smoke Free Ontario Strategy Program	668,600	668,600	706,350	737,533	(68,933)	68,297	636	-
Youth Tobacco Use Prevention	80,000	80,000	84,567	85,019	(5,019)	5,019	-	-
Social Determinants of Health Nurses	180,500	180,500	185,437	189,295	(8,795)	8,795	-	-
Vector-Borne Diseases Program (75%)	500,100	499,900	666,700	679,311	(179,411)	-	179,411	-
Universal Influenza (UIPP)	-	-	-	31,638	(31,638)	-	25,268	(6,370)
Meningococcal C	-	21,165	-	152,576	(131,411)	-	100,352	(31,059)
Human Papillomavirus	-	36,601	-	193,103	(156,502)	-	127,007	(29,495)
<b>One-time</b>								
Healthy Menu Choices	108,800	-	-	108,800	(108,800)	-	-	(108,800)
HSO: Dental Operator	28,000	-	-	-	-	-	-	-
Needle Exchange Program Initiative: Program Supplies	109,395	2,494	-	34,992	(32,498)	-	7,506	(24,992)
New Purpose-Built Vaccine Refrigerators	70,000	-	-	70,126	(70,126)	-	126	(70,000)
Outbreak of Diseases: Infection Prevention	14,300	-	-	10,347	(10,347)	-	-	(10,347)
Panorama Project	129,000	40,190	60,644	110,171	(69,981)	1,036	34,770	(34,175)
Public Health Inspector	10,000	-	-	10,000	(10,000)	-	-	(10,000)
Smoking Cessation Programming	30,000	30,000	-	34,123	(4,123)	308	-	(3,815)
Immunization of School Pupils Act	11,200	-	-	11,200	(11,200)	-	-	(11,200)
Investment income	-	-	-	-	-	-	-	-
	<b>24,272,695</b>	<b>23,828,194</b>	<b>35,463,856</b>	<b>33,717,922</b>	<b>(9,889,728)</b>	<b>1,823,301</b>	<b>7,719,613</b>	<b>(346,814)</b>
<b>Region grant and other income</b>								
The Regional Municipality of Niagara levy	10,759,162	9,051,783	-	-	9,051,783	-	-	-
Other income	432,000	491,131	-	-	491,131	-	-	-
	<b>11,191,162</b>	<b>9,542,914</b>	<b>-</b>	<b>-</b>	<b>9,542,914</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>35,463,857</b>	<b>33,371,108</b>	<b>35,463,856</b>	<b>33,717,922</b>	<b>(346,814)</b>	<b>1,823,301</b>	<b>7,719,613</b>	<b>(346,814)</b>

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

# The Regional Municipality of Niagara

## Public Health Department

General programs

Notes to the schedule

December 31, 2018

---

### 1. Significant accounting policies

The schedule has been prepared for the Ontario Ministry of Health and Long Term Care in accordance with the Public Health Accountability Agreement effective January 1, 2018 between the Ontario Ministry of Health and Long Term Care and the Regional Municipality of Niagara and the 2017 Program-Based Grants User Guide (the "guidelines"). The agreement requires the schedule to be prepared in a manner consistent with the 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 and note disclosure required by GAAP for a complete set of financial statements. The financial results for the Healthy Communities Fund is not included in the schedule of revenue, expenses and grant receivable/repayable for the year ended December 31, 2018.

Significant accounting policies are as follows:

- (i) Revenues are reported on the cash basis of accounting.
- (ii) Expenses are recorded if they are eligible for the program and incurred in the period, except for employee future benefits (iv).
- (iii) Tangible capital assets acquired are reported as an expenses and amortization is not recorded.
- (iv) Employee future benefits are provided which will require funding in future periods. These benefits included vacation pay, 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.
- (v) 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 judgments.
- (vi) Total expenses are reported on the schedule of revenue, expenses and grant receivable/repayable in order to understand the full cost of the program. Ineligible expenses as per the funding agreement have been removed for the purpose of determining the grant repayable/receivable.

### 2. Grant receivable

The grant receivable from the Province of Ontario is subject to audit verification by the Ontario Ministry of Health and Long Term Care. The grants receivable are non-interest bearing and are normally received in the subsequent year.

	2018	2017
	\$	\$
Grant receivable, beginning of year	346,814	4,720
Amounts recovered during the year	(347,053)	(64,970)
Amounts repaid during the year	158	38,626
Adjustment to prior year balances*	1,881	21,624
Grant receivable current year	93,577	346,814
Grant receivable, end of year	95,377	346,814

\*Represents adjustments made to correct differences between amounts originally recorded and amounts settled related to repayable and receivable balances for prior years.



# The Regional Municipality of Niagara Public Health Department

General programs

Notes to the schedule

December 31, 2018

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### 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.

DRAFT

Annual Reconciliation Report

**The Regional Municipality of  
Niagara Public Health Department**  
General programs

December 31, 2018

DRAFT

# **The Regional Municipality of Niagara Public Health Department**

December 31, 2018

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DRAFT

## Independent Auditor's Report

To the Members of Council of The Regional Municipality of Niagara and the Ontario Ministry of Health and Long Term Care

### Opinion

We have audited the accompanying schedules (4.4, 4.5, 4.6) of the annual reconciliation report of The Regional Municipality of Niagara Public Health Department – General Programs (the "Program" or "Region") for the year ended December 31, 2018 and notes to the report, including a summary of significant accounting policies (collectively referred to as the "schedules").

In our opinion, the accompanying schedules of the Program as at December 31, 2018 is prepared, in all material respects, in accordance with the Public Health Accountability Agreement effective January 1, 2018 between the Ontario Ministry of Health and Long Term Care and The Regional Municipality of Niagara and the Instructions for completing the 2018 Annual Report and Attestation (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 schedules 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 the Note to the schedules, which describes the basis of accounting. The schedules are prepared to assist the Region in complying with the Guidelines. As a result, the schedules 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 basis of accounting described in the Note to the schedules, and for such internal control as management determines is necessary to enable the preparation of the schedules 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 Schedules

Our objectives are to obtain reasonable assurance about whether the schedules as a whole 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 these 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.

(To be signed Deloitte LLP)

Chartered Professional Accountants  
Licensed Public Accountants  
[date of report]

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# Board of Health for the Niagara Region Public Health Department

## 2018 Annual Reconciliation As of December 31, 2018

### Actual Expenditures by Account January 1, 2018 to December 31, 2018

Account	Budget (at 100%)	Actual (at 100%)	Variance Under / (Over)	
A	B	C	D = B - C	E = D / B
Salaries and Wages	20,713,643	19,716,426	997,217	4.8%
Benefits	4,732,092	5,815,500	(1,083,408)	-22.9%
Travel	491,900	440,243	51,657	10.5%
Professional Services	82,232	263,043	(180,811)	-219.9%
Expenditure Recoveries & Offset Revenues	(322,000)	(285,510)	(36,490)	11.3%
Other Program Expenditures	8,384,866	6,320,246	2,064,620	24.6%
<b>Total Expenditures</b>	<b>34,082,733</b>	<b>32,269,948</b>	<b>1,812,785</b>	<b>5.3%</b>
Adjustments	-	(7)	7	0.0%
<b>Total Adjusted Expenditures</b>	<b>34,082,733</b>	<b>32,269,941</b>	<b>1,812,792</b>	<b>5.3%</b>

# Board of Health for the Niagara Region Public Health Department

## 2018 Annual Reconciliation As of December 31, 2018

### Expenditure Recoveries & Offset Revenues Reconciliation January 1, 2018 to December 31, 2018

Mandatory Programs	Actual (at 100%)
Interest Income	
Universal Influenza Immunization Program clinic reimbursement	(9,670)
Meningococcal C Program clinic reimbursement	(36,542)
Human Papilloma Virus Program reimbursement	(56,211)
Other (Specify):	
By-law related product and service, expense reimbursement and miscellaneous revenue	(183,088)
<b>Sub-total Mandatory Programs Expenditure Recoveries &amp; Offset Revenues (A)</b>	<b>(285,510)</b>
Reported in Base Funding and One-Time Funding Worksheets	(285,510)
Difference	-
Other Sources of Funding	
Interest Income	
Other (Specify):	
<b>Sub-total Other Programs Offset Revenues (B)</b>	<b>-</b>
Reported in Base Funding and One-Time Funding Worksheets	-
Difference	-
<b>Total Expenditure Recoveries &amp; Offset Revenues (C = A+B)</b>	<b>(285,510)</b>
Difference	-

**Board of Health for the Niagara Region Public Health Department**

**2018 Annual Reconciliation  
As of December 31, 2018**

**Funding Received from the Ministry**

Programs/Sources of Funding	Cashflow Received in 2018	Prior Year Adjustments Processed in 2018	2018 Adjustments Processed in 2019	Other		Funding Received from the Ministry
				\$	Please Specify	
A	B	C	D	E	F	G = SUM (B:E)
<b>2017-18 One-Time Funding (April 1, 2017 to March 31, 2018)</b>						
<b>Operating Funding</b>						
Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)	30,000					30,000
Healthy Smiles Ontario Program: Dental Operator (100%)	28,000					28,000
Healthy Menu Choices Act, 2015 -Enforcement (100%)	33,000					33,000
Outbreaks of Diseases: Infection Prevention and Control Lapses (100%)	14,300					14,300
Panorama - Immunization Solution (100%)	129,000					129,000
Public Health Inspector Practicum Program (100%)	10,000					10,000
Needle Exchange Program Initiative (100%)	109,395					109,395
New Purpose-Built Vaccine Refrigerators (100%)	70,000					70,000
<b>2017-18 One-Time Funding Total (A)</b>	<b>423,695</b>					<b>423,695</b>
<b>Base Funding (January 1, 2018 to December 31, 2018)</b>						
Mandatory Programs (Cost-Shared)	19,932,700	158				19,932,858
Chief Nursing Officer Initiative (100%)	121,500					121,500
Electronic Cigarettes Act: Protection and Enforcement (100%)	69,100					69,100
Enhanced Food Safety - Haines Initiative (100%)	78,400					78,400
Enhanced Safe Water Initiative (100%)	35,300					35,300
Harm Reduction Program Enhancement (100%)	250,000					250,000
Healthy Smiles Ontario Program (100%)	1,250,900					1,250,900
Infection Prevention and Control Nurses Initiative (100%)	90,100					90,100
Infectious Diseases Control Initiative (100%)	611,200					611,200
MOH / AMOH Compensation Initiative (100%)	286,522			(39,444)	2018 Year-end accrual	247,078
Needle Exchange Program Initiative (100%)	205,500	(13,500)				192,000
Small Drinking Water Systems Program (Cost-Shared)	40,400					40,400
Smoke-Free Ontario Strategy: Prosecution (100%)	25,200					25,200
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	474,300					474,300
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000					100,000
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	80,000					80,000
Social Determinants of Health Nurses Initiative (100%)	180,500					180,500
Vector-Borne Diseases Program (Cost-Shared)	500,300	(200)				500,100
<b>Base Funding Total (B)</b>	<b>24,331,922</b>	<b>(13,542)</b>	-	<b>(39,444)</b>		<b>24,278,936</b>
<b>2018-19 One-Time Funding (April 1, 2018 to March 31, 2019)</b>						
<b>Operating Funding</b>						
Mandatory Programs: Business Intelligence Framework (100%)	125,325					125,325
Smoke-Free Ontario Strategy: Cannabis Enforcement (100%)	-					-
Healthy Growth/School Health: Vision Screening Tools (100%)	-					-
<b>2018-19 One-Time Funding Total (C)</b>	<b>125,325</b>	-	-	-		<b>125,325</b>



**Board of Health for the Niagara Region Public Health Department**

2018 Annual Reconciliation As of December 31, 2018									
Annual Reconciliation by Sources of Funding									
Programs/Sources of Funding	Q4 Expenditures (at 100%)	Actual Expenditures (at 100%)	Variance Under / (Over)		Actual Expenditures (at provincial share)	Approved Allocation	Eligible Expenditures	Funding Received from the Ministry	Due to / (From) Province
			\$	(%)					\$
A	B	C	D = B - C	E = D / B	F = C * Prov. Share	G	H = MIN(F,G)	I	J = I - H
2017-18 One-Time Funding (April 1, 2017 to March 31, 2018)									
Operating Funding									
Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)		30,000			30,000	30,000	30,000	30,000	-
Healthy Smiles Ontario Program: Dental Operator (100%)		28,000			28,000	28,000	28,000	28,000	-
Healthy Menu Choices Act, 2015 -Enforcement (100%)		33,000			33,000	33,000	33,000	33,000	-
Outbreaks of Diseases: Infection Prevention and Control Lapses (100%)		14,300			14,300	14,300	14,300	14,300	-
Panorama - Immunization Solution (100%)		129,846			129,846	129,000	129,000	129,000	-
Public Health Inspector Practicum Program (100%)		10,000			10,000	10,000	10,000	10,000	-
Needle Exchange Program Initiative (100%)		106,960			106,960	109,395	106,960	109,395	2,435
New Purpose-Built Vaccine Refrigerators (100%)		70,125			70,125	70,000	70,000	70,000	-
2017-18 One-Time Funding Total (A)		422,231			422,231	423,695	421,260	423,695	2,435
Base Funding (January 1, 2018 to December 31, 2018)									
Mandatory Programs (Cost-Shared)	27,521,299	27,426,099	95,200	0.3%	20,569,574	19,932,700	19,932,700	19,932,858	158
Chief Nursing Officer Initiative (100%)	121,500	121,500	-	0.0%	121,500	121,500	121,500	121,500	-
Electronic Cigarettes Act: Protection and Enforcement (100%)	69,100	69,100	-	0.0%	69,100	69,100	69,100	69,100	-
Enhanced Food Safety - Haines Initiative (100%)	78,400	78,400	-	0.0%	78,400	78,400	78,400	78,400	-
Enhanced Safe Water Initiative (100%)	35,300	35,300	-	0.0%	35,300	35,300	35,300	35,300	-
Harm Reduction Program Enhancement (100%)	250,000	250,000	-	0.0%	250,000	250,000	250,000	250,000	-
Healthy Smiles Ontario Program (100%)	1,278,900	1,250,900	28,000	2.2%	1,250,900	1,250,900	1,250,900	1,250,900	-
Infection Prevention and Control Nurses Initiative (100%)	90,100	90,100	-	0.0%	90,100	90,100	90,100	90,100	-
Infectious Diseases Control Initiative (100%)	611,200	611,200	-	0.0%	611,200	611,200	611,200	611,200	-
MOH / AMOH Compensation Initiative (100%)		218,736			218,736	179,292	179,292	247,078	67,786
Needle Exchange Program Initiative (100%)	273,968	192,000	81,968	29.9%	192,000	192,000	192,000	192,000	-
Small Drinking Water Systems Program (Cost-Shared)	53,867	53,867	-	0.0%	40,400	40,400	40,400	40,400	-
Smoke-Free Ontario Strategy: Prosecution (100%)	25,200	25,200	-	0.0%	25,200	25,200	25,200	25,200	-
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	474,300	474,300	-	0.0%	474,300	474,300	474,300	474,300	-
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000	100,000	-	0.0%	100,000	100,000	100,000	100,000	-
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	80,000	80,000	-	0.0%	80,000	80,000	80,000	80,000	-
Social Determinants of Health Nurses Initiative (100%)	180,500	180,500	-	0.0%	180,500	180,500	180,500	180,500	-
Vector-Borne Diseases Program (Cost-Shared)	666,800	666,800	-	0.0%	500,100	500,100	500,100	500,100	-
Base Funding Total (B)	31,910,434	31,924,002	(13,568)	-0.0%	24,887,310	24,210,992	24,210,992	24,278,936	67,944
Total 2018 Annual Reconciliation (A+B)		32,346,233			25,309,541	24,634,687	24,632,252	24,702,631	70,379
2018-19 One-Time Funding (April 1, 2018 to March 31, 2019)									
							Surpluses to be Carried Forward to March 31, 2019		
Operating Funding									
Mandatory Programs: Business Intelligence Framework (100%)	167,100	7,946	159,154	95.2%	7,946	167,100	7,946	125,325	117,379
Smoke-Free Ontario Strategy: Cannabis Enforcement (100%)		52,600			52,600	52,600	52,600	-	(52,600)
Healthy Growth/School Health: Vision Screening Tools (100%)		42,600			42,600	42,600	42,600	-	(42,600)
2018-19 One-Time Funding Total	167,100	103,146	63,954	38.3%	103,146	262,300	103,146	125,325	22,179

# The Regional Municipality of Niagara

## Public Health Department

General programs

Note to the schedules

December 31, 2018

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### 1. Significant accounting policies

The report has been prepared for the Ontario Ministry of Health and Long Term Care in accordance with the Public Health Accountability Agreement effective January 1, 2018 between the Ontario Ministry of Health and Long Term Care and the Regional Municipality of Niagara and the Instructions for completing the 2018 Annual Report and Attestation (the "Guidelines"). The agreement requires the report to be prepared in a manner consistent with the 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 and note disclosure required by GAAP for a complete set of financial statements.

Significant accounting policies are as follows:

#### *Revenue and expenses*

Revenues are recognized in the year in which they are earned. Expenses are recorded if they are eligible for the program and incurred in the period, except for employee future benefits.

#### *Capital assets*

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

#### *Employee future benefits*

Employee future benefits are provided which will require funding in future periods. These benefits included vacation pay, 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 report involves the use of estimates and approximations. These have been made using careful judgments.

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**Subject:** Increasing Capacity for Mental Health Services using External Funding

**Report to:** Public Health & Social Services Committee

**Report date:** Tuesday, July 9, 2019

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## Recommendations

That Regional Council

1. **APPROVE** creation of two new full time permanent positions in Mental Health, funded using newly approved LHIN funding.
2. **DIRECT** staff to continue to advocate for additional funding for Mental Health, consistent with the Mental Health & Well-Being objective of Council's new Strategic Plan.

## Key Facts

- Early Psychosis Intervention (EPI) is a service operated by Niagara Region Mental Health, providing early treatment for individuals between the ages of 14 and 35 years who are experiencing their first episode of psychosis so that the condition is managed immediately, minimizing long term impact on the client
- EPI has seen a 41% increase in demand for service over the past five years
- EPI currently operates at 224% of its target capacity set by the LHIN
- Niagara Region Mental Health is 100% funded by the LHIN with no subsidy from the Regional Levy
- Public Health & Emergency Services has successfully advocated to the LHIN to increase funding for this service by \$161,240 annually in order to expand its capacity with two additional front-line positions
- The impact of the new positions will be an additional 1000 client visits, and approximately a 33% increase in capacity
- Regional Council requires staff to seek its approval before creating any new permanent positions

## Financial Considerations

The annual estimated cost of the Mental Health Nurse would be \$102,407 inclusive of all benefits, and \$58,833 inclusive of benefits for the Peer Specialist. The LHIN has approved funding equal to these costs as per the notices provided in Appendix 1 to this report. Funding will consist of \$85,339 for the Mental Health Nurse and \$49,028 for the Peer Specialist for the remainder of the 2019/2020 fiscal year, which ends March 31, 2020. The base LHIN funding will be increased to the full annual amounts of \$102,407 and \$58,833 for the 2020/2021 fiscal year.

In addition to the 100% funding of the above positions, the LHIN has also provided one-time funding of \$3,000 to support the Mental Health Nurse position and one-time funding of \$4,500 to support the Peer Specialist position to cover expenditures such as training and equipment.

Addition of these two positions in Mental Health is completely funded by the LHIN (including for space, technology, human resources, and other back-office support) with no implication on the Regional Levy, and no net impact on the Regional operating budget.

## **Analysis**

According to the Early Psychosis Intervention Ontario Network (EPION), approximately 3% of the population experiences psychosis. Each year about 12 out of every 100,000 people in Ontario will experience their first episode of psychosis and the overwhelming majority of them will be adolescents and young adults between the ages of 14 and 35 (EPI Program Standards, Ministry of Health and Long Term Care, 2011).

Psychosis is a debilitating condition that may include delusions, hallucinations, disordered thinking and bizarre behaviour. The first few years of psychosis carry the highest risk of serious physical, social and legal consequences. One in 10 people with psychosis die by suicide; two-thirds of these deaths occur within the first five years of illness (EPI Program Standards, Ministry of Health and Long Term Care, 2011).

When we are able to identify psychosis and intervene early, there is a reduction in the duration of the illness and the need for medication and hospital stays. Specialized early intervention treatment helps teenagers and young adults to recover more quickly and return to their regular lives.

Niagara Region Mental Health (NRMH) has been providing EPI services since 2005. The EPI service uses a team approach to treatment and care coordination with a team of two Mental Health Nurses, two Social Workers, one Occupational Therapist, and a consultant psychiatrist. Currently, the EPI team does not include a Peer Specialist.

The EPI team provides several clinics each month. Approximately 80% of the EPI services are provided in the community at locations that are comfortable and convenient for the individuals served.

EPI services include

- ongoing psychiatric/medical assessment and intensive treatment and rehabilitation
- client and family education support and counselling
- crisis intervention
- cognitive behaviour therapy

- supportive psychotherapy
- relapse prevention

Provincial EPI Program Standards outline the following timelines for service:

- 72 hours between referral and initial contact
- 2 weeks between referral and face-to-face clinic appointment
- 30 days between referral and assessment by the psychiatrist.

Current local demand far exceeds resources available. We have seen a steady increase in demand for service (over 40% since 2014). This has resulted in wait times that are significantly longer than the above provincial standards. Last year, the EPI team saw 168 individuals despite the performance target set by the LHIN being 75 individuals; current services is therefore 224% above the target.

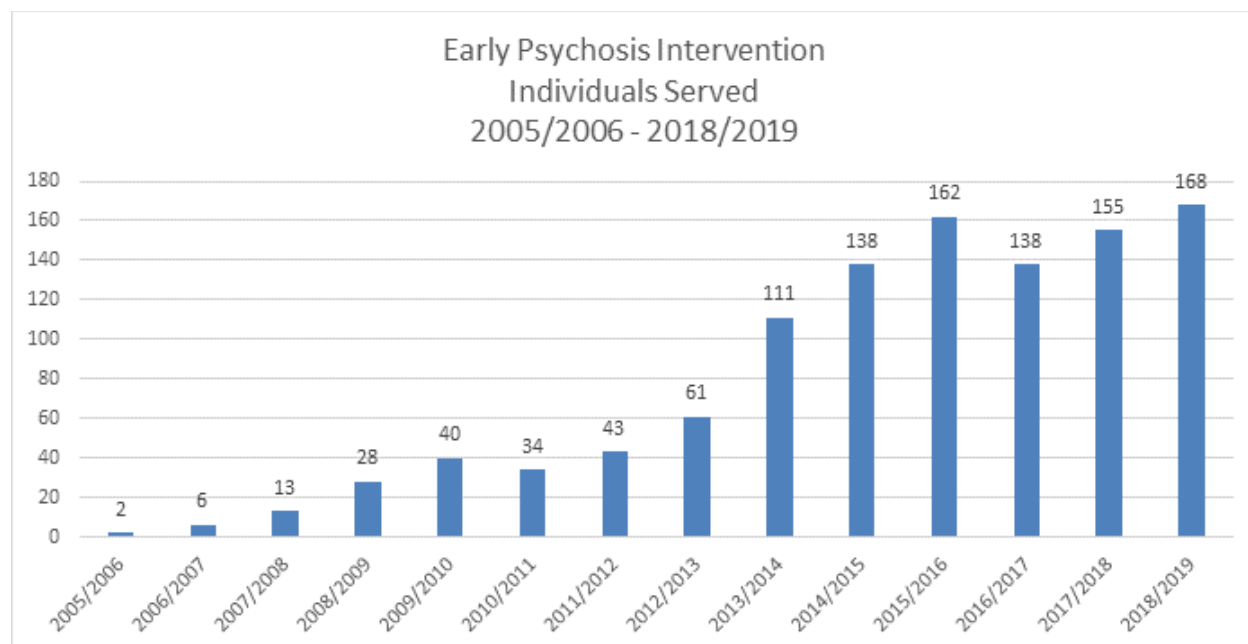


Figure 1 Individuals Served in EPI by Year

The two full time positions planned for creation are a Mental Health Nurse and a Peer Specialist. The addition of one Mental Health Nurse will facilitate the assessment and treatment of an additional 25 individuals each year. The proposed addition of one Peer Specialist will enhance the EPI team's ability to serve individuals from a lived experience perspective. The EPI Program Standards state that an EPI team should include a peer worker who provides psychosocial support and education for individuals and their families. Together, the new positions will provide an additional 1000 client visits each year.

## **Alternatives Reviewed**

If the new positions are not created, the new funding must be returned to the LHIN since the Region cannot retain unused surplus LHIN funding, nor use it for other purposes. Doing this would result in wait times continuing to increase and continuing to worsen against the EPI Program Standards. This would result in increased days of untreated illness and potentially an increase in the use of ambulance services and hospital emergency services. Without the additional of a Peer Specialist, the EPI team is unable to provide valuable lived experience in supporting individuals and their families.

## **Relationship to Council Strategic Priorities**

This recommendation supports objective 2.2 of the new Council Strategic Plan for improved Mental Health & Well-Being. This report's recommendations increase access to Mental Health treatment in Niagara for individuals experiencing their first episode of psychosis, and their families, with no net budget impact on the Region.

## **Other Pertinent Reports**

None

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### **Prepared by:**

Lisa Panetta  
Manager, Mental Health  
Clinical Services Division  
Public Health & Emergency Services

---

### **Recommended by:**

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

---

### **Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Krista Whittard, Clinical Team Manager, Mental Health and Michael Leckey, Program Financial Specialist, and reviewed by Angela Alfieri-Maiolo, Director, Clinical Services.*

## **Appendices**

PHD 13-2019 – Appendix 1  
PHD 13-2019 – Appendix 2



211 Pritchard Road, Unit 1  
Hamilton, ON L8J 0G5  
Tel: 905 523-8600  
Toll Free: 1 800 810-0000  
[www.hnhblhin.on.ca](http://www.hnhblhin.on.ca)

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Sans frais : 1 800 810-0000  
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June 3, 2019

Dr. Mustafa Hirji  
Acting Medical Officer and Commissioner of Public Health  
The Regional Municipality of Niagara - Mental Health  
1815 Sir Isaac Brock Way PO Box 1052 Stn Main  
Thorold ON L2V 0A2

Dear Dr. Hirji:

**Re: Peer Support Services Program 2019-20**

The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) is pleased to advise The Regional Municipality of Niagara - Mental Health (RMON) that it will be receiving up to an additional \$49,028 base funding in 2019-20 (annualized to \$58,833 in 2020-21) and one-time funding of \$4,500 to support the Peer Support Services Program. Details of the funding, including applicable terms and conditions are set out in Schedule A.

In accordance with the *Local Health System Integration Act, 2006* the LHIN hereby gives notice that, subject to RMON's agreement, it proposes to amend the Multi-Sector Service Accountability Agreement (MSAA) between the HNHB LHIN and RMON to reflect the additional funding and conditions with effect as of the date of this letter.

Please be advised that if your agency is fulfilling a sponsoring or lead agency role, you are accountable to the LHIN for the deliverables, funding and reporting. This approval is conditional on organizations submitting financial and performance reports to the LHIN on a prescribed schedule as described in the attached Schedule A.

The HNHB LHIN will provide the additional funding as set out in the attached schedules, subject to the Ministry of Health and Long-Term Care (ministry) receiving the necessary appropriation from the Ontario Legislature.

RMON is required to maintain financial records for this allocation. Unspent funds, and funds not used for the intended and approved purposes, are subject to recovery.

It is also essential that you manage costs within your approved budget.

Please indicate RMON's acceptance of the proposed funding, the conditions on which it is provided, and RMON's agreement to the amendment of the MSAA by signing below and returning one copy of this letter **by June 18, 2019**, to the attention of Shannon Lawrence, Analyst, Funding, HNHB LHIN, 211 Pritchard Rd., Unit 1, Hamilton ON, L8J 0G5. Please also return a copy electronically to [shannon.lawrence@lhins.on.ca](mailto:shannon.lawrence@lhins.on.ca).

.../2

Dr. Mustafa Hirji

Should you have any questions regarding the information provided in the letter, please contact Derek Bodden, Director, Finance, at [derek.bodden@lhins.on.ca](mailto:derek.bodden@lhins.on.ca) or (905) 523-8600, ext. 4228.

Sincerely,



Donna Cripps  
Chief Executive Officer  
Hamilton Niagara Haldimand Brant Local Health Integration Network

Att: Schedule A  
Performance & Budget Reporting Templates

c: Jim Bradley, Regional Chair, RMON  
Donovan D'Amboise, Manager, Financial Reporting, RMON  
Kelly Cimek, Director, Planning, HNHB LHIN  
Derek Bodden, Director, Finance, HNHB LHIN

I agree to the terms and conditions in this letter dated June 3, 2019 regarding Peer Support Services Program 2019-20.

**AGREED TO AND ACCEPTED BY**

The Regional Municipality of Niagara - Mental Health

By:

Mustafa Hirji

Acting Medical Officer and Commissioner of  
Public Health

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have authority to bind The Regional Municipality of Niagara - Mental Health

and By:

Jim Bradley

Regional Chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have authority to bind The Regional Municipality of Niagara - Mental Health

.../3



### Schedule A

1. **2019-20 Funding Details:** \$49,028 (annualized to \$58,833 in 2020-21) (Base Funding) and one-time funding of \$4,500.

2. **Program Description:**

Expansion of 1 FTE peer support worker in the early intervention program within mental health and addictions in Niagara to increase clients served by peer support services such as one-to-one or group-based support and decrease wait times for individuals accessing these services.

3. **Specific Terms and Conditions Applicable to the Funding:**

The Regional Municipality of Niagara - Mental Health (RMON) agrees that it will:

- (a) use the funding to support the Peer Support Services Program and for no other purpose. This funding cannot be diverted to fund increases in employee compensation.
- (b) not use surplus funds for any other program without prior written consent from the HNHB LHIN. This funding is subject to recovery and reconciliation.
- (c) have all new staff hired under this funding complete Ontario's San'yas Indigenous Cultural Safety Training by the end of Q3 2019-20. This online, self-directed training will be paid for by the HNHB LHIN and can be arranged by emailing [hnhb.submissions@lhins.on.ca](mailto:hnhb.submissions@lhins.on.ca).
- (d) as a team member work in collaboration with other health service providers on coordinated care planning based on the Health Links Model of Care and following the provincial coordinated care plan template.

4. **Financial and Statistical Performance and Reporting:**

- a) Financial and statistical Quarterly Reporting will be reported under the following Functional Centre in SRI: COM Primary Care – MH Early Intervention 72 5 10 76 51
- b) New statistical targets associated with this funding are outlined below. These annual and pro-rated volumes are also found in the Budget Reporting template:

COM Primary Care – MH Early Intervention 72 5 10 76 51	Annual Performance Targets (Beginning 2020-21)	Pro-rated Performance Targets (Fiscal year 2019-20)
Individuals Served	50	42
Visits	750	625
Group Session	45	38
Group Participant Attendances	300	250

- c) Please include the funding and expense updates in the Budget Adjustment columns on the financial pages in the appropriate functional centre effective Quarter 2.

.../4

Dr. Mustafa Hirji

- d) Supplemental financial and performance reporting is required utilizing the Reporting Template attached. Reporting periods are as follows:

Reporting Period	Dates of Reporting Period	Due Date
Quarter 1	April 1, 2019 – June 30, 2019	August 7, 2019
Quarter 2	July 1, 2019 – September 30, 2019	November 7, 2019
Quarter 3	October 1, 2019 – December 31, 2019	February 7, 2020
Year-End Report	January 1, 2020 – March 31, 2020	June 7, 2020

- e) The need for supplemental (performance and/or financial) reporting beyond June 7, 2020 will be determined by the LHIN in conjunction with RMON.
- f) Please provide a year-end report by June 7, 2020 on the following:
- Number of individuals who report improved health and mental health and addictions outcomes after accessing peer support services; and
  - Number of individuals who report an increased awareness of mental health and addictions issues and resources to support their recovery.
- g) The performance and budget reporting templates are to be submitted to [hnhb.reporting@lhins.on.ca](mailto:hnhb.reporting@lhins.on.ca).

Should you have any questions related to these templates, please contact Doris Downie, Advisor, Funding (budget reporting) at [doris.downie@lhins.on.ca](mailto:doris.downie@lhins.on.ca) or Kiran Kumar, Advisor, Performance & Accountability (performance reporting) at [kiran.kumar@lhins.on.ca](mailto:kiran.kumar@lhins.on.ca). For questions related to Mental Health & Addictions planning at the HNHB LHIN, please contact Kelly Cimek, Director, Planning at [kelly.cimek@lhins.on.ca](mailto:kelly.cimek@lhins.on.ca).



2019-20
Regional Municipality of Nanara - Mental Health Program
Early Psychosis Intervention - Peer Support
Mental Health
100238
4034

[illegible]

FC Code	Secondary Account	Unit Definition	Annual Number	Units of Service	
				Pro Rated	10
72 5 10 76 51	8-450*, 451*, 455*	Votes For/In-line House and Telephone Contracted Out	750		
	#1/A	#1/A			
	#1/A	#1/A			
	#1/A	#1/A			
	#1/A	#1/A			
	#1/A	#1/A			
		Administration Costs			
		Total Revenue (non-LHN funding)			
		TOTAL FUNDING REQUESTED*			
		* Totals must agree to 12 Month Budget of One Time Funding			

## Legend:

HSP to complete via drop-down  
HSP to complete manually  
LHIN to complete

## Peer Support Services Program 2019-20

Program Status Report

Project Name	Early Psychosis Intervention - Peer Support
Service Sector	Mental Health
Lead Organization Name	Regional Municipality of Niagara - Mental Health Program
Project Description	Expansion of 1 FTE peer support worker in the early intervention mental health and addictions sector in Niagara. Will increase clients served by peer support services such as one-to-one or group-based support and decrease wait times for individuals accessing these services.
Project HSP Contact	
Project HSP Partners	
Reporting Start Month and Year	Month Year

Quality Dimension	Measures	Annual Target	2019-20				2020-21				2021-22				Current Cumulative
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Appropriately Resourced	FTEs Hired	1													0
Access	Visits	750													0
Access	Individuals Served	50													0
Access	Groups	45													0
Access	Group Participant Attendances	300													0
Access	Average number of days clients waited to access service	Report Only													0

Additional HSP's Comments on Program Implementation (add additional comments to each quarterly report):

LHIN Review Comments:

Please provide a year end report by June 7, 2020 on the following:

- a) Number of individuals who report improved health and mental health and addictions outcomes after accessing peer support services; and
- b) Number of individuals who report an increased awareness of mental health and addictions issues and resources to support their recovery.



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June 3, 2019

Dr. Mustafa Hirji  
Acting Medical Officer and Commissioner of Public Health  
The Regional Municipality of Niagara - Mental Health  
1815 Sir Isaac Brock Way PO Box 1052 Stn Main  
Thorold ON L2V 0A2

Dear Dr. Hirji:

**Re: Early Psychosis Intervention Program 2019-20**

The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) is pleased to advise The Regional Municipality of Niagara - Mental Health (RMON) that it will be receiving up to an additional \$85,339 base funding in 2019-20 (annualized to \$102,407 in 2020-21) and one-time funding of \$3,000 to support the Early Psychosis Intervention Program. Details of the funding, including applicable terms and conditions are set out in Schedule A.

In accordance with the *Local Health System Integration Act, 2006* the LHIN hereby gives notice that, subject to RMON's agreement, it proposes to amend the Multi-Sector Service Accountability Agreement (MSAA) between the HNHB LHIN and RMON to reflect the additional funding and conditions with effect as of the date of this letter.

Please be advised that if your agency is fulfilling a sponsoring or lead agency role, you are accountable to the LHIN for the deliverables, funding and reporting. This approval is conditional on organizations submitting financial and performance reports to the LHIN on a prescribed schedule as described in the attached Schedule A.

The HNHB LHIN will provide the additional funding as set out in the attached schedules, subject to the Ministry of Health and Long-Term Care (ministry) receiving the necessary appropriation from the Ontario Legislature.

RMON is required to maintain financial records for this allocation. Unspent funds, and funds not used for the intended and approved purposes, are subject to recovery.

It is also essential that you manage costs within your approved budget.

Please indicate RMON's acceptance of the proposed funding, the conditions on which it is provided, and RMON's agreement to the amendment of the MSAA by signing below and returning one copy of this letter **by June 18, 2019**, to the attention of Shannon Lawrence, Analyst, Funding, HNHB LHIN, 211 Pritchard Rd., Unit 1, Hamilton ON, L8J 0G5. Please also return a copy electronically to [shannon.lawrence@lhins.on.ca](mailto:shannon.lawrence@lhins.on.ca).

Dr. Mustafa Hirji

Should you have any questions regarding the information provided in the letter, please contact Derek Bodden, Director, Finance, at [derek.bodden@lhins.on.ca](mailto:derek.bodden@lhins.on.ca) or (905) 523-8600, ext. 4228.

Sincerely,



Donna Cripps  
Chief Executive Officer  
Hamilton Niagara Haldimand Brant Local Health Integration Network

Att: Schedule A  
Budget & Performance Reporting Templates

c: Jim Bradley, Regional Chair, RMON  
Donovan D'Amboise, Manager, Financial Reporting, RMON  
Kelly Cimek, Director, Planning, HNHB LHIN  
Derek Bodden, Director, Finance, HNHB LHIN

I agree to the terms and conditions in this letter dated June 3, 2019 regarding Early Psychosis Intervention Program 2019-20.

**AGREED TO AND ACCEPTED BY**

The Regional Municipality of Niagara - Mental Health

By:

Mustafa Hirji

Acting Medical Officer and Commissioner of  
Public Health

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have authority to bind The Regional Municipality of Niagara - Mental Health

and By:

Jim Bradley

Regional Chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have authority to bind The Regional Municipality of Niagara - Mental Health

.../3

### Schedule A

1. **2019-20 Funding Details:** \$85,339 (annualized to \$102,407 in 2020-21) (Base Funding) and one-time funding of \$3,000.
2. **Program Description:**  
Expansion of Early Psychosis Intervention program(s) in Niagara by 1 FTE Registered Nurse will increase individualized psychosocial interventions including the use of psychotherapies and supports related to family education and intervention, education, and/or employment.

3. **Specific Terms and Conditions Applicable to the Funding:**

The Regional Municipality of Niagara - Mental Health (RMON) agrees that it will:

- (a) use the funding to support the Early Psychosis Intervention Program and for no other purpose. This funding cannot be diverted to fund increases in employee compensation.
- (b) not use surplus funds for any other program without prior written consent from the HNHB LHIN. This funding is subject to recovery and reconciliation.
- (c) have all new staff hired under this funding complete Ontario's San'yas Indigenous Cultural Safety Training by the end of Q3 2019-20. This online, self-directed training will be paid for by the HNHB LHIN and can be arranged by emailing [hnhb.submissions@lhins.on.ca](mailto:hnhb.submissions@lhins.on.ca).
- (d) as the integrated care lead, develop a coordinated care plan in collaboration with other health service providers on all patients associated with this funding based on the Health Links Model of Care and following the provincial coordinated care plan template

4. **Financial and Statistical Performance and Reporting:**

- a) Financial and statistical Quarterly Reporting will be reported under the following Functional Centre in SRI: COM Primary Care – MH Early Intervention 72 5 10 76 51
- b) New statistical targets associated with this funding are outlined below. These annual and pro-rated volumes are also found in the Budget Reporting template:

COM Primary Care – MH Early Intervention 72 5 10 76 51	Annual Performance Targets (Beginning 2020-21)	Pro-rated Performance Targets (Fiscal year 2019-20)
Individuals Served	25	21
Visits	500	417

- c) Please include the funding and expense updates in the Budget Adjustment columns on the financial pages in the appropriate functional centre effective Quarter 2.



Dr. Mustafa Hirji

- d) Supplemental financial and performance reporting is required utilizing the Reporting Template attached. Reporting periods are as follows:

Reporting Period	Dates of Reporting Period	Due Date
Quarter 1	April 1, 2019 – June 30, 2019	August 7, 2019
Quarter 2	July 1, 2019 – September 30, 2019	November 7, 2019
Quarter 3	October 1, 2019 – December 31, 2019	February 7, 2020
Year-End Report	January 1, 2020 – March 31, 2020	June 7, 2020

- e) The need for supplemental (performance and/or financial) reporting beyond June 7, 2020 will be determined by the LHIN in conjunction with RMON.
- f) Please provide a year-end report by June 7, 2020 on the following:
- Number of individuals who report improved health and mental health outcomes after accessing individualized psychosocial interventions; and
  - Number of individuals who receive supports related to family education and intervention, education and/or employment.
- g) The performance and budget reporting templates are to be submitted to [hnhb.reporting@lhins.on.ca](mailto:hnhb.reporting@lhins.on.ca).
- Should you have any questions related to these templates, please contact Doris Downie, Advisor, Funding (budget reporting) at [doris.downie@lhins.on.ca](mailto:doris.downie@lhins.on.ca) or Kiran Kumar, Advisor, Performance & Accountability (performance reporting) at [kiran.kumar@lhins.on.ca](mailto:kiran.kumar@lhins.on.ca). For questions related to Mental Health & Addictions planning at the HNHB LHIN, please contact Kelly Cimek, Director, Planning at [kelly.cimek@lhins.on.ca](mailto:kelly.cimek@lhins.on.ca).



2019-20	Regional Municipality of Niagara - Mental Health Services	100238
	Early Psychosis Intervention	4034
	Mental Health	

2019-20
Regional Municipality of Niagara - Mental Health Program
Early Psychosis Intervention
Mental Health
100238
4034

**Mental Health**  
**LHIN Program: Revenue & Expenses**

[illegible]

Service Code or Functional Centre						Units of Service							Budget Per Funding Letter	
	Functional Centre	FC Code	Secondary Account	Unit Definition	Annual Number	Pro Rated 10	Unit Definition	Annual Number	Pro Rated 10	Unit Definition	Annual Number	Pro Rated 0	Annual Costs	Pro Rated Costs 10
CDM - Primary Care - MH Early Intervention		72 S 10 76 S1	S 450*, 451*, 459*	N/A Peak Incentive and Telephone Im House and Contracted Out	500	417	Individuals Served by Functional Centre	25	21	Group Sessions		-	102,407	85,339
Category		#N/A	#N/A	#N/A		-	#N/A		-	#N/A		-		-
Category		#N/A	#N/A	#N/A		-	#N/A		-	#N/A		-		-
Category		#N/A	#N/A	#N/A		-	#N/A		-	#N/A		-		-
Category		#N/A	#N/A	#N/A		-	#N/A		-	#N/A		-		-
Category		#N/A	#N/A	#N/A		-	#N/A		-	#N/A		-		-
Administration Costs														
Total Revenue (non-LHN funding)														
TOTAL FUNDING REQUESTED*														
* Totals must agree to 12 Month Budget on Page 1														
One Time Funding														
													102,407	85,339
													£11,264,453	3,000

## Legend:

HSP to complete via drop-down  
HSP to complete manually  
LHIN to complete

### Early Psychosis Intervention Program 2019-20

Program Status Report

Project Name	Early Psychosis Intervention
Service Sector	Mental Health
Lead Organization Name	Regional Municipality of Niagara - Mental Health Program
Project Description	Expansion of Early Psychosis Intervention program(s) in Niagara by 1 FTE Registered Nurse will increase individualized psychosocial interventions including the use of psychotherapies and supports related to family education and intervention, education, and/or employment.
Project HSP Contact	
Project HSP Partners	
Reporting Start Month and Year	Month Year

Quality Dimension	Measures	Annual Target	2019-20				2020-21				2021-22				Current Cumulative
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Appropriately Resourced	FTE's Hired	1.0													0
Access	Visits	500													0
Access	Individuals Served	25													0
Access	Average number of days clients waited to access service.	Report Only													0
															0
															0
															0

Additional HSP's Comments on Program Implementation (add additional comments to each quarterly report):

LHIN Review Comments:

Please provide a year end report by June 7, 2020 on the following:

- Number of individuals who report improved health and mental health outcomes after accessing individualized psychosocial interventions; and
- Number of individuals who receive supports related to family education and intervention, education and/or employment.

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**Subject:** Sole Source EMS Interdev Software Support Agreement and Hardware Purchase

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, July 9, 2019

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## **Recommendations**

1. That Council **AUTHORIZE** staff to proceed with the purchase of Panasonic CF33 laptops, and a support and service contract from Interdev as a sole source in accordance with section 18 (a) items (i) of Procurement By-law No. 02-2016, as amended on February 28, 2019 which permits sole source procurement if “compatibility of a Purchase with existing equipment, product standards, facilities or service is paramount consideration.”

## **Key Facts**

- The purpose of this report is to obtain Regional Council’s approval to award a single source contract greater than \$1 million in accordance with Schedule B of of Procurement By-law No. 02-2016, as amended on February 28, 2019
- Panasonic CF31 laptops are used by paramedics to complete mandatory electronic patient care records (ePCR)
- The current hardware is at end of life and no longer supported by the vendor
- Niagara Region owns the licenses for Interdev’s iMedic Electronic Patient Care Record (ePCR) software
- Niagara EMS has used Interdev’s iMedic ePCR application as it’s standard for 6 years
- An Expression of Interest (EOI) was conducted in Q2 2018 that provided insight to options for alternate ePCR providers and associated hardware
- The result of the EOI provided the basis for the recommendation to continue using the current vendor as the provider of software and hardware
- By purchasing the hardware and software through the same contract, economic and operational efficiencies are gained through the support and service of both products

## **Financial Considerations**

Funding of \$696,000 for hardware replacements of the current Panasonic CF31s was approved and initiated through project 20000607 as part of the 2018 capital budget (CSD 65-2017).

The cost of the replacement hardware is \$577,118 plus applicable taxes (net Regional cost of \$587,275 inclusive of non-refundable HST) (Appendix 1). This quote includes installation of software, modems and mounting units to be used in the vehicles. This amount is \$108,725 under budget and will be returned to the general capital levy project for future use.

In addition to the capital purchase of the laptops, the service contract with the current ePCR provider requires renewal. Costs associated with the ePCR contract are included in the existing operating budget. The renewals have increased by the rate of inflation (as determined by the Canadian Inflation Calculator) and these increases will be included within future operating budgets. Annual operating costs are \$154,686; (2019/2020), \$174,022 (2020/2021), and \$193,358 (2021/2022). The 2021/2022 cost includes an option to renew at the same price plus an inflationary adjustment based on the Consumer Price Index (CPI) for a 4<sup>th</sup> and 5<sup>th</sup> year. Detailed quotes are provided in Appendix 2.

## **Analysis**

Since 2013, Niagara EMS has been using Interdev as our electronic patient care record (ePCR) system and the 5-year service level agreement expired on February 1, 2018. An extension of the service was negotiated until August 31, 2018 and month to month since that time to provide time to review ePCR service provider options through an Expression of Interest that was issued Q2 2018.

Niagara EMS has recently undertaken a System Transformation Project (STP) that is setting a course to change the way in which EMS services have been provided; into one that is integrated with the broader health system and uses evidence-informed decision-making to plan these services. While consideration was given to this being an opportune time to procure a patient record system that will help the service move into this new way of service delivery, it has ultimately been determined that the opposite is actually the case. As the future service delivery processes and procedures are continuously evolving and it is not entirely clear what that future will look like in terms of the specific needs/requirements related to an ePCR system, issuing a an RFP at this juncture would be premature. As well, currently many systems are working hard to offer full integration with provincial and local health record management systems, however this is all relatively new and it is uncertain how this is going to develop with the various providers of ePCR systems in Ontario.

As the work of the STP continues over the next 12-24 months, it will become clearer as to the future needs of the service and the opportunity to better plan for adopting a system to help us meet those needs, rather than procuring a system now and having to adapt the system to meet its abilities.



Staff's recommendation is to contract InterDev, for a three year service and maintenance agreement with two additional one-year options (3+1+1).

This will allow Niagara EMS to procure a contract with the current provider and that coupled with a Performance Agreement element which addresses current issues with the system will result in the following benefits which:

- provides Niagara EMS with 12-18 months to continue with the System Transformation Project to better understand long-term needs for patient record management;
- allows (with the completion of the above) an additional 12-18 months to consider and conduct a procurement process and any resultant time required to transition to a new system;
- positions the organization in both budget and human resources for a possible change in the next 36-60 months;
- defers the timing of a procurement for a new ePCR system until systems will have established the ability for data sharing between various health record systems;
- avoids any service disruption to the organization, which is already undergoing substantial changes in service delivery; and
- ensures that the necessary replacement hardware is procured in a timely manner as there is risk associated with the current aging hardware

Niagara EMS is currently operating on a month-by-month basis with Interdev while we work through the details of a service level agreement (SLA) and seek approvals for the sole source procurement.

## **Alternatives Reviewed**

An RFP could be conducted for a new system. As described above, however, the timing is not well-suited to knowing requirements for a future system, nor for having options with provincial and local health record integration. With respect to the RFP process, an evaluation of the level of effort not only in the proposal process itself but the business implications (should the result require a change in system provider) would require an abundance of resources which are not currently available unless front line service is reduced.

An Expression of Interest completed in June of 2018 identified two other vendors currently providing ePCR services in Ontario. Both of these systems are used in very few Ontario services.

Not purchasing new hardware and software is not recommended, as the Service is legislatively required to provide patient care record documentation that is in accordance with standards, and an ePCR system can no longer function reliably unless new hardware and software is purchased.

In absence of the use of electronic charting, paper-based documentation would remain the only option. This is not recommended. Paper-based documentation virtually eliminates the ability to integrate with other e-health systems and would negate the ability to access vital data and statistical information. It would also undermine Niagara EMS's current status as technological leader and innovator in the province, and harm Niagara Region's claim to operating a dedicated communication (dispatch) centre given that this was done to create a technology testing ground for the province.

### **Relationship to Council Strategic Priorities**

The purchase of ePCR software and hardware for Niagara EMS is in keeping with Council's objectives for High Quality, Efficient, and Coordinated Core Services as well as Fiscal Sustainability.

### **Other Pertinent Reports**

Not applicable

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#### **Prepared by:**

Kevin Smith  
Chief, Niagara Emergency Medical  
Services & Director, Emergency  
Services

---

#### **Recommended by:**

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

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#### **Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

### **Appendices**

Appendix 1

Appendix 2

Interdev Quote

Annual Services

Page 5

Page 6-8

## Appendix 1



## Quote

Date: 5/16/2019  
Quote #  
20190516\_Niagara

TO Randy McDougall  
Niagara EMS

1-289-929-6581

Salesperson	Job	Payment Terms	Due Date
KM			

Qty	Description	MSRP	Interdev Offered Unit Price	Line Total
108	CF33LC11AAVM MK1, 8GB, 256GB SSD, STANDARD BATTERY, REAR CAMERA, <b>LTE</b> , WIN10, 64 BIT, ENGLISH	5,498.00	4,149.20	448,113.60
108	CFVEK331LMP Full Red Backlit Keyboard Dock for CF-33. Ethernet, SDXC (full-size), HDMI, VGA, USB 2.0, USB 3.0 x2, Serial (USB), Docking Connector, Handle, Kensington Lock, Tablet Release Lever with Lock/Unlock Tab	918.00	753.03	81,413.64
110	iMEDIC set-up/ installation, encryption, mobi, antivirus etc.		500.00	N/C
2	CF20G7108VM MK2, DUAL, 8GB, <b>256GB SSD</b> , WEBCAM, REAR CAMERA, BRIDGE BATTERY, <b>LTE</b> , WIN10, 64 BIT, ENGLISH	6,203.00	4,295.25	8,590.50
50	DS-PAN-1106 Havis Cradle (no electronics) for Panasonic Toughbook 33		780.00	39,000.00
Subtotal				\$577,117.74
HST 13%				\$75,025.31
Total				\$652,143.05

Thank you for your business!

## Appendix 2

### Annual Services

Interdev's ongoing support services is as below:

#### Niagara EMS Support for Year 1 (April 1, 2019 to March 31, 2020)

Support	Price	Units	Cost / Year	Discount 20%
Platinum Support per laptop / year	600	105	63,000	50,400
System Hosting or on-site support	2000	12	24,000	19,200
Software Upgrades 20% of license cost (per year)	250,690	0.2	50,138	40,110
iMedic Web Paramedic Portal	70	216	15,120	12,096
Interdev Analytics User CAL	1200	1	1,200	960
Interdev Analytics Document CAL	600	4	2,400	1,920
CADLink Connection Maintenance	300	105	31,500	25,200
CADLink Communication Server Hosting	500	12	6,000	4,800
<b>Total Annual Support</b>			<b>\$193,358.00</b>	<b>\$154,686.40</b>



**Niagara EMS Support for Year 2  
 (April 1, 2020 to March 31, 2021)**

<b>Support</b>	<b>Price</b>	<b>Units</b>	<b>Cost / Year</b>	<b>Discount 10%</b>
Platinum Support per laptop / year	600	105	63,000	56,700
System Hosting or on-site support	2000	12	24,000	21,600
Software Upgrades 20% of license cost (per year)	250,690	0.2	50,138	45,124
iMedic Web Paramedic Portal	70	216	15,120	13,608
Interdev Analytics User CAL	1200	1	1,200	1,080
Interdev Analytics Document CAL	600	4	2,400	2,160
CADLink Connection Maintenance	300	105	31,500	28,350
CADLink Communication Server Hosting	500	12	6,000	5,400
<b>Total Annual Support</b>			<b>\$193,358.00</b>	<b>\$174,022.20</b>

\*A percent increase as per the Consumer Price Index will be in addition.

### Niagara EMS Support for Year 3 and Optional Years 4 & 5

Support	Price	Units	Cost / Year
Platinum Support per laptop / year	600	105	63,000
System Hosting or on-site support	2000	12	24,000
Software Upgrades 20% of license cost (per year)	250,690	0.2	50,138
iMedic Web Paramedic Portal	70	216	15,120
Interdev Analytics User CAL	1200	1	1,200
Interdev Analytics Document CAL	600	4	2,400
CADLink Connection Maintenance	300	105	31,500
CADLink Communication Server Hosting	500	12	6,000
<b>Total Annual Support</b>			<b>\$193,358.00</b>

\*A percent increase per year as per the Consumer Price Index will be in addition.

\*HST extra

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**Subject:** Procurement of Homelessness Services for Period of April 1, 2020-March 31, 2023

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, July 9, 2019

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## Recommendations

1. That the Negotiated Request for Proposal (NRFP) process **BE INITIATED** in Q3 2019 and that Staff **BE AUTHORIZED** to enter into negotiations with the selected proponents based on the multiple NRFP processes, and award in Q1 2020 based on confirmation of funding.
2. That the evaluation scoring matrix (Appendix A), to be used to score NRFP submissions from potential proponents, **BE APPROVED**.

## Key Facts

- The purpose of this report is to seek Regional Council's approval of a number of recommendations pertaining to the formal procurement for the homelessness service system for the period of 2020 to 2023.
- Homelessness Services will be issuing multiple Negotiated Request for Proposals with the goal to seek preferred proponents who will be invited to enter into direct contract negotiations with Homelessness Services for service delivery and to participate in the transformation to an improved integrated homelessness services system.
- NRFPs will be executed in the following priority areas: prevention, outreach, shelter, transitional housing, Housing First and Home for Good supportive housing.
- Throughout 2019 information was gathered through ongoing planning activities and community engagement to inform the NRFP framework and procurement process, evaluation-scoring matrix, and service system scopes of work.

## Financial Considerations

1. Homelessness Services is primarily funded by the Ministry of Municipal Affairs and Housing (MMAH) \$8,286,923 (which includes Community Homelessness Prevention Initiative (CHPI) and Home for Good funding), the federal Reaching Home funding (\$958,596) as well as Regional levy (\$1,703,561 -15.6%) for the year 2019.

2. a) Funding of an estimated \$7.1 million per annum from provincial, federal and levy contributions will be utilized for contract awards, subject to confirmation of funding amounts.  
  
b) Remaining monies are used in the area of prevention to support the housing stability plan (\$2.0 M), Niagara Emergency Energy Fund (\$0.5 M), program direct delivery (\$0.8 M) and program administration including inter-company charges (\$0.6 M).
3. Termination clauses will exist in all agreements should the need to terminate early, based on future funding announcements, be required.
4. 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 Reaching Home (previously known as *Homelessness Partnering Strategy*) and is identified as the local Community Entity for this funding.

Homelessness services are currently delivered by 22 community providers through purchase of service contracts with Niagara Region and a partnership with the Social Assistance and Employment Opportunities (SAEO) division. 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*.

Niagara Region contracts with service providers will end on March 31, 2020.

Consistent with past practice, Niagara Region intends to contract for the three-year period from April 1, 2020 - March 31, 2023 and will be issuing multiple negotiated request for proposals in accordance with the Procurement By-Law.

Homelessness Services undertook a full system review in 2019, which included a comprehensive consultation process with service providers and resulted in ten recommendations as outlined in the January 2019 *Homelessness Systems Service Review* report by Whitesell & Company. These key recommendations are intended to transform the system in order to better serve clients with targeted outcomes measured

through new key performance indicators. The NRFP process will support the transition and transformation of the existing homelessness service system.

The NRFP will be standard among six service areas (shelter, outreach, supported transitional housing, prevention, Housing First and Home for Good). These priorities will address Niagara Region's contractual obligations for federal and provincial funding and will also help advance action details in *"A Home for All: Niagara's 10 year community Action Plan to help people find and keep housing"*. There will be separate schedules for each service area to allow for customized submissions.

### **Procurement approach and evaluation scoring matrix**

To accommodate providers submitting for more than one funding priority, the NRFPs will be staggered over a four-week period from October 1 to October 29, 2019, with deadlines six weeks after issuance.

The NRFP will identify preferred proponents who will enter into contract negotiations to operate homelessness services. Proponents will also be expected to participate in the transformation to a new integrated homeless system.

NRFP Review Panels will be established, with members' selected based on criteria, such as:

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

Once NRFP submissions are received, members will review and score written submissions.

Proponents will be required to complete a written submission for each service area of interest. After the NRFP closing date, Niagara Region's Strategic Sourcing division will review all submissions to determine compliance. All compliant written submissions will be distributed to Review Panel members for review and scoring.

Written submissions will be scored, out of a possible 100 points based on:

- Organizational Capacity and Fit (20 points)
- Quality Service Delivery (40 points)
- Collaboration and Partnerships (15 points)
- Innovation and Continuous Improvement (15 points)
- Budget (10 points).

See Appendix A for further details on the above.

The preferred proponents for each service area will be based on the highest score, and will be invited to enter into contract negotiations with Niagara Region to provide that particular service, and participate in the transformation to a new, more integrated system. Niagara Region will continue to enter into contract negotiations with the proponents having the next highest score for the specific service area until all funding is allocated. More than one proponent may be awarded in each category.

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

Steps	Timelines
Council Approval	July 2019
NRFP Information Session (for interested proponents)	September 2019
NRFP Issuance (staggered)	Oct-Nov 2019
NRFP Close (staggered)	Nov-Dec 2019
Evaluation of NRFP	Dec 2019 – Jan 2020
Negotiations	Until complete (anticipated by Feb 2020)
Announcement of Preferred Proponents	Feb 2020

Subject to provincial, federal and levy funding and following negotiations, Homelessness Services will enter into purchase of service agreements with preferred proponents to ensure continuity of services across Niagara.

Homelessness Services will monitor to ensure any transfers of services are provided in accordance with the service agreement. Should the service provider fail to perform these services, Niagara Region may terminate the service agreement in accordance with the terms and conditions of the agreement.

Reporting on the successful proponents will be provided to the Public Health and Social Services Committee and Regional Council based on the requirements in the purchasing by-law for delegating spending authority to staff. (By-Law – 02-2016).

### **Alternatives Reviewed**

Not applicable.

### **Relationship to Council Strategic Priorities**

Not applicable.

## Other Pertinent Reports

- COM 10-2019 Homelessness Services System Review
- COM 23-2019 Niagara Region Application for Built for Zero Canada
- COM 26-2019 Homelessness Services Report 2018

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### Prepared by:

Jeffrey Sinclair, BBA  
Homelessness Action Plan Advisor  
Community Services

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### Recommended by:

Adrienne Jugley, MSW, RSW, CHE  
Commissioner  
Community Services

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### Submitted by:

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared with input from Chandra Hardeen, Manager, Homelessness Services; Kayla DePauw, Program Finance Specialist; Jeff Mulligan, Manager, Strategic Sourcing; and reviewed by Cathy Cousins, Director, Homelessness and Community Engagement.*

## Appendices

Appendix A – Proposed Evaluation Scoring Matrix

Item	Evaluation Components	Points
Demonstrates organizational capacity and fit	<p>1) Demonstrates that service delivery will support Homelessness System of Niagara and align with service system review and HHAP.</p> <p>2) Demonstrates experience providing key activities that comprise the service, including the minimum service activities identified in Schedule A. Clearly identifies:</p> <ul style="list-style-type: none"> <li>specialized approaches, capabilities, and/or assets</li> <li>access to in-kind, complimentary or other relevant services</li> </ul> <p>3) Demonstrates a clear understanding of how the service fits into the organizational structure</p> <p>4) Demonstrates history of fiscal responsibility and management capability</p> <p>5) Demonstrates development and retention of a team of qualified staff through:</p> <ul style="list-style-type: none"> <li>Current staffing expertise and administrative supports</li> <li>Specific recruitment and retention strategies, on-boarding practices</li> <li>Professional development approach to keep informed on the latest research on Homelessness services and other relevant topics.</li> <li>Strategies for retention of staff</li> </ul> <p>6) Past monitors to be considered with demonstrated capacity</p>	20
Demonstrates quality service delivery	<p>1) Clearly identifies target population(s) and geographic area(s) for service and demonstrates expertise in serving target population(s) and geographic area(s)</p> <p>2) Clearly identifies how the key activities of service delivery will achieve the expected service outcomes for clients and support KPI's for that service area</p>	40
Demonstrates collaboration and partnership	<p>1) Demonstrates how the project supports one or more goals of Niagara's 10-year housing and homelessness action plan, <i>A Home for All</i></p> <p>2) Identifies an intentional approach for the organization to engage broadly with community partners to support achievement of service outcomes</p> <p>3) Clearly identifies existing and new key collaborations/partnerships, their partnership role and contribution, and how the contribution supports expected service outcomes identified in Schedule A.</p> <p>4) Demonstrates a recognition of the value of Lived Experience through structured activities that:</p> <ul style="list-style-type: none"> <li>Engage clients beyond their role as "service user"</li> <li>Include persons with lived experience and engaging them in in decision-making</li> <li>Solicit and respond to client feedback</li> </ul>	15



Demonstrates Innovation and continuous improvement	<p>1) Demonstrates adaption and use of best practices for service delivery</p> <p>2) Demonstrates an understanding of how the service fits within the Homelessness System 2.0 model and demonstrates willingness to support the successful transformation of Niagara homelessness services system to Homelessness System 2.0.</p> <p>3) Demonstrates an understanding of key trends that impact achievement of service outcomes.</p> <ul style="list-style-type: none"> <li>• Identifies one or more key barriers to success, and for each barrier identifies one or more organizational strategies to mitigate their impact</li> <li>• Identifies one or more key opportunities to support success, and for each opportunity identifies one or more organizational strategies to leverage them</li> </ul>	15
Project costs	<p>1) Proposed budget is aligned with program objectives, is reasonable and clearly articulates both NRFP funded costs and contributions from other sources. (There is no requirement for other contributions; however, applications which include other contributions will be evaluated more favourably).</p> <p>2) No more than 10% of the budget is spent on administration, including management oversight of the service and providing program space, etc.</p>	10

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**Subject:** Budget Adjustment – Children’s Services**Report to:** Public Health and Social Services Committee**Report date:** Tuesday, July 9, 2019

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## Recommendations

That an adjustment to the previously adopted 2019 Regional Municipality of Niagara (Niagara Region) operating budget in the amount of \$2,293,053, to be fully funded through the Ministry of Education (MEDU) grants, **BE APPROVED**.

## Key Facts

- The purpose of this report is to inform Council of the in-year funding announcement received from the MEDU for Children’s Services and obtain approval of the related budget adjustment. In-year receipt of funding must comply with by-law 2017-63, Budget Control, items 6.6(a) and 6.6(b), requiring Council’s approval for any amounts received in excess of \$1 million for operating programs.
- In 2018 Children’s Services prepared their 2019 budget with a conservative approach to the MEDU funding amounts due to anticipated funding reductions. Children’s Services removed Fee Stabilization and Indigenous-led Child Care and Child and Family Programs funding from their 2019 Budget, as it was understood that they were time-limited grants. Estimates of all other funding amounts budgeted remained the same as the 2018 MEDU actual funding, for a total of \$41,770,048.
- On April 18, 2019, a preliminary funding announcement was made by MEDU to the Region for \$40,519,596, in comparison to the estimated amount included in the 2019 Niagara Region operating budget of \$41,770,048. This resulted in an anticipated \$1,250,452 decrease in funding. Similar decreases across Ontario, and anticipated increased cost share requirements, received significant push back from the municipalities.
- On June 7, 2019, MEDU announced a final revised child care funding amount of \$44,063,101 for 2019. This increase is attributable to mainly one-time grants, specific to support child care expansion, fee stabilization and Indigenous-led child care and child and family programs. This results in funding of \$2,293,053 over the initial budgeted estimate of \$41,770,048 for which a budget adjustment is required.

## Financial Considerations

MEDU recently confirmed the 2019 funding allocation for Niagara Region in early June 2019. This amount is now comparable to what was provided to Niagara Region in 2018, with a slight increase of \$65,893 or 0.2%. The following table depicts the approved 2019 MEDU funding announcements compared to the funding originally budgeted for as part

of the approved 2019 Niagara Region operating budget (as well as what was originally announced in April 2019):

2019 Child Care Service Agreement	April 18, 2019 MEDU Funding Announcement (for information)	2019 Regional Budget for MEDU Funding	June 7, 2019 MEDU Funding Agreement	Budget Adjustment Required
<b>Total Operating Allocation</b>	<b>\$ 27,233,653</b>	<b>\$28,483,419</b>	<b>\$28,385,468</b>	<b>(\$97,751)</b>
<b>Other Allocations</b>				
Wage Enhancement	4,804,924	4,811,525	4,898,801	87,276
Small Waterworks		591	791	200
Fee Stabilization Support	298,700	-	298,700	298,700
Expansion Plan and Early Learning Child Care (ELCC) Funding	7,706,219	8,055,338	8,971,150	915,812
Base Funding for Licensed Home Child Care (LHCC)	476,100	419,175	476,100	56,925
Indigenous-led Child Care and Child and Family Programs			1,032,091	1,032,091
<b>Total Other Allocation</b>	<b>13,285,943</b>	<b>13,286,629</b>	<b>15,677,633</b>	<b>2,391,004</b>
<b>Total 2019 Child Care Allocation</b>	<b>\$ 40,519,596</b>	<b>\$41,770,048</b>	<b>\$44,063,101</b>	<b>\$2,293,053</b>

## Analysis

This item is being brought to committee in compliance with by-law 2017-63, Budget Control, requiring Council approval for budget adjustments in excess of \$1 million.

The funding grants received in addition to those originally budgeted for in the 2019 Niagara Region operating budget will be invested in their respective program areas in accordance to provincial funding guidelines. There are no levy impacts for this budget adjustment for 2019. Further information of the funding types referred to in the previous table are detailed below:

### 2019 Child Care Service Agreement

*Total Operating Allocation* - The Total Operating Allocation includes administration dollars for the planning and management of the licensed child care and early years' service system, and core service delivery of; subsidized child care for families in need, supports for children with special needs within licensed child care programs; and funds to support the costs of operating licensed child care programs in order to reduce wait

times and fees for services, stabilize service levels, and improve access to high quality affordable early learning and child care services for children and their families.

*Wage Enhancement Grant/Home Child Care Enhancement Grant* - The Wage Enhancement Grant / Home Child Care Enhancement Grant is 100% funded by the MEDU to increase staff wages in the licensed child care sector (no cost sharing is required).

*Expansion Plan and Early Learning Child Care Funding* – The purpose of the funding is to support parents, families and communities in their efforts to ensure the best possible future for their children. This funding provides investments in early learning and child care to increase quality, accessibility, affordability, flexibility, and inclusivity, with prioritization for children aged 0-6 years old. The expansion funding will assist in supporting increased access to licensed child care for children aged 0-4 years. The funding includes ongoing support to the first two years of the expansion plan, in addition to operating funding to support school-based capital spaces that have opened through the expansion plan and tied to specific expansion targets.

*Fee Stabilization Support* - The Fee Stabilization Support funding was a one-time transition allocation to mitigate increases to parent fees as a result of the increase to the minimum wage requirement in 2018. It was anticipated that this would only be one-time funding and therefore not budgeted in 2019. The current allocation has been provided for the period of January to March 2019. As of March 31, 2019, this funding commitment from MEDU has ended.

*Base Funding for Licensed Home Child Care* – This funding has been provided to support a base funding model for licensed home child care agencies, of which Niagara Region is the larger of two local licensed agencies that oversee home child care sites in Niagara. The base funding is intended to provide stable, predictable funding to assist licensed home child care agencies with forecasting, planning, and actively recruiting more providers.

*Indigenous-led Child Care and Child and Family Programs* – These programs, formerly known as *The Journey Together*, seek to increase the number of culturally relevant and Indigenous-led licensed child care spaces and expand access to child and family programs for Indigenous children and families off reserves.

## **Alternatives Reviewed**

No alternatives were reviewed, as the funding must be spent in accordance with MEDU requirements.

## **Relationship to Council Strategic Priorities**

Not applicable.

## **Other Pertinent Reports**

- COM 05-2017 Wage Enhancement Grant
- COM 24-2017 Licensed Child Care Expansion Plan
- COM 05-2018 2018 Journey Together Funding.

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### **Prepared by:**

John Pickles, CPA, CA  
Program Financial Specialist  
Enterprise Resource Management  
Services

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### **Recommended by:**

Adrienne Jugley, MSW, RSW, CHE  
Commissioner  
Community Services

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### **Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Sandra Noël, Manager, Children's Services, Lori Bell, Manager, Children's Services and Donovan D'Amboise, Manager, Program Financial Support.*



**Mailing Address:**  
P.O. Box 344  
Thorold ON L2V 3Z3

**Street Address:**  
Campbell East  
1815 Sir Isaac Brock Way  
Thorold ON

Phone: 905-682-9201  
Toll Free: 1-800-232-3292  
*(from Grimsby and beyond Niagara region only)*

Main Fax: 905-687-4844  
Fax – Applications: 905-935-0476  
Fax – Contractors: 905-682-8301  
Web site: [www.nrh.ca](http://www.nrh.ca)

June 19, 2019

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

Dear Ms. Norio:

At their June 19, 2019 meeting, the Niagara Regional Housing Board of Directors passed the following motion as recommended in report NRH 8-2019:

1. That the Niagara Regional Housing Board of Directors **RECOMMENDS** to Regional Council the APPROVAL of the Program and Delivery Fiscal Plan (PDFP) for Year 1-3 under the COCHI and OPHI and approve the transfer payment agreement.
2. That the Niagara Regional Housing Board of Directors **DIRECTS** staff to proceed with the determination of the administrative requirements for the delivery of the programs.
3. That the Niagara Regional Housing Board of Directors **REQUEST** Regional Council to direct the Regional Chair to demand that the Provincial government provide additional funding for affordable housing programs in Niagara, reinstating the previous funding levels.
4. That the Niagara Regional Housing Board of Directors **REQUEST** that Regional Council consider providing financial compensation for the Provincial funding shortfall to Niagara Regional Housing.

Your assistance is requested in moving report NRH 8-2019, Canada-Ontario Community Housing (COCHI) & Ontario Priorities Housing Initiative (OPHI) through proper channels to Council for approval.

Sincerely,

Mayor Walter Sendzik  
Chair

**REPORT TO: Board of Directors of Niagara Regional Housing**

**SUBJECT: Canada-Ontario Community Housing (COCHI) & Ontario  
Priorities Housing Initiative (OPHI)**

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## **RECOMMENDATION**

1. That the Niagara Regional Housing Board of Directors **RECOMMENDS** to Regional Council the APPROVAL of the Program and Delivery Fiscal Plan (PDFP) for Year 1- 3 under the COCHI and OPHI and approve the transfer payment agreement.
2. That the Niagara Regional Housing Board of Directors **DIRECTS** staff to proceed with the determination of the administrative requirements for the delivery of the programs.
3. That the Niagara Regional Housing Board of Directors **REQUEST** Regional Council to direct the Regional Chair to demand that the Provincial government provide additional funding for affordable housing programs in Niagara , reinstating the previous funding levels.
4. That the Niagara Regional Housing Board of Directors **REQUEST** that Regional Council consider providing financial compensation for the Provincial funding shortfall to Niagara Regional Housing.

## **PURPOSE**

This report has been prepared to address the requirements necessary to access the COCHI and OPHI funding as outlined in the Community Housing Renewal Strategy (CHRS) (Appendix A). The PDFP requires approval by the Service Manager and a signature from the Regional Chair and Regional Clerk.

## **KEY FACTS**

- Niagara Regional Housing's allocation under COCHI is \$1,950,183, the allocation under OPHI is \$8,751,300 for a total of **\$10,701,483** over three years, April 2019- March 2022 (Appendix B).
- Niagara Regional Housing's allocation of the COCHI and OPHI for year 1 is \$4,145,379, year two \$2,482,380 and year three \$4,073,724.
- COCHI and OPHI funding for Year 1 (2019) are directed toward capital expenditures specifically.
- The re-confirmed IAH-E allocation for 2019 of \$2,270,400 which is directed to operating expenditures of which spending is already approved in the 2019 budget.

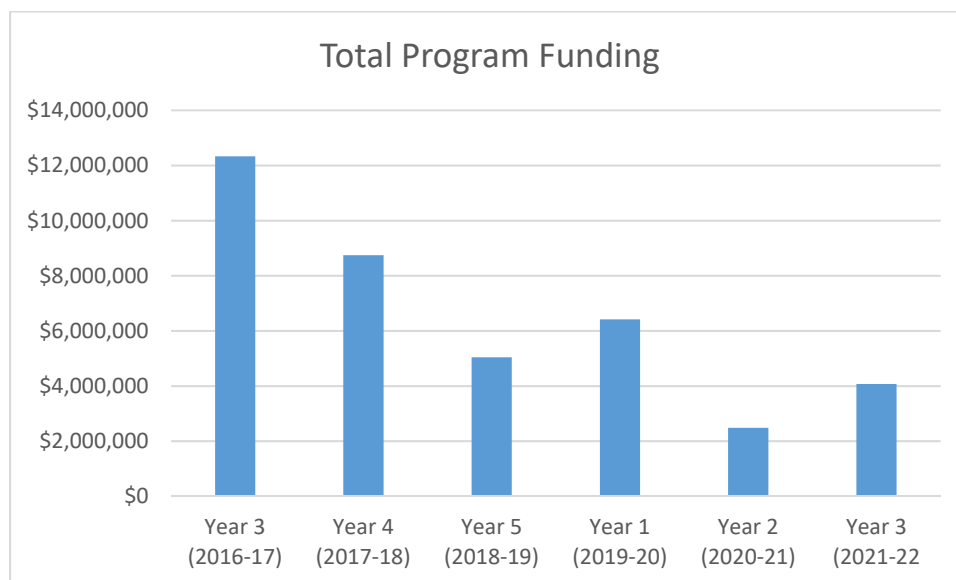
- The COCHI and OPHI Year 1-3 Funding Allocation is to be applied to rent subsidies, support services, capital repair, new development, Niagara Renovates and Welcome Home Niagara. A total of 5% of the funding is allocated to Service Manager administrative costs.
- Due to a decrease in funding, NRH will need to examine budgeting carefully to address shortfalls in specific program areas and contained herein are recommendations as such.

## CONSIDERATIONS

### Financial

The Province has provided NRH the funding allocation for Niagara, and guidelines for the programs included in the Community Housing Renewal Strategy (CHRS). Of significant concern is the impact of the \$13.15 million (50.3%) reduction in funding for affordable housing programs over the next three years (Appendix C). The 2016 to 2018 allocations under the Investment in Affordable Housing extension (IAH-E) and the Social Infrastructure Funding (SIF) programs totaled \$26,122,100 compared to the 2019 to 2021 allocation of \$12,971,883

This will mean a reduced ability to offer programs that support renovations, accessibility, home ownership and new development. In an effort to address some of these shortfalls, NRH will use the Revolving Loan Funds to support Niagara Renovates and Welcome Home Niagara in the 2020 and 2021 budgets.



Not included in the above chart is a one-time funding in 2016 under the SIF for the Social Housing Improvement Program of \$5,790,000 that was specific for the repair of existing Public Housing and Social Housing Providers. There was also an additional \$289,500 in administration funding associated with that funding.



There will be no impact to the Regional Levy. All funding to be received is Federal and Provincial funding.

### **Corporate**

COCHI and OPHI funding will be used to support the Region's Housing and Homelessness Action Plan (HHAP). More specifically the goals of: "House people who do not have a home" and "Increase opportunities and options across housing continuum".

### **Governmental Partners**

The COCHI and OPHI programs are funded in partnership between the Provincial and Federal governments.

### **Public and or Service Users**

COCHI and OPHI funding will be used directly to support maintaining households currently receiving housing allowances. In addition, this funding will address repairs for both homeowners and non-profits and co-ops, increasing opportunities for low to moderate income households to enter into homeownership and toward the intensification of residential neighborhood currently owned by NRH. All initiatives will be focused on maintaining and growing housing stock in Niagara in order to provide members of the community with safe and affordable housing.

### **ANALYSIS**

One of the key objectives of the COCHI program is to provide funding for an array of housing options that address affordable housing needs across the housing continuum. With the submission of a PDFP, Service Managers demonstrate how they will respond to the housing needs in their community through the allocation of funding over any one or more of the four components under the program:

1. New Supply of Social Housing
2. Repair to Social Housing
3. Rent Supplements
4. Transitional Housing Funding

The key objectives of OPHI include:

1. Rent Supplement/Housing Allowance & Support Services
2. New Supply (rental construction, acquisition, rehabilitation, conversion)
3. Homeownership
4. Ontario Renovates

Although COCHI and OPHI are separate programs they are designed to share common elements and are “stackable” or may be used in combination with one another to fund programs. Guidelines specify that all dollars delivered under these funding streams are given on a “use it, or lose it” basis which means that 100% of all dollars allocated in a year must be spent within that year or it will be reallocated to other providers in need. 90% of all allocations must be committed by December 31<sup>st</sup> with the remaining 10% spent no later than March 31<sup>st</sup> of the following year.

## **Allocations for the April 2019-March 2022 Period**

### **Homeownership – Welcome Home Niagara**

The Home Ownership component aims to assist low to moderate income renter households to purchase affordable homes by providing down payment assistance in the form of a forgivable loan.

Specific objectives are:

- To provide renter households with an opportunity to move into homeownership
- To ease the demand for rental housing by assisting renter households to purchase affordable homes
- To encourage non-profit affordable homeownership developers to build affordable homeownership units

Under this program, total funding advanced to each homeowner is capped at 5% of the purchase price of the home. NRH has allocated \$200,000 of the 2019 OPHI funding for this program.

The 2019 call for Welcome Home Niagara applications yielded over 30 applications, however the funding allotted to the this program for 2019 will support the purchase of only 4- 6 homes. In an effort to provide a greater number of down payments, \$100,000 was moved from the revolving loan fund into the 2019 Welcome Home Niagara budget (NRH 19-180-2.7). NRH prioritized this additional funding for applicants currently living in social housing which moves them along the housing continuum from renting to owning their own home. This will help free up valuable social housing units.

In 2020 WHN will have a budget of \$100,000 and in 2021, an allocation of \$280,000. With an evaluation of need and considering application volume, NRH may elect to provide additional dollars to this program through the Revolving Loan Program in each of the coming two years' operating budget.

Applications are currently being approved for WHN, working within the budget set forth by the province under IAH-E of \$180,000, plus the \$100,000 contribution from the revolving loan fund. Due to the low number of approvals budgeted for this year the program will maintain a waitlist for future approvals.

## **Niagara Renovates**

The Niagara Renovates component provides financial assistance in the form of a forgivable loan to renovate and/or rehabilitate affordable ownership and rental properties.

The objectives are:

- To improve the living conditions of households in need through financial assistance to repair deficiencies
- To foster independent living of seniors and persons with disabilities by providing financial assistance to support modifications and renovations to increase accessibility of affordable rental and ownership properties
- To increase the supply of affordable rental housing by providing assistance to create secondary suites in existing single family homes.

The sub components are

- 1) To assist low to moderate income homeowner households to repair their home to bring it to acceptable standards while improving the energy efficiency of the unit and to increase accessibility of the unit.
- 2) To provide multi-residential landlords of affordable rental units essential repairs or to modify units for accessibility, and to rehabilitate and improve existing homeless shelters.

In 2019/20 the Niagara Renovates budget will be a combination of already committed dollars from the IAH-E funding as well an allocation from OPHI for a total of \$376,370. Funding under this program will be prioritized for repairs for non-profits and co-ops as well as working with the Niagara Region to provide repairs to improve local homeless shelters.

The maximum funding for a single applicant is \$22,000 for home-owners, \$25,000 for secondary suites and a maximum of \$90,000 for multi-unit rehabilitation (funding is prorated based on a per-unit and per building max).

Allocations for Niagara Renovates in the 2020-22 (2020- \$519,321, 2021- \$600,00) years are increased year over year (to start to bring the service levels back to what they are in the 2019 with an aim to help as many people in Niagara as possible to remain safe in their own homes). The greater number of households that are able to remain in their current living situation, the less impact on the rental market, in particular the NRH waitlists which are realizing unprecedented numbers.

## **Repairs**

The 2019/20 budget has allocated \$361,740 under COCHI for building repair, which must support the repair of both Niagara Regional Housing owned units as well as those identified for housing providers. Priority will be given to fund emergency repairs as well as projects that were previously cancelled under the cap and trade funding in 2018. To further determine spending priorities, the recently completed building condition assessments (BCA), performed on the owned and non-profit & co-op buildings in Niagara, will be consulted.

## **Rental Assistance**

The objective of the rental assistance component is to address affordability issues of households across Niagara and is delivered in the form of Housing allowances.

The 2019 budget for rental assistance programs is a part of the final year of funding through the IAH-E funding. Rental assistance through this program currently has a budget of \$1,150,000 and will require a large commitment to maintain current service levels.

In 2020 the allocation of \$1,056,960. will be directed toward maintaining rents that have been funded to date under various iterations of the IAH-E program. In order to maintain current service levels through March 2022, \$1,152,060. must be budgeted in Year 3 of the program.

In an effort to maximize the dollars and preserve the current tenancies supported by the IAH-E funding, staff will be working diligently to convert any eligible households to an RGI (Rent Geared to Income) subsidy or support the transition to the new Canada-Ontario Rent Benefit Program. The transitions of these households will require careful planning as the amounts that tenants are eligible for will vary from their current subsidy. The new program will provide only \$2,500 annually to recipients while current IAH-E program recipients are eligible for up to a maximum of \$4,200 annually. Preservation of existing agreements is imperative to ensure housing remains stable for those receiving funds under these programs. Take up of additional households in these programs will be very difficult with the limited funds.

## **Support Services**

New to the OPHI funding is the expansion to include Support Services to existing Housing Providers under Social Housing Agreements and rental units using OPHI funding. The current 2019 operating budget for NRH included a pilot for an additional Community Programs Coordinator (CPC). To sustain this program and increase by one more FTE the \$350,554 is budgeted for 2020 & 2021(2020-\$150,000 and 2021-\$200,554). These additional FTE will be dedicated to improving

CPC services to NRH as well as an expansion to provide this service to the non-profit and co-op housing providers and the rent supplement landlords. The investment in this position is intended to reduce evictions, preserve provider and landlord relationships and create solutions for hard to serve tenants.

### **Rental Housing Component - New Development**

The Rental Housing component will:

1. Increase the supply of Community Rental Housing for households on, or eligible to be on, social housing waitlists
2. Ensure that safe adequate and affordable rental housing is available to Niagara households

Niagara Regional Housing is currently the owner of residential property in Niagara Falls. Preliminary investigation suggested that intensification of this area will maximize the site and number of units. The intensification project is included in the 2019 Capital Budget pending additional funding sources. This capital project will see the demolition of the current single unit homes to create space for two new multi-unit buildings.

The discussions around this intensification are in collaboration with the Niagara Region and City of Niagara Falls Planning Department. The project is projecting two separate sites with a18 units on one, and approximately 60 on the other.

The proposed allocation of \$3,000,000 for 2019 of OPHI funding will be directed toward construction costs in conjunction with some capital reserves and DC revenues. Do to the lack of available funds some debt may be required to complete this project.

### **Urban Native**

The COCHI funding guidelines specify allocations to Urban Native Housing. In Niagara two providers are currently under agreement with NRH and will be receiving dollars for repairs and development under the repair budget line.

## Administration

COCHI/OPHI funding allows for a maximum of 5% of total funding to be used for administration costs to deliver the programs. In 2019 this is equal to \$207,269. The 5% allocations for 2020 and 2021 are \$124,119 and \$203,686 respectively. This is a significant decline in funding for staffing in comparison to the past 3 years.

Economies will need to be examined with the view to ensure that all staff duties can remain addressed. Senior staff will be reviewing current staffing levels and aims to keep all current positions whole but ultimately adjustments to the current FTE may need to be made.

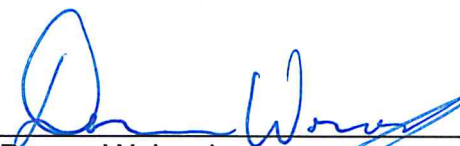
## ALTERNATIVES REVIEWED

N/A


## ORIGIN OF REPORT

This report has been brought forward by staff

**Submitted by:**

  
Donna Woiceshyn  
Chief Executive Officer

**Approved by:**

  
Walter Sendzik  
Chair

*This report was prepared by Jenny Shickluna Manager Housing Programs consultation with Stephanie Muhic, Program Financial Specialist and Donna Woiceshyn, CEO.*

**Ministry of  
Municipal Affairs  
and Housing**

Office of the Minister

777 Bay Street, 17<sup>th</sup> Floor  
Toronto ON M5G 2E5  
Tel.: 416 585-7000  
Fax: 416 585-6470

**Ministère des  
Affaires municipales  
et du Logement**

Bureau du ministre

777, rue Bay, 17<sup>e</sup> étage  
Toronto (Ontario) M5G 2E5  
Tél. : 416 585-7000  
Téléc. : 416 585-6470



April 17, 2019

Mr. Jim Bradley  
Regional Chair  
Regional Municipality of Niagara  
1815 Sir Isaac Brock Way  
PO Box 1042  
Thorold ON L2V 4T7

Dear Regional Chair Bradley:

A handwritten signature in black ink that reads 'Jim'.

Our government for the people understands the importance of housing that is affordable, adequate and accessible, and that meets the needs of Ontario's diverse communities and populations. Despite the significant budget challenges our government faces, I am pleased that we will support critical continued housing investments and leverage federal funding under the National Housing Strategy through new provincial investments. I am writing to you today to outline funding for housing and homelessness programs as confirmed through the 2019 Ontario Budget.

My Ministry will be providing over \$1 billion in transfer payments for housing and homelessness programs in 2019-20, inclusive of federal transfers. As we work to address the province's fiscal circumstances, total transfers will decrease slightly in 2020-21 to just under \$1 billion and will return in 2021-22 to just over \$1 billion, subject to future multi-year budget decisions. This funding envelope enables us to maintain commitments to existing programs and use a flexible approach to cost-match funds for the National Housing Strategy over a multi-year period. The vast majority of these transfer payment programs flow through Service Managers.

This letter provides further program-by-program information and your specific allocations are detailed in an attachment.

## Ongoing Programs

The **Investment in Affordable Housing for Ontario (2014 Extension)** program has successfully helped communities to build affordable rental housing, make home ownership attainable for lower-income Ontarians and offer funding for much-needed repairs. Federal funding under this program concluded in 2018-19. Our government is committing \$80.1 million in 2019-20 to complete the cost-matching requirements under this program. I am pleased to confirm your funding allocation for this final year of program funding, consistent with the previously communicated planning allocation.

To support communities across Ontario in their efforts to prevent and address homelessness, the **Community Homelessness Prevention Initiative (CHPI)** provides a flexible, outcomes-based, and accountable approach to funding. Despite the significant fiscal challenges this government faces, I am pleased we are able to maintain this critical funding in 2019-20 at the 2018-19 level of \$323.7 million and to increase funding to a new base of \$338.7 million beginning in 2020-21.

Our government recognizes how critical supportive housing investments are to address homelessness and maintain housing stability for some of our most vulnerable people. I am also pleased to advise that province-wide operating investments in the **Home for Good** program and **Indigenous Supportive Housing Program** will be maintained at the current level of \$63 million for each of the next two years (2019-20 and 2020-21). Existing capital commitments will also be maintained.

It is our government's intention to increase the ongoing level of provincial operating funding for the Home for Good and Indigenous Supportive Housing Programs to \$94.7 million in 2021-22. Decisions regarding allocation of the increased funding will be determined at a later date.

It is critical that the investment our government has allocated to supportive housing is fully used to support as many households as possible to find the housing and supports they need. I was disappointed to learn that you were unable to fully allocate your 2018-19 Home for Good operating allocation.

I am committed to providing Home for Good funding to you in 2019-20 and beyond at a level that enables you to continue to support households currently housed through this program and any new households who may be housed in



buildings that may be coming on stream through currently committed Home for Good capital investments.

In order to confirm your appropriate funding allocation for 2019-20 and beyond, I am asking that you renew your Home for Good Take-Up Plan to demonstrate your funding plans and capacity to deliver. This plan is requested by May 31. Your 2019-20 allocation will be confirmed following receipt and review of this plan.

### **New Programs**

Today I announced our government's Community Housing Renewal Strategy – a multi-year plan to sustain and grow our community housing system. Two new programs are being launched in 2019-20 to support this Strategy, leveraging federal investments under the bilateral agreement between the Ministry of Municipal Affairs and Housing and Canada Mortgage and Housing Corporation.

The **Canada-Ontario Community Housing Initiative (COCHI)** will provide funding to replace the federal Social Housing Agreement funding that expires each year, beginning 2019-20. Total federal funding under this program is \$33.2 million in the current year, \$81.0 million in 2020-21 and \$112.1 million in 2021-22.

The federal government has acknowledged that their funding for social housing has declined over time and through their funding of the Canada-Ontario Community Housing Initiative federal social housing investments will be maintained at about the 2018-19 levels. Over the period that federal expenditures have been declining, municipal expenditures on social housing have been growing. As allowed under the bilateral agreement, current municipal spending on social housing will be used to count as the cost-matching required under this program.

This funding can be used to repair, regenerate and expand community housing and to protect affordability support for tenants. It can be used to support community housing providers whose original program arrangements are expiring and help them to become more sustainable. Service Managers will be given significant flexibility to determine priorities locally, in consultation with their housing providers. In addition, consistent with the bilateral agreement, Service Managers will be required to give priority to Indigenous providers under the

Urban Native Housing program who have expiring operating agreements, where these exist.

Your allocation amounts are equivalent to the amount of funding you are losing under the Social Housing Agreement each year.

Note that in addition to allocations to Service Managers, Canada-Ontario Community Housing Initiative funding is also being made available to support other housing providers who have received legacy Social Housing Agreement funding through provincial ministries, such as supportive housing providers.

The **Ontario Priorities Housing Initiative** will also launch in 2019-20, providing flexible funding to all 47 Service Managers and the two Indigenous Program Administrators to address local priorities in the areas of housing supply and affordability, including new affordable rental construction, community housing repair, rental assistance, tenant supports and affordable homeownership. The design of this program will build on our joint success in the delivery of the Investment in Affordable Housing Program.

Our government is committed to fully cost-match this program. Total federal and provincial funding of \$123.3 million in 2019-20, \$65 million in 2020-21 and \$99.9 million in 2021-22 will be available to allocate under the program. Provincial spending of \$34.7 million from existing programs across 2018-19 and 2019-20 will be counted towards the cost-matching requirement.

### **Canada-Ontario Housing Benefit**

The province plans to begin negotiations with the Canada Mortgage and Housing Corporation shortly to finalize the program design and amend the bilateral agreement for the **Canada-Ontario Housing Benefit**. This will allow housing benefits to begin flowing to Ontario households beginning April 2020, when federal funding becomes available.

In the meantime, the province will continue to provide portable housing benefits to **Survivors of Domestic Violence and Human Trafficking** who are eligible under the Special Priority Policy and who choose to take a portable housing benefit as an alternative to waiting for a rent-geared-to-income unit to become available. This critical program is available province-wide and provides benefits that are portable across the province, enabling recipients to make the housing

choices that are best for them. \$10 million is available for this program in 2019-20.

Once the Canada-Ontario Housing Benefit becomes available, we plan to continue to support these households – as well as others – through the new benefit program.

### **Next Steps**

Additional details concerning these initiatives, including Program Guidelines and a draft Transfer Payment Agreement for new programs, will be shared with your staff in the coming days.

I am pleased that our government for the people is able to continue to support the important work that you do to improve housing outcomes in your community, while we also work to improve Ontario's overall fiscal situation. I look forward to continuing our work together.

Yours truly,

A handwritten signature in black ink, appearing to read 'Steve Clark', with a stylized flourish at the end.

The Honourable Steve Clark  
Minister of Municipal Affairs and Housing

- c. Mr. Ron Trip, Chief Administrative Officer, Regional Municipality of Niagara  
Ms. Donna Woiceshyn, Chief Executive Officer, Regional Municipality of Niagara

## APPENDIX – FUNDING ALLOCATIONS

### Regional Municipality of Niagara

<b>Program</b>	<b>2019-20 Confirmed Allocation</b>	<b>2020-21 Planning Allocation</b>	<b>2021-22 Planning Allocation</b>
<b>Investment in Affordable Housing for Ontario (2014 Extension)</b>	\$2,270,400	N/A	N/A
<b>Community Homelessness Prevention Initiative</b>	\$7,536,433	\$7,847,786	\$7,847,786
<b>Home for Good – Operating</b>	TBC	TBC	TBC
<b>Canada-Ontario Community Housing Initiative</b>	\$380,779	\$531,980	\$1,037,424
<b>Ontario Priorities Housing Initiative</b>	\$3,764,600	\$1,950,400	\$3,036,300

**Appendix B****Breakdown of the COCHI/OPHI PDFP**

<b>Community Housing Renewal Strategy</b>	<b>2019-2020 Confirmed Allocation</b>	<b>2020-2021 Confirmed Allocation</b>	<b>2021-2022 Confirmed Allocation</b>	<b>Total per Allocation</b>	
<b>Funding Program</b>					
*Canada-Ontario Community Housing Initiative (COCHI)	380,779	531,980	1,037,424	1,950,183	
*Ontario Priorities Housing Initiative (OPHI)	3,764,600	1,950,400	3,036,300	8,751,300	
<b>Total Allocation for Community Housing</b>	<b>4,145,379</b>	<b>2,482,380</b>	<b>4,073,724</b>	<b>10,701,483</b>	
<b>Program Delivery</b>					
<b>Operating Expenditures</b>					
Rental Supplements		800,000	800,000	1,600,000	OPHI
Housing Allowances		256,960	352,060	609,020	OPHI
Support Services*		150,000	200,554	350,554	OPHI
<b>Total Operating Expenditures</b>	<b>-</b>	<b>1,206,960</b>	<b>1,352,614</b>	<b>2,559,574</b>	
<b>Capital Expenditures</b>					
Repair	361,740	531,980	1,037,424		COCHI
New Developmemt	3,000,000	-	600,000		OPHI
Niagara Renovates	-	519,321	600,000		OPHI
Repair - Providers and Shelters	376,370				OPHI
Homeownership	200,000	100,000	280,000		OPHI
<b>Total Capital Expenditures</b>	<b>3,938,110</b>	<b>1,151,301</b>	<b>2,517,424</b>	<b>7,606,835</b>	
<b>Administration</b>	<b>207,269</b>	<b>124,119</b>	<b>203,686</b>	<b>535,074</b>	<b>COCHI/OPHI</b>
<b>Total Expendatures</b>	<b>4,145,379</b>	<b>2,482,380</b>	<b>4,073,724</b>	<b>10,701,483</b>	

## Appendix C

### Funding Allocation Past 3 years vs. Current 3 Years

	SIF/IAH-E 3 yr total = <b>\$26,122,100</b>			COCHI/OPHI 3 yr total= <b>\$12,971,883</b>			
Program Funding	Year 3 (2016-17)	Year 4 (2017-18)	Year 5 (2018-19)	Year 1 (2019-20)	Year 2 (2020-21)	Year 3 (2021-22)	Total
RS/HA (including Housing First)	2,543,232	3,980,734	1,119,000	1,074,000	1,056,960	1,152,060	<b>10,925,986</b>
Support Services (New in CHRS)					150,000	200,554	<b>350,554</b>
New Development	8,193,817	2,888,000	2,031,524	3,000,000	-	600,000	<b>16,713,341</b>
Repair Program				738,110	531,980	1,037,424	<b>2,307,514</b>
Niagara Renovates	770,000	1,000,000	1,126,300	911,015	519,321	600,000	<b>4,926,636</b>
Welcome Home Niagara	280,000	478,000	380,000	380,000	100,000	280,000	<b>1,898,000</b>
Administration Funding	546,551	398,366	386,576	312,654	124,119	203,686	<b>1,971,952</b>
Total Annual Allocation	<b>12,333,600</b>	<b>8,745,100</b>	<b>5,043,400</b>	<b>6,415,779</b>	<b>2,482,380</b>	<b>4,073,724</b>	<b>39,093,983</b>
(2016-2018) Funding \$26,122,100				(2019-2021)Funding \$12,971,883			

\*does not include \$5,790,000 million SHIP (Social Housing Improvement Program, 2016 one time capital repair funding for providers)

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## MEMORANDUM

PHD-C 03-2019

**Subject:** Port Colborne Quarry  
**Date:** July 9, 2019  
**To:** Public Health and Social Services Committee  
**From:** Andrea Feller, Associate Medical Officer of Health

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As per the request at PHSSC on June 11, 2019, this is an update on the Port Colborne quarry as relates to Public Health.

### Legal Jurisdiction

- Under the *Ontario Water Resources Act*, protecting the integrity and safety of source water falls to the Ministry of Environment, Conservation and Parks (MECP). MECP is also afforded the powers to enforce and compel protection of source water from contamination through that *Act*. Public Health has no legal authority to prevent contamination of source water.
- The role of Public Health is to protect individuals from contaminated water, only after the water has been contaminated and is being provided for consumption. Public Health has legal authority in such cases to protect individuals from provision of contaminated water.
- Approval of quarry work in Port Colborne and protection of the aquifer from contamination is therefore the responsibility of the MECP. Currently all legal authority to act resides with them, and not Public Health.
- If there ever became any issue with the drinking water becoming contaminated and the public was at risk, Public Health would then become the agency with legal powers to *Act*. In most cases, Public Health would be working collaboratively with the MECP so that both our legal authorities could be applied in concert.

### Current Plans for Quarry

- The Port Colborne quarry is owned by Rankin construction.
- MECP is fully aware of the owner's plans for the quarry and, in fulfilling its responsibilities to protect the acquirer from contamination, is requiring the owner to complete a hydrogeological assessment, to implement a ground water monitoring plan, and to meet all other requirements by the MECP.
- Once the plan has been approved by the MECP, the owner can then apply for a permit from the City of Port Colborne.
- The City will not be in a position to approve the permit until a plan is signed and approved by the MECP.

- If a plan is put into place, MECP would also have oversight around its implementation in regard to any risk of contamination.
- Current expectations are that redevelopment of the quarry will not occur for 20 to 50 years.

Respectfully submitted and signed by

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Andrea Feller, MD, MS, FAAP, FACPM  
Associate Medical Officer of Health



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**MEMORANDUM****PHD-C 04-2019****Subject: Mental Health Beds at Niagara Health St. Catharines Site****Date: July 9, 2019****To: Public Health & Social Services Committee****From: M. Mustafa Hirji, Medical Officer of Health & Commissioner (Acting)**

---

At the April 25, 2019 meeting of Regional Council, discussion occurred around the number of mental health beds at the St. Catharines Site of Niagara Health. In particular, there was some concern that an initial plan to have 50 beds had been scaled back and now there were only six beds.

Based on follow-up with Niagara Health, the following are the numbers of mental health beds at the St. Catharines Site:

Unit	Number of Beds
Acute Unit 1B	21
Acute Unit 1M	24
Specialized Unit 1A	24
Transition to Independent Living Unit	6
Psychiatric Intensive Care Unit	9
Psychiatric Emergency Service	4
<b>Total Mental Health Beds</b>	<b>88</b>

There are a total of 88 mental health beds at the Niagara Health St. Catharines Site.

Respectfully submitted and signed by

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

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**Subject:** ProKids Program – Providing Recreational/Cultural Opportunities for Children/Youth 2018 Year End Report

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, July 9, 2019

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## Recommendations

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

## Key Facts

- The purpose of this report is to provide Council with a year-end report on the ProKids program.
- In 2018, 2,398 children and youth from low-income families participated in a sports, recreation or arts program of their choice supported through the ProKids program.
- Every year since the program's inception, Niagara Region has invested \$250,000 to support the healthy development of disadvantaged children by supporting their participation in activities through the ProKids program.
- The YMCA of Niagara seeks additional donations, funds and in-kind contributions. In 2018, the YMCA of Niagara garnered additional resources of an approximate value of nearly \$386,000 to support the program.

## Financial Considerations

The Niagara Region investment of \$250,000 to support the ProKids program was made available through the approved 2018 Social Assistance and Employment Opportunities (SAEO) budget (100% levy). Part of the \$250,000 in funding is used to support program delivery costs (20%), and the rest for purchasing registration fees.

The YMCA of Niagara is the program placement-coordinating agency. In this role, the YMCA works to maximize funding by seeking in-kind contributions (waived or reduced registration fees) from participating sports clubs and programs, as well as donations from the private sector and funds from social service agencies. In 2018, additional contributions valued at \$385,739 were received and combined with the annual investment from Niagara Region. Total funding provided to this program was \$635,739, allowing 2,398 children and youth from across Niagara to participate in a sport, recreation or arts program.

## Analysis

ProKids was implemented in Niagara as a pilot project in January 2000, after the release of research from McMaster University, which concluded that investing dollars to support the involvement of children and youth in sport and recreation activities was a sound investment in the healthy development of children, benefitting their families and the community.

The ProKids program supports the participation of financially disadvantaged children and youth (0 to 18 years) in the sport, recreation or arts program of their choice. The program operates across all 12 municipalities within Niagara. This program helps to cover some or all of the registration costs for families with an annual taxable income below \$40,000. Once eligibility is confirmed by Children's Services, a service request is forwarded to the ProKids Coordinator at the YMCA of Niagara. Families are contacted by the Coordinator and provided with a full range of options for sports, recreation and arts programs. The process is completely confidential and once placed, children/youth are fully integrated into the selected activities.

Each child or youth receives an allocation up to \$100 annually to participate. The ProKids Coordinator works to ensure each \$100 allocation is maximized by leveraging in-kind contributions from sports clubs and recreation programs (through reduced or waived registration fees), donations made by private business and/or fundraising events, and community foundation funds. The example below illustrates how the ProKids Coordinator will use combinations of resources to stretch the funds with the goal to support as many children as possible:

- Hockey registration is \$250. A private business made a donation \$1,000 to the ProKids program to support children wanting to play hockey. One hundred dollars of the donation is used towards the registration, the ProKids program pays \$25, and the remaining \$125 of the registration fee is waived by the hockey club.

In addition to covering the cost of registration fees, the ProKids Coordinator has developed partnerships with organizations to provide free equipment to those families who need added support, thus removing any additional barriers to participation.

ProKids works in partnership with other programs, such as Canadian Tire Jumpstart to support as many families as possible. Families can apply to ProKids at any time throughout the year, and can reapply each year. Because of this, families can turn to the ProKids program if their application to another program is declined. This can occur for a number of reasons such as: program funds have been depleted; the timing between the funding and the activity starting do not coincide; or the family has already received financial support through another program. The demand in Niagara, for such programs, is known to exceed the funds and resources available, as was the case in 2016, when applications exceeded available funds which required a moratorium of new

applications. This prompted a critical review and subsequent changes to eligibility policies and processes, and other opportunities for refinement. Children's Services staff closely monitor the program uptake on a monthly basis, with the goal of meeting increasing demand for the ProKids program.

In addition to Regional funding, community and individual donations are crucial to program success and viability. Since the launch of the pilot project in January 2000, donations, and in-kind contributions have a total value of over \$3 million dollars, and have benefited just over 39,000 children and youth. Over the years, the ProKids program has grown to include approximately 160 sports clubs, recreation and arts organizations offering children and youth activities such as swimming, rowing, hockey, soccer, dance, acting/drama, arts, Scouts, Brownies, etc.

### **Alternatives Reviewed**

Not applicable – year-end report.

### **Relationship to Council Strategic Priorities**

Not applicable.

### **Other Pertinent Reports**

- COM 11-2018 ProKids Program – Providing Recreational/Cultural Opportunities for Children/Youth 2017 Year End Report

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#### **Prepared by:**

Sandra Noël  
Manager  
Community Services

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#### **Recommended by:**

Adrienne Jugley, MSW, RSW, CHE  
Commissioner  
Community Services

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#### **Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was reviewed by Darlene Edgar, Director, Children's Services.*

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**Subject:** School Based Child Care Capital Projects

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, July 9, 2019

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## **Recommendations**

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

## **Key Facts**

- In June 2017, the Ministry of Education (MEDU) announced the Early Years Capital Program, to provide school boards with capital funding to support school-based licensed child care centre builds and retrofits with the goal to create new licensed child care spaces for children ages 0-4 years.
- In Niagara, three local school boards each submitted a capital build proposal and were approved by the MEDU. The capital funding will help the school boards create 100 new licensed child care spaces within schools in Niagara.
- In April 2019 Niagara Region Children's Services was asked by the Ministry of Education to confirm support for ongoing operating funding within the existing child care allocation, for the additional licensed child care spaces, as a result of the school based capital builds.
- In 2020, should there be no additional increase in operating funding from the province, and with the addition of new spaces, licensed child care service providers will see a decrease in their general operating grant funding, and as a result parent fees will likely increase.
- Operating grant funding is intended to assist with increased access and affordability to licensed childcare. With these additional builds Niagara is on track to achieve its ministry directed expansion targets.

## **Financial Considerations**

The Early Years Capital Program (EYCP) provides 100% capital funding for school boards from the Ministry of Education. Three local school boards were approved for capital funding to support three capital projects. The funding will support the creation of 100 new licensed child care spaces in schools consisting of 30 infant spaces, 30 toddler spaces and 40 preschool age spaces.

While the capital funding is 100% provincially funded, the MEDU has asked Niagara Region Children's Services, as the local service system manager, to confirm support for ongoing operating funding for the additional 100 spaces.

It is planned that operating grant funding will be provided from Niagara's current provincial funding allocation. It should be noted that it is anticipated that fees may rise as our allocation is distributed to accommodate not only these three builds but also six additional previously approved builds. Currently, the average daily child care fees in Niagara (\$43.10)<sup>1</sup> are below the provincial average and staff commit to continue monitoring local fees and provide a future report to committee as these new builds come into operation.

There are no financial implications for 2019 (as the builds will not be completed until 2020).

## Analysis

On June 12, 2017 the Ministry of Education announced the 2017-18 Early Years Capital Program. The EYCP is an investment of \$1.6 billion in capital funding for school boards across Ontario to support school-based "stand-alone" child care capital builds and retrofits to create new licensed child care spaces for children aged 0 to 4 years. The EYCP supports the MEDU vision for child care and early years under the *Renewed Early Years and Child Care Policy Framework*, as well as the commitments made in Ontario's Action Plan under the Canada-Ontario Early Learning and Child Care Agreement (ELCC).

Further to the province's request for capital funding applications, Children's Services supported local school boards by reviewing each submission to ensure alignment with local and provincial priorities, resulting in three school board submissions for EYCP funding.

In December 2017, the MEDU announced three local school boards were approved for three school-based child care capital build projects. When complete, the three school-based capital build projects will provide a total of 100 new licensed child care spaces consisting of 30 infant spaces, 30 toddler spaces and 40 preschool age spaces.

The following table provides more information regarding the municipality, recipient school board, and the number of new licensed child care spaces.

Municipality	School Board	Infant spaces	Toddler spaces	Preschool Spaces	Total # of new spaces
St. Catharines	Conseil scolaire Viamonde	10	15	16	41

<sup>1</sup> Ministry of Education 2018 Licensed Child Care Operations Survey, from April 1 2018 to June 30 2018

Municipality	School Board	Infant spaces	Toddler spaces	Preschool Spaces	Total # of new spaces
St. Catharines	DSBN	10	-	-	10
Niagara Falls	NCDSB	10	15	24	49

The additional spaces supports Children's Services in meeting a local expansion target established by the MEDU as a requirement to fulfill the funding obligations associated with both the Child Care Expansion Plan and the federal-provincial Early Learning and Child Care Agreement.

While the new licensed child care spaces are a welcome addition to the system, it is understood that operating grant funding will come from Niagara's current provincial funding allocation. On April 26, 2019 the MEDU asked Niagara Region Children's Services, as the local service system manager, to confirm it will financially support the operation of the 100 new licensed child care spaces within the existing child care budget from the province.

The 100 new licensed child care spaces increase Niagara's licensed child care space capacity to meet the increasing demand for licensed child care. As of June 17, 2019 there were just over 5,200 unique children listed on the centralized registry waiting for a space within a licensed child care centre. As well, because the provincial child care budget allocation is based on licensed child care space capacity, additional spaces created through the three school-based "stand-alone" child care capital builds will help maximize Niagara's potential provincial operating funding.

The Children's Services 2019 child care budget will not be impacted as the capital builds have not yet started/completed. The potential impact will occur upon completion of the capital build projects and Ministry licensing expected in 2020. As Niagara on boards the spaces associated with these new builds, it is understood that grant funding may be slightly reduced to all operators. As a result, this will likely result in an increase in local child care fees.

With the new provincial approach to child care, announced in the 2019 provincial budget, families not in receipt of financial support for their child care costs may benefit from the new CARE tax credit, as this may help to offset some of the increased child care costs. As well, some hope that the tax credit may prove to be an incentive for families to participate in the licensed child care system.

Children's Services will continue to monitor and analyze impacts from forthcoming provincial policy announcements, and, as needed, develop strategies to minimize any negative impacts to the system to maintain access to quality child care for Niagara residents.

### **Alternatives Reviewed**

This report is initiated by staff to provide Council with information related to a service enhancement.

### **Relationship to Council Strategic Priorities**

Not applicable.

### **Other Pertinent Reports**

COM 24-2017 Licensed Child Care Expansion Plan

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#### **Prepared by:**

Sandra Noël  
Manager, Early Years and Child Care  
Services  
Community Services

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#### **Recommended by:**

Adrienne Jugley, MSW, RSW, CHE  
Commissioner  
Community Services

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#### **Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Lori Bell, Manager, Children's Services, John Pickles, Program Financial Analyst, and reviewed by Darlene Edgar, Director, Children's Services.*