



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

PHSSC 09-2019

Tuesday, September 10, 2019

2:00 p.m.

Council Chamber

Niagara Region Headquarters, Campbell West

1815 Sir Isaac Brock Way, Thorold, ON

	Pages
1. <u>CALL TO ORDER</u>	
2. <u>DISCLOSURES OF PECUNIARY INTEREST</u>	
3. <u>PRESENTATIONS</u>	
4. <u>DELEGATIONS</u>	
4.1 <u>PHD 16-2019 Supporting Seniors Dental Care with Provincial Funding</u> <u>(Agenda Item 5.3)</u>	
4.1.1 <i>Lori Kleinsmith and Tara Galitz, Niagara Dental Health Coalition</i> This delegation submission is attached to this agenda as PHD- C 07-2019.	3 - 4
5. <u>ITEMS FOR CONSIDERATION</u>	
5.1 <u>COM 34-2019</u> Approval of 2018 Child Care Services Schedule of Revenues and Expenses	5 - 19
5.2 <u>PHD 15-2019</u> Approval of the 2018 Healthy Babies, Healthy Children Program Schedule of Revenues and Expenses	20 - 29

5.3	<u>PHD 16-2019</u> Supporting Seniors Dental Care with Provincial Funding	30 - 42
	A presentation will precede the discussion of this item.	
5.4	<u>COM 39-2019</u> Niagara Ontario Health Team - Full Application	43 - 48

6. CONSENT ITEMS FOR INFORMATION

6.1	<u>COM 38-2019</u> Senior Services Quality Improvement Report - April to June 2019	49 - 54
6.2	<u>PHD 17-2019</u> Mental Health and Addictions Collaborative Work - Niagara Region's Involvement	55 - 61
6.3	<u>PHD-C 05-2019</u> Staff Turnover in Mental Health Program	62

7. OTHER BUSINESS

8. CLOSED SESSION

9. BUSINESS ARISING FROM CLOSED SESSION ITEMS

10. NEXT MEETING

The next meeting will be held on Tuesday, October 8, 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 (email).

From: [PF-Mailbox-01](#)
To: [Lotimer, Kelly](#); [Norio, Ann-Marie](#); [Trennum, Matthew](#); [Evely, Mark](#)
Subject: FW: Online Form - Request to Speak at a Standing Committee
Date: Wednesday, September 4, 2019 10:30:50 AM

From: Niagara Region Website
Sent: Wednesday, 04 September 2019 10:30:27 (UTC-05:00) Eastern Time (US & Canada)
To: Clerks
Subject: Online Form - Request to Speak at a Standing Committee

Request to Speak at a Standing Committee

To reply, copy the email address from below and put into 'To'. (if resident entered their email address)

Name

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Organization

Niagara Dental Health Coalition

standing committee

Public Health and Social Services Committee

Presentation Topic

Support for the Seniors Dental Program Provincial Funding

Presentation includes slides

No

Previously presented topic

No

Presentation Details

Lori Kleinsmith and Tara Galitz will be speaking on behalf of the Niagara Dental Health Coalition in support of provincial funding for a Seniors Dental Program that will operate across Niagara region. We will highlight the need and how this funding will help.

Video Consent

Yes



Subject: Approval of 2018 Child Care Services Schedule of Revenues and Expenses

Report to: Public Health and Social Services Committee

Report date: Tuesday, September 10, 2019

Recommendations

1. That the 2018 Child Care Services draft schedule of revenues and expenses for the year ended December 31, 2018 (Appendix 1) **BE APPROVED**;
2. That staff **BE DIRECTED** to co-ordinate with the auditors to finalize the statements as presented;
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 schedule of revenues and expenses ("schedule") for Child Care Services in accordance with the provincial requirements
- The Ministry submission deadlines for Child Care Services Program is July 31, 2019. Draft schedules have been submitted to the Ontario Ministry of Education ("the Ministry") and the final schedules will be submitted upon Council approval.
- In accordance with report AC-C 32-2018 dated June 18, 2018, respecting the Audit Committee Terms of Reference, which refers to "other audited financial statements, to include special purpose and compliance based schedules, are approved by the standing committee with oversight of the program and then referred to Audit Committee for information.

Financial Considerations

The schedules have been prepared in compliance with the legislation and in accordance with the requirements and policies stipulated by the Ministry.

A draft copy of the schedule has been attached as Appendix 1.

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

The schedule for Child Care Services is a provincial requirement as noted in the audit report:

“The Schedules are prepared to assist the Regional Municipality of Niagara to comply with the financial reporting provisions of the above noted agreements. As a result, the Schedules may not be suitable for another purpose.”

Analysis

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

The approval of the audited schedule rests with the Committee to which the department is responsible for the funding reports. Upon approval by Council, the schedule will be submitted to the Ministry in accordance with the funding agreement and also referred to Audit Committee for information.

As of December 31, 2018 Child Care Services has a returnable of \$490,030 reflected in the Region’s 2018 consolidated financial statements. This returnable is a result of the difference of actual Wage Enhancement Grant applications received compared to the Ministry estimate of applications when funding was advanced.

The schedule is subject to minor wording changes once schedules are finalized.

Alternatives Reviewed

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

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

None

Prepared by:

Beth Brens, CPA, CA
Acting Associate Director, Reporting &
Analysis
Corporate Services

Recommended by:

Adrienne Jugley
Commissioner
Community Services

Submitted by:

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

This report was prepared in consultation with John Pickles, Program Financial Specialist.

Appendices

Appendix 1 Child Care Services – Schedule of Revenues and Expenses

Schedules of revenue and expenses

The Regional Municipality of Niagara Child Care Services

December 31, 2018

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The Regional Municipality of Niagara Child Care Services

December 31, 2018

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Independent Practitioner's Review Engagement Report

To the Members of Council of the Regional Municipality of Niagara and the Ministry of Education

We have reviewed the accompanying schedules of revenue and expenses – Child Care Services of the Regional Municipality of Niagara for the year ended December 31, 2018 (the "Schedules"), which have been prepared in accordance with the financial reporting requirements in the Child Care Transfer Payment Agreement dated January 1, 2018 and the 2018-2019 Ontario Early Years Child and Family Centre Amending Agreement dated March 29, 2018, between the Ontario Ministry of Education ("the Ministry") and the Regional Municipality of Niagara (the "agreements").

Management's Responsibility for the Schedule

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

Practitioner's Responsibility

Our responsibility is to express a conclusion on the accompanying Schedules based on our review. We conducted our review in accordance with Canadian generally accepted standards for review engagements, which require us to comply with relevant ethical requirements.

A review of the Schedules in accordance with Canadian generally accepted standards for review engagements is a limited assurance engagement. The practitioner performs procedures, primarily consisting of making inquiries of management and others within the entity, as appropriate, and applying analytical procedures, and evaluates the evidence obtained.

The procedures performed in a review are substantially less in extent than, and vary in nature from, those performed in an audit conducted in accordance with Canadian generally accepted auditing standards. Accordingly, we do not express an audit opinion on the Schedules.

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that the Schedules do not present fairly, in all material respects, the results of the operations of Child Care Services of the Regional Municipality of Niagara for the year ended December 31, 2018, in accordance with the agreements.

Basis of Accounting

Without modifying our conclusion, we draw attention to Note 1 to the Schedules, which describes the basis of accounting. The Schedules are prepared to assist the Regional Municipality of Niagara to comply with the financial reporting provisions of the above noted agreements. As a result, the Schedules may not be suitable for another purpose. Our conclusion is not modified in respect of this matter.

Chartered Professional Accountants
Licensed Public Accountants
September 19, 2019

Niagara Region
Schedule of Revenues and Expenditures – Child Care Services
For the year ended December 31, 2018
(Unaudited)

	REVENUES				
	Ministry of Education	Legislated Cost Share		Expansion Plan Year 2	Total
		%	(\$-Calculated)		(Calculated)
Core Services Delivery Operating Allocation					
Core Services Delivery (100% provincial)	7,753,769	0%	0	420,216	
Core Services Delivery - Cost Shared Requirement 80/20	15,796,412	20%	3,949,103	N/A	
Core Service Delivery - Cost Shared Requirement 50/50 - Administration	483,226	50%	483,226	N/A	
Total Core Services Delivery	24,033,407		4,432,329	420,216	28,885,952
Special Purpose Operating Allocation					
Language	707,704	0%	0	12,412	
Indigenous	159,250	0%	0	2,793	
Cost of Living	904,208	0%	0	15,858	
Rural and Remote	13,860	0%	0	243	
Capacity Building	180,546	0%	0	3,075	
Repairs and Maintenance	66,196	0%	0	1,197	
Utilization Adjustment	2,562,485	0%	0	N/A	
Capping Adjustment	(144,184)	0%	0	N/A	
Licensed Home Child Care (LHCC)	419,175	0%	0	N/A	
Total Special Purpose Operating Allocation	4,869,240		0	35,578	4,904,818
Other Allocations					
Small Water Works	538	0%	0	N/A	
TWOMO Reimbursement - Child Care		0%	0	N/A	
Wage Enhancement/HCEG	4,561,185	0%	0	N/A	
Wage Enhancement Administration	250,340	0%	0	N/A	
Fee Stabilization Support	1,195,069	0%	0	N/A	
Journey Together - Operating	250,212	0%	0	N/A	
Journey Together - Capital	1,777,500	0%	0	N/A	
Expansion Plan Year 1	5,049,356	0%	0	N/A	
Operating Funding for Expansion Plan Capital Spaces				23,948	
ELCC Allocation	2,526,240	0%	0	N/A	
Total Other Allocations	15,610,440		0	23,948	15,634,388
TOTAL CHILD CARE ALLOCATION	44,513,087		4,432,329	479,742	49,425,158

Niagara Region
Schedule of Revenues and Expenditures – Child Care Services (Base Funding)
For the year ended December 31, 2018
(Unaudited)

EXPENDITURES BY AGE GROUP															
	0-4 (Infant, Toddler, and Preschooler)			4-6 (Kindergarten)			6-12 (School Aged)			Unspecified Age Group			Total Expenditures		
	Gross Expenditures	Offsetting Revenues (Parent contribution/other offsetting)	Adjusted Gross Expenditures	Gross Expenditures	Offsetting Revenues (Parent contribution/other offsetting)	Adjusted Gross Expenditures	Gross Expenditures	Offsetting Revenues (Parent contribution/Parental full fee/other offsetting)	Adjusted Gross Expenditures	Gross Expenditures	Offsetting Revenues (Parent contribution/other offsetting)	Adjusted Gross Expenditures	Gross Expenditures	Offsetting Revenues (Parent contribution/other offsetting)	Adjusted Gross Expenditures
			Calculated			Calculated			Calculated			Calculated	Calculated	Calculated	Calculated
Full Flexibility (Schedule 2.3)															
General Operating	6,897,228		6,897,228	1,423,238		1,423,238	2,627,516		2,627,516				10,947,982	0	10,947,982
Fee Subsidy - Regular	11,626,035	(1,514,675)	10,111,360	2,399,023	(312,552)	2,086,471	4,428,967	(577,019)	3,851,948				18,454,024	(2,404,246)	16,028,756
Fee Subsidy - Camps and Authorized Recreation						0	1,058,436	(77,950)	980,486				1,058,436	(77,950)	980,486
Ontario Works and LEAP - Formal	1,672,075		1,672,075	345,031		345,031	636,981		636,981				2,654,087	0	2,654,087
Ontario Works and LEAP - Informal	0		0			0	0		0				0	0	0
Pay Equity Memorandum of Settlement										338,161		338,161	338,161	0	338,161
Special Needs Resourcing	1,742,610		1,742,610	359,586		359,586	663,851		663,851				2,766,047	0	2,766,047
Administration										2,814,979	(6,009)	2,808,970	2,814,979	(6,009)	2,808,970
Repairs and Maintenance	246,585		246,585	50,882		50,882	93,938		93,938				391,405	0	391,405
Play-based Material and Equipment	0		0			0			0				0	0	0
Transformation	0		0			0			0				0	0	0
Total (full flexibility)	22,184,532	(1,514,675)	20,669,858	4,577,760	(312,552)	4,265,208	9,509,688	(654,969)	8,854,720	3,153,140	(6,009)	3,147,131	39,425,121	(2,488,205)	36,936,916
Limited Flexibility (Schedule 2.3)															
Capacity Building	297,128		297,128	61,312		61,312	113,192		113,192				471,632	0	471,632
Small Water Works										1,089		1,089	1,089	0	1,089
Total (limited flexibility)	297,128	0	297,128	61,312	0	61,312	113,192	0	113,192	1,089	0	1,089	472,721	0	472,721
No Flexibility															
TWOMO Reimbursement (Schedule 2.7)												0	0		0
Wage Enhancement/HCEG (Schedule 4.3)										4,201,204		4,201,204	4,201,204		4,201,204
Wage Enhancement Administration (Schedule 4.3)										210,011		210,011	210,011		210,011
Total (no flexibility)	0	0	0	0	0	0	0	0	0	4,411,215	0	4,411,215	4,411,215	0	4,411,215
TOTAL	22,481,660	(1,514,675)	20,966,986	4,639,072	(312,552)	4,326,520	9,622,880	(654,969)	8,967,912	7,565,444	(6,009)	7,559,435	44,309,057	(2,488,205)	41,820,852

EXPENDITURES BY AUSPICE					
	Non - Profit Operations	Profit Operations	Direct Operations	Other Auspice	Auspice Consolidated
Adjusted Gross Expenditures	28,738,507	6,234,824	4,038,551	2,808,970	41,820,852

EXPENDITURES BY SETTING					
	Centre Based	Home Based	Other Setting		Total
Adjusted Gross Expenditures	37,996,252	1,015,630	2,808,970		41,820,852

Niagara Region
Schedule of Revenues and Expenditures – Child Care Services - Expansion Plan Funding
For the year ended December 31, 2018
(Unaudited)

EXPENDITURES BY AGE GROUP									
	0-4 (Infant, Toddler, and Preschooler)			Unspecified Age Group			Total Expenditures		
	Gross Expenditures	Offsetting Revenues (Parent contribution/other offsetting)	Adjusted Gross Expenditures	Gross Expenditures	Offsetting Revenues (Parent contribution/other offsetting)	Adjusted Gross Expenditures	Gross Expenditures	Offsetting Revenues (Parent contribution/other offsetting)	Adjusted Gross Expenditures
			Calculated			Calculated	Calculated	Calculated	Calculated
Full Flexibility (Schedule 2.3A)									
General Operating	4,712,828		4,712,828				4,712,828	0	4,712,828
Fee Subsidy - Regular			0				0	0	0
Ontario Works and LEAP - Formal			0				0	0	0
Ontario Works and LEAP - Informal			0				0	0	0
Special Needs Resourcing	226,693		226,693				226,693	0	226,693
Administration				552,910		552,910	552,910	0	552,910
Repairs and Maintenance			0				0	0	0
Play-based Material and Equipment			0				0	0	0
Transformation			0				0	0	0
Total (full flexibility)	4,939,521	0	4,939,521	552,910	0	552,910	5,492,431	0	5,492,431
Limited Flexibility (Schedule 2.3A)									
Capacity Building	36,667		36,667				36,667	0	36,667
Total (limited flexibility)	36,667	0	36,667				36,667	0	36,667
TOTAL	4,976,188	0	4,976,188	552,910	0	552,910	5,529,098	0	5,529,098

EXPENDITURES BY Auspice					
	Non - Profit Operations	Profit Operations	Direct Operations	Other Auspice	Auspice Consolidated
Adjusted Gross Expenditures	4,179,998	796,190	0	552,910	5,529,098

EXPENDITURES BY Setting					
	Centre Based	Home Based	Other		Total
Adjusted Gross Expenditures	4,976,188	0	552,910		5,529,098

EXPENDITURES BY AGE GROUP															
	0-4 (Infant, Toddler, and Preschooler)			4-6 (Kindergarten)			6-12 (School Aged)			Unspecified Age Group			Total Expenditures		
	Gross Expenditures	Offsetting Revenues (Parent contribution/other offsetting)	Adjusted Gross Expenditures	Gross Expenditures	Offsetting Revenues (Parent contribution/other offsetting)	Adjusted Gross Expenditures	Gross Expenditures	Offsetting Revenues (Parent contribution/Parental full fee/other offsetting)	Adjusted Gross Expenditures	Gross Expenditures	Offsetting Revenues (Parent contribution/other offsetting)	Adjusted Gross Expenditures	Gross Expenditures	Offsetting Revenues (Parent contribution/other offsetting)	Adjusted Gross Expenditures
			Calculated			Calculated			Calculated			Calculated	Calculated	Calculated	Calculated
Full Flexibility (Schedule 2.3B)															
General Operating	1,372,908		1,372,908	301,460		301,460	478,822		478,822				2,153,190	0	2,153,190
Fee Subsidy - Regular			0			0			0				0	0	0
Fee Subsidy - Camps and Authorized Rec			0			0			0				0	0	0
Ontario Works and LEAP - Formal			0			0			0				0	0	0
Ontario Works and LEAP - Informal			0			0			0				0	0	0
Special Needs Resourcing	65,252		65,252	14,501		14,501	23,823		23,823				103,576	0	103,576
Administration										252,624		252,624	252,624	0	252,624
Repairs and Maintenance			0			0			0				0	0	0
Play-based Material and Equipment			0			0			0				0	0	0
Transformation			0			0			0				0	0	0
Community Based Capital Projects			0			0							0	0	0
Total (full flexibility)	1,438,160	0	1,438,160	315,961	0	315,961	502,645	0	502,645	252,624	0	252,624	2,509,390	0	2,509,390
Limited Flexibility (Schedule 2.3B)															
Capacity Building	10,652		10,652	2,345		2,345	3,853		3,853				16,850	0	16,850
Total (limited flexibility)	10,652	0	10,652	2,345	0	2,345	3,853	0	3,853				16,850	0	16,850
TOTAL	1,448,812	0	1,448,812	318,306	0	318,306	506,498	0	506,498	252,624	0	252,624	2,526,240	0	2,526,240

EXPENDITURES BY Auspice					
	Non - Profit Operations	Profit Operations	Direct Operations	Other Auspice	Auspice Consolidated
Adjusted Gross Expenditures - Community based Capital Projects					0
Adjusted Gross Expenditures - All Operating Expenditures	1,909,837	363,779		252,624	2,526,240
Total Adjusted Gross Expenditures	1,909,837	363,779	0	252,624	2,526,240

EXPENDITURES BY Setting				
	Centre Based	Home Based	Other	Auspice Consolidated
Adjusted Gross Expenditures	2,273,616	0	252,624	2,526,240

Niagara Region
Schedule of Revenues and Expenditures – Child Care Services - Fee Stabilization
For the year ended December 31, 2018
(Unaudited)

	Fee Stabilization Support
Total adjusted gross expenditures excluding administration expenditures	1,075,562
Total adjusted administration expenditures	119,507

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Niagara Region
Schedule of Revenues and Expenditures – Child Care Services - Journey Together
For the year ended December 31, 2018
(Unaudited)

	Community Based Capital	Journey Together	Adjusted Operating Expenses One Time	Adjusted Operating Expenses Ongoing	Total Adjusted administration expenditures
	Project Name	Project Type			Adjusted Community Based Capital expenditures
Journey Together Project 1	FENFC Early Years Program	Joint / Conjoint	79,232		1,117,500
Journey Together Project 2	Niagara Indigenous Child and Family Centre	Joint / Conjoint	170,980		660,000
Journey Together Project 3					
Journey Together Project 4					
Journey Together Project 5					
Journey Together Project 6					
Journey Together Project 7					
Journey Together Project 8					
Journey Together Project 9					
Journey Together Project 10					
Total			250,212	0	1,777,500

Niagara Region
Schedule of Revenues and Expenditures – EarlyON
For the year ended December 31, 2018
(Unaudited)

	Description	Expenditures
Operating		
Salaries and Benefits - Program Staff		
Salaries and Benefits - Non Program Staff		
Lease and Utilities - Operational		10,452
Other Expenses - Operational		3,364,758
Subtotal Operational Expenses		3,375,210
Professional Learning and Capacity Building		681,043
Child Care & Early Years Planning (CCYEP) and Data Analysis Services (DAS)		
Salaries and Benefits		154,531
Other Expenses		14,099
Subtotal		168,630
Administration		
Salaries and Benefits		
Other Expenses		43,665
Offsetting Revenue		
Subtotal		43,665
Offsetting Revenues		
Offsetting Revenue 1		
Offsetting Revenue 2		
Offsetting Revenue 3		
Subtotal		0
EarlyON Total Adjusted Gross Expenditures		4,268,548

Niagara Region
Schedule of Revenues and Expenditures – EarlyON Journey Together
For the year ended December 31, 2018
(Unaudited)

				Adjusted Gross Expenditure							
		Operating Ongoing	Operating One Time	Capital	Operating Ongoing	Operating One Time	Offsetting Revenues Operating	Administration	Offsetting Revenues Administration	Capital One Time	Offsetting Revenues Capital
	Description	Allocation	Allocation	Allocation							
Journey Together Project 1 Journey Together Project 2 Journey Together Project 3 Journey Together Project 4 Journey Together Project 5 Journey Together Project 6 Journey Together Project 7 Journey Together Project 8 Journey Together Project 9 Journey Together Project 10											
Total		0	0	0	0	0	0	0	0	0	0

The Regional Municipality of Niagara

Child Care Services

Note to the schedules of revenue and expenses
December 31, 2018

1. Significant accounting policies

The Schedules include the revenue and eligible expenses in relation to the Regional Municipality of Niagara's Child Care Services Program for the year ended December 31, 2018. The Schedules have been prepared in accordance with the financial reporting requirements in the Child Care Transfer Payment Agreement dated January 1, 2018 and the 2018-2019 Ontario Early Years Child and Family Centre Amending Agreement dated March 29, 2018 between Ontario Ministry of Education ("the Ministry") and the Regional Municipality of Niagara.

Revenue recognition

Revenue is reported on the accrual basis of accounting.

Government transfers are recognized in revenue in the Schedules when the transfer is authorized, any eligibility criteria are met, and a reasonable estimate of the amount can be made except when and to the extent that stipulations by the transferor give rise to an obligation that meet the definition of a liability. Government transfers that meet the definition of a liability are recognized as revenue as the liability is extinguished.

Expenses

Expenses are recorded if they are eligible for the program and incurred in the period.

Gross expenses are reported on the Schedules in order to understand the full cost of the program. Expenses in excess of base funding, as per the funding agreements, have been removed for the purpose of determining the grant repayable.

Certain administrative expenses are allocated to the program based on usage drivers specific to each type of expense.

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Subject: Approval of the 2018 Healthy Babies, Healthy Children Program Schedule of Revenues and Expenses

Report to: Public Health and Social Services Committee

Report date: Tuesday, September 10, 2019

Recommendations

1. That the draft audited schedule of revenues and expenses for the Healthy Babies, Healthy Children Program for the calendar year ended December 31, 2018 (Appendix 1 to Report PHD 15-2019), **BE APPROVED**;
2. That staff **BE DIRECTED** to co-ordinate with the auditor to finalize the statements as presented; and
3. That Report PHD 15-2019 **BE FORWARDED** to the Region's Audit Committee for information.

Key Facts

- The purpose of this report is to obtain approval of the audited schedule in accordance with the provincial funding requirements.
- The annual Healthy Babies, Healthy Children Program questionnaire along with a draft copy of the audited schedule were submitted to the Ministry before the July 31, 2019 deadline.
- Once approved and finalized, the audited schedule for the year ended December 31, 2018 will be submitted to the Ministry.
- In accordance with report AC-C 32-2018 dated June 18, 2018, respecting the Audit Committee Terms of Reference, "other audited financial statements, to include special purpose and compliance-based schedules, are approved by the standing committee with oversight of the program and then referred to Audit Committee for information".

Financial Considerations

The schedule has been prepared in compliance with legislation and in accordance with the requirements and policies stipulated by the Ministry.

A draft copy of the audited schedule for the year ended December 31, 2018 is attached as Appendix 1.

The schedule is prepared specifically for the purpose of meeting the requirements outlined in the service agreement with the Ministry.

The schedule for Healthy Babies, Healthy Children Program is a provincial requirement as noted in the audit report:

“The schedule is prepared to assist the Program in complying with the financial reporting provisions of the agreement dated January 1, 2018 between the Ontario Ministry of Children and Youth Services and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose.”

Analysis

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

The approval of the audited schedule rests with the Committee to which the department responsible for the funding reports. In this case, approval by Committee and Council satisfies the Ministry requirement of having approval from the Niagara Region’s Board of Health. Upon approval by the Committee, these schedules are referred to Audit Committee for information. Then the department’s Commissioner and Treasurer will be authorized to sign the auditor’s representation letter to obtain the auditors signed report.

As of December 31, 2018 the Healthy Babies, Healthy Children Program was not in a grant repayable position as all of the funding from the Ministry was spent during 2018.

The schedule is subject to minor wording changes once schedules are finalized.

Alternatives Reviewed

The audited schedule is a Ministry requirement and therefore no alternative is available.

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

None.

Prepared by:

Beth Brens, CPA, CA
Acting Associate Director, Reporting &
Analysis
Corporate Services

Recommended by:

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

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

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

Appendices

Appendix 1 Healthy Babies, Healthy Children – Audited Schedule of Revenues and Expenses

Schedule of revenue and expenses

**The Regional Municipality of
Niagara Public Health Department**
Healthy Babies, Healthy Children Program

December 31, 2018

DRAFT

The Regional Municipality of Niagara

Public Health Department

Healthy Babies, Healthy Children Program

December 31, 2018

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Independent Auditor's Report

To the Members of Council of the Regional Municipality of Niagara and Ontario Ministry of Children and Youth Services

Opinion

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

In our opinion, the accompanying schedule of the Program for the year-ended December 31, 2018 is prepared, in all material respects, in accordance with the financial reporting provisions of the agreement dated January 1, 2018 between the Ontario Ministry of Children and Youth Services and the Regional Municipality of Niagara.

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the schedule, which describes the basis of accounting. The schedule is prepared to assist the Program in complying with the financial reporting provisions of the agreement dated January 1, 2018 between the Ontario Ministry of Children and Youth Services and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedule

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

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

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

Auditor's Responsibilities for the Audit of the Schedule

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants
May 16, 2019

The Regional Municipality of Niagara

Public Health Department

Healthy Babies, Healthy Children Program

Schedule of revenue and expenses
year ended December 31, 2018

	2018 Budget	2018 Actual	2017 Actual
	\$	\$	\$
Revenue			
Ministry of Youth and Child Services funding	2,365,130	2,365,130	2,402,555
Other revenue	-	388	-
	2,365,130	2,365,518	2,402,555
Expenses			
Salaries and wages: unionized			
Public health nurses	1,189,394	1,118,187	1,117,703
Employee benefits	388,273	357,011	383,435
Lay home visitors	294,714	319,076	315,456
Clerical	96,785	99,946	104,839
WSIB	-	417	7,432
Health promoter	-	-	22,859
Salaries and wages: non-unionized			
Management	202,748	210,352	203,301
Administration ISCIS	57,637	60,764	53,499
Employee benefits	58,721	58,737	56,491
	2,288,272	2,224,490	2,265,015
Operating costs			
Administration costs (Note 3)	168,170	151,290	128,702
Travel - mileage	50,000	57,863	58,843
Professional development	6,985	39,835	18,010
Program supplies/resources	3,375	18,325	40,770
Telephone and communication	8,000	11,431	8,418
Office supplies	2,300	7,289	2,435
Audit fees	5,698	5,795	8,614
Cleaning allowance	500	490	450
	245,028	292,318	266,242
Total expenses	2,533,300	2,516,808	2,531,257
Deficiency of revenue over eligible expenses	(168,170)	(151,290)	(128,702)

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

The Regional Municipality of Niagara

Public Health Department

Healthy Babies, Healthy Children Program

Notes to the schedule of revenue and expenses

December 31, 2018

1. Summary of significant accounting policies

Basis of accounting

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

Revenue and expenses

Revenue is reported on the accrual basis of accounting.

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

Capital assets

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

Employee future benefits

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

Use of estimates

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

Certain administrative expenses are allocated to the program based on usage drivers specific to each type of expenditure.

2. Grant receivable/repayable

The grant receivable/repayable to the Province of Ontario is subject to audit verification by the Ontario Ministry of Children and Youth Services. The grant receivable/repayable is non-interest bearing and is normally recovered in the subsequent year. The surplus repayable to the Province of Ontario for the year ended December 31, 2018 is \$nil (2017 - \$nil).

	2018	2017
	\$	\$
Grant receivable, beginning of year	-	-
Deficiency of revenue over eligible expenses	151,290	128,702
Expenses not recoverable	(151,290)	(128,702)
Grant receivable, end of year	-	-

The Regional Municipality of Niagara

Public Health Department

Healthy Babies, Healthy Children Program

Notes to the schedule of revenue and expenses

December 31, 2018

3. Administration costs

	2018 Budget	2018 Actual	2017 Actual
	\$	\$	\$
Accounting services	4,378	2,644	2,605
Payroll services	39,156	42,599	32,748
Human resources services	24,928	16,592	21,214
IT program support services	71,877	61,034	60,765
Legal services	-	-	256
Insurance costs	1,182	1,126	1,110
Printing costs	2,524	3,569	2,578
Capital financing allocation	24,125	23,726	7,426
	168,170	151,290	128,702

4. Budget data

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

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Dental Program

PHSSC Presentation

September 10, 2019

Current Mandate

1. The oral health of children and youth is improved
 - Identify children and youth with poor oral health
 - Children and youth living in low-income have access to oral health care
2. Provide programs/services to address the oral health needs of the community

Mandate is met by:

- School-based dental screening in elementary schools
- Provision of the Healthy Smiles Ontario program
- Niagara's Mobile Dental Clinic – bus
- Fluoride varnish program for children age 5 and under
 - Schools/daycares
 - Physicians' offices

New Community Program

- 100% ministry-funded
- To begin in the fall 2019 – waiting on ministry approvals for capital projects
- Build on existing dental infrastructure
- Work in partnership with community health centres and enter into service level agreements

Ontario Seniors Dental Care Program

Eligibility:

- 65+ and resident of Ontario
- Income of \$19,300 or less if single
- Income of \$32,300 or less if couple

Service Delivery:

- By *salaried* dental providers in public health units and community health centres
- Operational funding will come to PHUs = \$2,137,000

Healthy Smiles vs Seniors Dental Program

Healthy Smiles Ontario	Ontario Seniors Dental
Online portal & paper applications	
Welcome package & card in the mail	
Children/youth age 17 & under	Adults age 65 or over
Treatment from any dentist	Treatment by a salaried dentist from a PHU or CHC only
Emergency stream if above income cut-off	No emergency stream available

Community Plan: Potential FTEs

Location	FTEs
Quest	5.0
Centre de Santé	4.4
Niagara Falls CHC	4.4
Public Health	3.4
Total	17.2

Community Plan: Additional Components

Support the lower & west tiers of the region:

- a) Improve FE public health clinic
- b) Partner with Northland Pointe for a new clinic
- c) Replace existing dental bus

Support Niagara College to begin serving seniors immediately with a service level agreement and operational funding

Subject: Supporting Seniors Dental Care with Provincial Funding

Report to: Public Health & Social Services Committee

Report date: Tuesday, September 10, 2019

Recommendations

1. That an adjustment to the previously adopted 2019 Regional Municipality of Niagara (Niagara Region) operating budget in the amount of \$1,602,750 for the Ontario Seniors Dental Care Program, fully funded through the Ministry of Health (MOH), **BE APPROVED**;
2. That the creation of up to 17.2 permanent full time equivalent positions to support the Ontario Seniors Dental Care Program, fully funded through the MOH, **BE APPROVED**;
3. That Public Health staff **BE DIRECTED** to continue to advocate for increased provincial funding for the Seniors Dental Care Program to fully address the population's need: and
4. That the Regional Chair **BE DIRECTED** to write to the Minister of Health and the Minister of Seniors & Accessibility to thank the Provincial government for this funding.

Key Facts

- In September 2018, Regional Council as the Board of Health endorsed report PHD 14-2018 which called on the provincial government to follow-through on a campaign promise to create a seniors dental program.
- In April 2019, the province announced creation of the seniors dental care program and on August 20, 2019 formally communicated funding for this program, designating the program as 100% provincially funded with \$2,137,000 annualized funding on the Provincial government budget year (April 1 to March 31). This funding is pro-rated to \$1,602,750 for the balance of the municipal budget year (April 1 to December 31).
- The purpose of this report is to inform the Board of Health of the in-year funding announcement received from the MOH for the Ontario Seniors Dental Care Program 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

- Regional Council also requires staff to seek approval before creating any new permanent positions. Approval is being sought for the positions required to support this new initiative.
- The Seniors Dental Care Program will be operated through tight integration with many partners including Niagara's Community Health Centres and Niagara College.

Financial Considerations

The seniors dental care program is 100% provincially funded with \$2,137,000 annualized funding on the Provincial government fiscal budget year (April 1 to March 31). This funding is pro-rated to \$1,602,750 for the balance of the municipal budget year (April 1 to December 31). There is no municipal contribution required and no levy impact associated with this program.

Of the \$1,602,750 in funding for the balance of the municipal budget year, \$425,000 has been earmarked to fund the up to 17.2 permanent full time equivalent positions required to support the new initiative until the end of 2019. The balance of \$1,177,750 will be used for supplies, equipment, maintenance, and other eligible operating costs associated with direct service delivery.

Based on the timing of the official funding announcement and the time required to recruit staff and negotiate agreements with community health centres, the funding allotment for 2019 may not be fully spent. Any unspent funds must be returned to the MOH at year-end, however an application will be made to carry funding over to 2020 in lieu of returning it, if necessary.

The ongoing annual provincial funding of \$2,137,000 per year will constitute base funding for this program in future years' budgets as a fully provincially-funded program with no levy contribution required.

Analysis

Evidence of Need for Seniors Dental Care

- In 2015, there were almost 61,000 hospital emergency visits for dental problems, at a cost to Ontario's health care system of approximately \$31 million.
- Two-thirds of low-income seniors do not have access to dental insurance.

Evidence shows that low income seniors have limited to no dental insurance coverage and generally higher dental care needs. As a result, untreated oral health issues can

lead to adverse health outcomes such as infection, pain and abscess. These adverse health outcomes can lead to chronic disease and lower quality of life^{1 2}.

In 2017, the Niagara Dental Health Coalition worked on, and presented to council (PHD 14-2018) the *Niagara Region Adult Dental Health Care Barriers Survey Report 2017: A snapshot of those who face barriers to accessing dental care*. Although the report was based on survey results from those 18+ years, the results can be extrapolated to reflect the seniors' population.

Plan for Delivering the Program

The Ontario government expects that Public Health will leverage existing infrastructure for the publicly-funded children's dental program, Healthy Smiles Ontario.

Public Health plans to utilize community health centres (CHCs), Public Health dental clinics, and a Regional building that has space, to deliver clinics, either upgrading existing dental clinics or equipping new ones to support preventive and restorative dental care. As well, the Dental Bus operated by Public Health will be leveraged. The extent of upgrades or new equipping will be dependent on a separate application for capital funding from the Provincial government.

These clinics will be staffed by a multidisciplinary dental team. The size of the team may vary based on provincial capital funding that will determine the complement of clinic sites. As well, subject to current negotiations with CHCs, most employees will likely end up as employees of the CHCs rather than Public Health. At most, the following will be positions needed to operate this program:

Table 1 Breakdown of Positions Needed for Seniors Dental Care Program in Scenario with Maximum Number of Positions

Position	Number of Full Time Equivalents
Dentists	2.2
Registered Dental Hygienists	4.0
Certified Dental Assistants	4.0
Program Assistants	4.0
Co-coordinators	3.0
Total	17.2

Volume of Service

¹ Canadian Academy of Health Sciences, 2014. Improving access to oral health care for vulnerable people living in Canada.

² Ontario Agency for Health Protection and Promotion (Public Health Ontario). Report on access to dental care and oral health inequalities in Ontario. Toronto: Queen's Printer for Ontario; 2012.

Approximately 9000 seniors in Niagara could be **eligible** to receive dental services under this program. The Ministry has determined that 3789 seniors will actually **utilize** the program based on data on the Ontario Drug Benefit utilization of 40%.

The information provided to us from the MOH is based on the income cut-off of \$19,300 for a single person and \$32,300 for a couple. Line 236 of the income tax return will determine eligibility.

Public Health has mapped the region using census data to show where potential clients are based, and is using this information to plan the program. As well, this data informed the capital funding proposal submitted to the Ministry on August 7, 2019.

Alternatives Reviewed

The Board of Health could reject this new provincial funding. However, the provincial government is expected to make seniors dental care a mandated Public Health program, and so then the entire cost of the program would be borne by the Regional levy. This is therefore not recommended.

The Board of Health could defer approval of new positions until a later date, once capital funding allocations have been announced by the Provincial government, and then final plans can be negotiated with CHCs. However, funding must be spent by December 31 which is less than 4 months away, and several weeks are needed to recruit new positions. The delay required to seek approval of the Board of Health for positions once all details are known might prevent spending of all the funding allocated for the Seniors Dental Program. This would require return of those funds to the Ministry of Health. This would also not serve local seniors who could not benefit from the returned funds. Approval of positions now is therefore recommended to minimize any subsequent delays.

Relationship to Council Strategic Priorities

Approval of the recommendations in this report will support the Council Strategic Priority of a *Healthy and Vibrant Community* by enabling Public Health to deliver a service that is greatly needed by seniors.

Other Pertinent Reports

[PHD 14-2018](#) Support for Low-Income Senior's Dental Health Program

Prepared by:

Michael Solanki
Registered Dental Hygienist
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 Gloria Morris, Manager, Family Health, and reviewed by Donovan D'Amboise, Manager, Program Financial Support.

Appendices

None

Subject: Niagara Ontario Health Team – Full Application

Report to: Public Health and Social Services Committee

Report date: Tuesday, September 10, 2019

Recommendations

That Council **Endorse** Niagara Region's participation in the Niagara Ontario Health Team Full Application submission and support Niagara Region as a member of the Niagara Ontario Health Team (NOHT).

Key Facts

- Many health and service providers (see Appendix 1) across Niagara collaborated to submit an Ontario Health Team Readiness Assessment in response to the Ministry of Health's invitation for submission.
- The Ministry of Health received 157 submissions from across the province and the Niagara Ontario Health Team submission was one of 31 teams invited to submit a Full Application.
- The Niagara Ontario Health Team, as required, has identified a target population for year 1 (patients with complex needs) and is completing a Full Application focused on meeting year 1 targets and establishing a high- level vision for future state.
- The Full Application submission requires Board Chair level approval of each participating organization by the submission deadline of October 9, 2019.

Financial Considerations

Current Ministry of Health (Ministry) health care restructuring includes the introduction of Ontario Health Teams and the elimination of the Local Health Integration Networks (LHINs). Niagara Region services currently funded through the LHIN, including community programs, mental health, community paramedicine and long-term care, will continue to be funded as per established Multi-Sector Accountability Agreements (MSAA's) and Long-Term Care Accountability Agreements (LSAA's) until Ontario Health Teams are approved and have moved through a number of developmental stages to maturity. It is proposed that at maturity all providers that are part of an Ontario Health Team will be funded through an integrated funding envelope issued by Ontario Health (the Super Agency) to Ontario Health Teams.

Analysis

The Ministry invited health and service providers across the province to participate in the modernization of the full continuum of health care services with a goal of building an integrated public health care system centered around patients, beginning with a readiness assessment.

A group of 35 partners across Niagara collaborated to submit an Ontario Health Team Readiness Assessment to the Ministry of Health. Through this process the team collectively assessed its ability to meet the minimum readiness criteria to become an Ontario Health Team.

The Ministry of Health received a total of 157 submissions. Submissions were evaluated by the Ministry and moved on to one of three categories defined as follows:

In Discovery: These are health care providers who have demonstrated support for the model and willingness to participate in the transformation.

In Development: These are teams with participants who represent a continuum of care, and who have demonstrated a commitment to the OHT model and a strong degree of readiness to implement.

Full Application: These are teams that have participants across a continuum of care. They are highly aligned with the OHT model, have a very strong level of readiness, and are ready to complete the full application.

Of the 157 submissions 31 teams have been invited to submit a *Full Application* and 43 have been identified as *In Development*. The remaining 83 have been identified as *In Discovery*. The Niagara Ontario Health Team applicant group was invited to submit a Full Application and noted to be an early adopter in terms of modernization.

The partners in Niagara have pursued a collaborative approach and determined that they are committed to completing the Full Application. The Full Application builds off of the Self-Assessment and is aligned with the eight components of the Ontario Health Team Model¹. Through the Full Application, the team is required to outline a plan to meet the year 1 expectations with evidence to support why the plan is attainable (past partnerships / integration successes, past outcomes). The team is also required to map out a broader “plan to plan” that speaks to the process that will be used to develop the overall vision for the future of health and services in Niagara.

¹ Eight Components of Ontario Health Team Model: 1. Patient / Resident Care and Experience, 2. Patient / Resident Partnership and Community Engagement, 3. Defined Patient Population, 4. In-Scope Services, 5. Leadership, Accountability and Governance, 6. Performance Measurement, Quality Improvement and Continuous Learning, 7. Funding and Incentive Structure, 8. Digital Health

The Full Application consists of seven sections and two appendices as follows:

1. About your population.
2. About your team.
3. How will you transform care?
4. How will your team work together?
5. How will your team learn and improve?
6. Implementation planning and risk analysis.
7. Membership approval.

Appendix A: Home and Community Care.

Appendix B: Digital Health.

As part of the readiness assessment the Niagara team was required to identify a year 1 target population. The year 1 target population that the Niagara team identified are patients with complex needs including but not limited to (total population number in parentheses):

- Patients living with 4+ chronic conditions (29,960)
- Top 5% cohort (i.e. the highest users of the health care system) (4,698)
- Clinical/cognitive assessment (e.g. unstable conditions, declining health, Social Determinants of Health).

Health and service providers across Niagara have been focused on this priority population over the past few years through a HealthLinks² model. Through year 1 of the Niagara Ontario Health Team, work plans will build on prior experience in coordinated/integrated care, including using bundling care/funding models, shared digital technologies and Coordinated Care Plans³ to support a truly integrated care experience for patients, families and caregivers.

The Ministry has outlined the year 1 expectations that the Ontario Health Teams will be striving to meet for the target population. The expectations are as follows:

- Care has been re-designed for year 1 patients
- Improved performance against access, transition, coordination of care, and integration targets determined in consultation with the Ministry
- Every year 1 patient who received care across multiple providers or settings experienced coordinated care; zero cold handoffs

² HealthLinks – a “wrap around” model of patient care that provides a coordinated, interprofessional team of health service providers, based on patient needs and assigns a patient lead coordinator to ensure seamless, system navigation. HealthLinks is being used to support Coordinated Care Plans for patients with complex needs to increase access to integrated quality services, provide meaningful patient input into their care plan and ensure on-going care coordination among partners providing health and community service supports.

³ Coordinated Care Plans (CCP) – a patient-specific care plan that documents patient goals, action and agencies involved in their care. It is a fluid and dynamic document used to enhance ongoing communication (patient and service provider) to provide optimal care, guide the care planning process and is intended to evolve as the patient’s goals and activities change.

- Any year 1 patient can access 24/7 coordination and system navigation services from their Ontario Health Team (e.g. someone with access to their health information who can help with system navigation, when something goes wrong with their care, or when they have a complaint)
- The majority of year 1 patients who received a self-management plan and/or access to health literacy supports understood that plan, as appropriate, and/or used those supports
- Ten to fifteen percent of year 1 patients who received care from the Ontario Health Team digitally accessed their health information
- Expanded virtual care offerings from baseline, and 2 to 5% of year 1 patients who received care from the Ontario Health Team had a virtual encounter in year 1
- Information about Ontario Health Team's service offerings is readily available and accessible to the public (e.g., through a website).

The team will continue in the collaborative effort to complete the Full Application. Each organization who is a member of the Ontario Health Team will be required to provide Board Chair equivalent level sign off on the final submission.

The full application has a submission deadline of October 9, 2019 and will require Regional Chair sign-off.

Next Steps

Full application submissions will be evaluated by third-party reviewers and the Ministry according to standard criteria that reflect the readiness and ability of teams to successfully implement the model and year 1 expectations for Ontario Health Team Candidates.

Following evaluation of the Full Application there are two possible outcomes. Teams will either be

1. Invited to move to the final stage of evaluation or;
2. Continue to work towards readiness as a team *In Development*.

Those teams evaluated as most ready to move to the final stage of evaluation may also be invited to participate in community visits, which will then further inform the final selection of the first cohort of Ontario Health Team Candidates.

Alternatives Reviewed

N/A

Relationship to Council Strategic Priorities

N/A

Other Pertinent Reports

COM-C 1-2019	Ministry of Health and Long-Term Care Announcement: 'New Plan for Health Care Reform'
COM 21-2019	Ontario Health Teams

Prepared by:

Henri Koning
Director Seniors Services
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community 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

Appendices

Appendix 1 Niagara Ontario Health Team Partners and Associated Partners

APPENDIX 1 – Niagara Ontario Health Team Partners and Associated Partners

Committed Partners	Associated Partners
<p>Alzheimer Society of Niagara Region ARID Recovery Homes Benevolent Society “Heidehof” for the Care of the Aged Bridges Community Health Centre Brock University – Faculty of Health Sciences Canadian Mental Health Association, Niagara Community Addiction Services of Niagara (CASON) Community Support Services of Niagara Consumer/Survivor Initiative of Niagara Contact Niagara for Children’s and Developmental Services Foyer Richelieu Gateway Residential and Community Support Services of Niagara Inc. Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) Hospice Niagara Hotel Dieu Shaver Health and Rehabilitation Centre (HDS) McMaster University - Niagara Regional Campus - Michael G. DeGroote School of Medicine Niagara College – Faculty of Community & Health Studies Niagara Emergency Medical Services Niagara Falls Community Health Centre Niagara Health (Douglas Memorial site, Greater Niagara General site, Port Colborne site, St. Catharines site, Welland site) and its partner St. Joseph’s Health System Niagara Ina Grafton Gage Village Niagara Region -</p> <ul style="list-style-type: none"> Public Health & Emergency Services <ul style="list-style-type: none"> • Emergency Medical Services • Public Health • Mental Health Services Community Services <ul style="list-style-type: none"> • Seniors Services (Long-Term Care and Community Programs) <p>Oak Centre Pathstone Mental Health Positive Living Niagara Quest Community Health Centre Radiant Care – Pleasant Manor/Tabor Manor United Mennonite Home</p>	<p><i>Associated Partners include any organization that has agreed to be listed on the submission without a formal commitment (at this time), with many contributing to the Self Assessment Form. Associated Members have expressed interest to continue to work with the Niagara-OHT through the Full Application process and implementation and/or continued service partnerships, community support and/or advocacy. Niagara-OHT has agreed to maintain an ‘open-door’ for new, existing and associated partners.</i></p> <p>Entité² de planification des services de santé en français - French Language Health Planning Entity Niagara Medical Group Family Health Team Niagara North Family Health Team Portage Medical Family Health Team Wayside Niagara Welland McMaster Family Health Team</p>

Subject: Seniors Services Quality Improvement Report April to June 2019
Report to: Public Health and Social Services Committee
Report date: Tuesday, September 10, 2019

Recommendations

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

Key Facts

The purpose of this report is to provide Committee and Council with highlights of quality initiatives and outcomes in Seniors Services from April to June 2019. Areas of focus in this quality update include:

- Indicator Analysis – Skin and Wound Care
- Innovation – Implementation of scheduling software Vocantas
- Road to Zero - Lost Time Claims Update

Financial Considerations

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

Analysis

Indicator Analysis – Skin and Wound Care

Seniors Services has transitioned to the full use of an electronic health record (EHR) by all members of the interdisciplinary team. All regulated health care providers including registered nurses, registered practical nurses, physicians and dieticians document assessments and progress notes in the EHR. The program that is used to support the EHR (Point Click Care) has various applications available, and in November 2018, Seniors Services launched a pilot program to implement the Skin and Wound Care application at The Woodlands of Sunset. In early 2019 the application was implemented in the other seven long-term care (LTC) homes.

The Skin and Wound application allows care providers to capture an image of a wound, which is uploaded to the resident's chart via an iPad. The application measures the area and allows for easy calculation of change in skin and wound status. This allows the

health care team to collaborate and identify required treatments through the sharing of diagnostic information. The image can be reviewed on the electronic medical record by a physician or nurse practitioner without having to disturb a resident's wound dressing. A wound is a breakdown of tissue below the skin's surface, which causes damage to the underlying tissue. Common causes of skin and wound issues are from pressure, cuts, friction and some skin cancers.

As indicated in Appendix 1, Seniors Services' average for worsened stage 2-4 pressure ulcers is 3.7% and the provincial average is 2.6%. To continue in our efforts to improve wound care and reduce this rate, nursing staff completed wound care training in collaboration with York University and consistent protocols have been implemented across the homes. The LTC homes will continue to monitor and analyze wound metrics to evaluate the effectiveness of quality improvement efforts.

Innovation – Implementation of scheduling software Vocantas

Seniors Services, in collaboration with Niagara Regional Police Service, issued a Request for Proposal for a staff call-out solution. The successful bidder was a company called Vocantas. The system is an automatic shift call out system that integrates with the current Kronos payroll system.

The system automates scheduling processes to provide call outs to employees in accordance with collective agreement language, seniority and business rules. Employees are provided with shift offers by text, phone and email and they then respond to these indicating if they have an interest in available shifts. Staff are then notified through the automated system if they have been successful in being awarded the shift.

Vocantas was launched successfully in June 2019 and has helped automate LTC scheduling. The scheduling department provides a centralized scheduling service for the nursing departments of the eight LTC homes. It also has a robust reporting system to track shifts, time of calls and responses. This system prevents the need for repetitive phone calls offering shifts one at a time to staff members and reduces the potential for error.

Road to Zero - Lost Time Claims Update

The 'Road to Zero' program was implemented in 2009 to decrease workplace incidents that result in lost time claims. A strong commitment to a safety culture was established and has been sustained. Training, safety talks, safety walks, investment in equipment (e.g. resident lifts and high-low beds) have contributed to a significant decrease in lost time claims since 2010. The majority of claims submitted are due to musculoskeletal disorders (MSDs), slips, trips, falls and responsive behaviours. In 2009, there were 90 lost time claims and in 2018, there were 20. At the end of Q2 2019, there were eight lost time claims.

Table 1, provided by the Corporate Health & Safety Advisor, shows a summary for 2018 and cumulative Q1 and Q2 results for 2019. As illustrated in the chart below, Seniors Services has continued to see improved outcomes, as has been the trend year over year.

Table 1:
2019 Seniors Services Road to Zero

KPI	2018	YTD (Q2) 2019	2019 Target
WSIB Claims	102	30	86
Lost Time Claims	20	8	13
Health Care Claims	82	22	73

In 2019 a focus on the prevention of the top three types of injuries (MSDs, slip, trip, falls and responsive behaviours), will continue. Strategies for continued success includes a strong emphasis on training and awareness.

Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

Not applicable.

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Recommended by:

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Commissioner, Community Services

Submitted by:

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

This report was prepared in consultation with Jordan Gamble, Program Financial Specialist and reviewed by Henri Koning, Director, Seniors Services.

Appendices

Appendix 1 Seniors Services Report Card 2019

Appendix 1 Seniors Services Report Card 2019

Measures	Definition	2019 Q1	2019 Q2	2019 Q3	2019 Q4
Seniors Long Term Care Home Metrics					
Cognitive Impairment	This metric provides a percentage of residents whose diagnosis includes dementia, other than Alzheimer's or related neurologic diseases after the resident assessment has been completed. (Q2 2018 results: 67.2)	66.7	66.1		
Resident Satisfaction Survey	This metric provides a measure of the resident's perception of the services and overall rating of a great place to live. The resident satisfaction survey is issued annually. The 2017 MBN median for upper-tier municipalities was 95%. In 2017 for all 8 Niagara Region LTC was 95%.	95			
Pressure Ulcers	This is a measure of the # of worsened stage 2-4 pressure ulcers documented on their target assessment and the stage of pressure ulcer is greater on their target assessment than on their prior assessment (Prov. Avg. 2.6%). (Q2 2018 results: 3.66)	3.7	3.73		
Outbreaks	The resident home area may be declared in outbreak by Public Health if two or more residents residing in the same resident home area have two or more consistent infectious symptoms (2018 total was 15) (Q2 2018 results: 4)	15	4		
% of Resident who have fallen in the last 30 days	This is a measure of the % of residents who sustained a fall in the last 30 days recorded on their target assessment. (Prov. Aver. 16.25%). (Q2 2018 results: 15.76)	17.05	18.25		
% of Residents with New Fractures	This is a measure of the % of residents who sustained a fracture during this quarter on their most recent assessment. This total includes any fracture that may occur. The goal is to minimize all fractures. (Prov. Aver. 2.1%) (Q2 2018 results: 1.66)	1.74	0.79		

Seniors Community Programs					
Number of unique individuals served in 2018	Individual is counted once in a calendar year regardless of the number of services one individual may be accessing. (Q2 2018 results: 1695)	1682	1698		
% satisfied with overall services	Average across all SCP programs. (2018 results 97%.)	97			
# of complex case consultations	Multi-agency collaboration is required to support the diverse needs of the individual in developing a community plan of support/care. (Q2 2018 results: 28)	10	23		

Subject: Mental Health and Addictions Collaborative Work – Niagara Region’s Involvement

Report to: Public Health & Social Services Committee

Report date: Tuesday, September 10, 2019

Recommendations

That Report PHD 17-2019, respecting Mental Health and Addictions Collaborative Work – Niagara Region’s Involvement, **BE RECEIVED** for information.

Key Facts

- This report provides information as requested by Public Health & Social Services Committee in April 2019 respecting collaborative work that NRPS, NEMS, Fire Departments, and Public Health are involved in around mental health and addictions.
- Niagara Region does not have jurisdiction over mental health and addictions in Niagara, and this report is not intending to portray Niagara Region as claiming credit for the hard work the community leads have done.
- This report describes collaborative initiatives only. It does not include the extensive programs, services, and initiatives these departments are involved in or delivering.
- All of these agencies have been involved either directly or indirectly on
 - the HNHB LHIN Niagara Sub Region Anchor Table and two Action Tables,
 - Integrated Care Lead training and Coordinated Care Planning,
 - Niagara Addiction and Mental Health Network (NAMHN),
 - Overdose Prevention and Education Network of Niagara (OPENN),
 - Niagara Suicide Prevention Coalition (NSPC), and
 - the Niagara Mental Health and Addictions Complex Care Resolution Table.These projects are all collaborative approaches to optimizing service and efficiency, and minimizing gaps.
- Some specific collaborative work across the named organizations are Mobile Crisis Rapid Response Team (MCRRT), Mental Health and Addictions Response Team (MHART), Consumption and Treatment Site, Naloxone distribution, Needle Exchange Program.

Financial Considerations

There are no financial considerations to this report’s recommendations.

Analysis

NRPS, NEMS, Niagara Region Mental Health program, and Public Health are pleased to be involved in a number of collaborations related to mental health and addictions in Niagara. We are part of a very large array of programs, services, and interventions across Niagara region. We do not desire to take credit for this collaborative work, which can include upwards of 20 or more partners for any given initiative. The LHIN is the main lead for much of this work, given their role as funder, planner and integrators for health care.

This report is not a list of all the programs, services, and initiatives of NRPS, NEMS, Public Health, and Fire Departments. Such a list would be very extensive and would include items like Road to Mental Readiness (R2MR) and other training of staff, individual and partnered service improvements to improve client response in some way, and partnerships, programs and referral sources utilized by each department.

It is useful to think of the collaborations described in this report as being either at the overarching, cross systems initiative level, or at the more localized level, with learnings from more localized initiatives being shared with the overarching systems tables.

Overarching Initiatives

These are some of the organized attempts in Niagara to improve services and efficiency around mental health and addictions. Those listed are the ones in which NRPS, NEMS, Public Health, and Fire are either directly or indirectly involved.

1. Niagara Anchor Table (evolving now to Ontario Health Team application table)

A group of senior leaders in health, community and social services, and education sectors. Sponsored by the LHIN (soon to be Ontario Health), this group met regularly to discuss opportunities and solutions based on priorities identified by the LHIN and the Ontario government. These priorities are mental health and addictions, and coordinated care planning for all types of health issues. As of the date of writing this report, this table has been “evolved” into the new Ontario Health Team application table.

2. Health Links Coordinated Care Planning

An approach to integrating care for patients living with complex conditions that optimizes sustainable and person-centered care, and serves as a model for sub-regions. The Niagara Region Mental Health program facilitates hundreds of referrals each year to and from other providers in Niagara.

3. Niagara Addiction and Mental Health Network (NAMHN)

A group of senior leaders from 16 organizations who provide LHIN-funded services. This group meets regularly to update and plan mental health and addiction services in Niagara. The LHIN has funded a review of the MHAA system in Niagara, and Niagara Region Public Health hosts the project manager for that review.

NAMHN Organizations:

- ARID Recovery Homes
- Bridges Community Health Centre
- Canadian Mental Health Association Niagara
- Centre de Santé Communautaire Hamilton/Niagara
- Community Addiction Services of Niagara
- Consumer Survivor Initiative
- Distress Centre/Niagara Mental Health and Addictions Access Line
- Gateway Residential and Support Services
- Niagara Falls Community Health Centre
- Niagara Health
- Niagara Region Mental Health
- Oak Centre
- Positive Living Niagara
- Quest Community Health Centre
- Wayside House
- West Niagara Mental Health

4. Overdose Prevention Education Network of Niagara (OPENN)

Public Health co-chairs the OPENN which has membership from agencies across prevention, harm reduction, treatment (including mental health treatment) and enforcement, in response to the opioid crisis. OPENN aims to provide a unified community response to substance issues, while sharing information and connecting services. OPENN is raising public awareness around the health impacts of substance use from a harm reduction viewpoint.

5. Niagara Mental Health and Addictions Complex Care Resolution Table

Strives to enhance the care of individual clients with complex mental health and addiction needs, to better understand Niagara's system of care, and to identify potential gaps and opportunities for further development. Most of the complex cases for review come from first response/emergency services.

6. Niagara Suicide Prevention Coalition

Public Health supports the Niagara Suicide Prevention Coalition, bringing a public health perspective and collaborating with members around specific community trainings. As part of a framework to prevent suicide in Niagara, Public Health staff are committed to training 1,000 community members in SafeTALK, and 250 community members in Applied Suicide Intervention Skills training over the course of 2020-2021. In addition, the Niagara Region Mental Health program is introducing a standardized suicide risk assessment for staff to utilize with their clients. Staff will be sharing learnings with other organizations who have the readiness to adopt the same assessment tool.

7. Needle Exchange Program

While funding is provided for infectious disease prevention via safe needle provision, there is no funding to deal with “discards”, that is, safe collection bins or pickup of discards from the ground. Currently, the municipalities are responsible for any litter cleanup. Streetworks, through Positive Living Niagara (PLN), administers the Needle Exchange Program, where over 1.6 million clean, safe needles help those in need to protect themselves and others from diseases such as Hepatitis C, and help reduce health care costs.

NRPH, PLN/Streetworks, and the municipalities work together to determine sites that may benefit from permanent needle boxes (sharps boxes). These boxes cost over \$2,000, and there are currently three in St. Catharines and one in Niagara Falls. The transient nature of discard locations makes box placement challenging. In addition, community partners including John Howard Society are working to assist with community/volunteer patrols to pick up discarded needles.

NRPH is working on reviewing data to see if it can help determine placement of boxes or help municipalities and partners with their pickup patrols

Related Learnings and Initiatives

These are the initiatives that have a more limited scope or geographic reach with regard to mental health and addictions activity. Each of these, however, is connected to the above named overarching initiatives through knowledge sharing.

1. Mobile Crisis Rapid Response Team (MCRRT)

This program is a collaboration between the NRPS and CMHA. It involves an NRPS officer and a CMHA worker being paired up. The NRPS officer will be in uniform and the CMHA worker in civilian clothing. The pair will be in a marked

NRPS vehicle working from noon to midnight seven days a week. They work in #1 District which covers St. Catharines and Thorold. The NRPS officer assigned to this pairing is considered authorized personnel strength (active duty) for the shift. The pair can respond to most calls for service that any other officer would, however their emphasis will be dealing with people having some form of mental health or addiction issue. The CMHA worker on occasion will, by phone, offer assistance to NRPS personnel from other districts in the region when required. This program has proven to be very effective in allowing the NRPS officer and the CMHA worker utilizing their respective areas of expertise in assisting persons with an emotional crisis.

2. Mental Health and Addictions Response Team (MHART)

Launched July 2018, the MHART responds in real time to low acuity 911 calls for mental health related complaints and addictions and is staffed by a Paramedic and a Mental Health nurse from 9 a.m. to 9 p.m., 7 days a week, 365 days a year. The nurses that staff this unit are donated from community partners: Niagara Health System, Welland McMaster Family Health Team, and Quest Community Health Center. When not responding to low acuity calls for mental health and addictions, MHART responds alongside ambulances to calls for opioid overdose to provide harm reduction which may include replacing naloxone kits, and referring patients or caregivers to existing community health and social supports. When not responding to active 911 calls, MHART provides proactive outreach to the community which may include distribution of naloxone kits, education or referrals to anyone asking for help and requiring connections to existing community supports, and following up on opioid overdose referrals from Paramedic crews and providing patient advocacy.

3. Consumption and Treatment Site (CTS)

As of December 2018, Paramedics working within the MHART team also staff the Consumption and Treatment Site to provide medical oversight to clients visiting that site. This work is in collaboration with staff working at Positive Living Niagara. Currently the site is open from 9 a.m. to 9 p.m. every day. This site utilizes partnerships with many care providers, including Niagara Health, Welland McMaster Family Health Team, and Quest Community Health Center, among others.

4. Crisis Outreach and Support Team (COAST)

This program is also a collaboration between the NRPS and the Canadian Mental Health Association (CMHA). The program offers assistance to people in

the Niagara region who are in crisis and have a mental health concern that is not an emergency. The NRPS has two officers dedicated to this program providing coverage 7 days a week. The officer's shifts are scheduled to commence at 10 a.m. and conclude at 10 p.m., except for Sundays where an officer will commence work at noon and conclude their shift at 8 p.m. The officer is usually not in uniform and the officer does not perform any front line duties that an MCRRT officer would, allowing the officer to solely commit to the COAST function. An officer in this program is specially trained in mental health and will work in partnership with a CMHA worker to develop a plan for the individual. Follow-ups are conducted by phone and in some cases with a personal visit to the person having a mental health concern. Generally speaking, COAST is not a rapid response service such as the MCRRT program, but more of a follow-up program.

5. Naloxone Distribution

In 2016, Naloxone was issued to NRPS units that could come into contact with opioids. Although risk to people is minimal from contact with (as opposed to consumption of) opioids, this measure was taken out of an abundance of precaution and ensuring safety. These kits were made available to members who would be handling prisoners, handling illicit drugs, and specialty units that could receive exposure to opioids during the course of their duties. In 2018, front line uniform officers who would likely encounter opioids in the course of their duties were issued personal carry Naloxone kits (each kit containing two doses). These kits were issued to NRPS members to help reverse opioid overdoses encountered as NRPS officers are frequently responding to and quite often being the initial first responder arriving on scene. They also provide a level of protection to the officers who may accidentally come into contact with an opioid in their duties. These kits have proven to be an effective tool in dealing with persons who have had some form of opioid ingestion. The Ministry of Health and Long-Term Care (MOHLTC) is funding and supplying the Naloxone kits to the NRPS through Niagara Region Public Health and Emergency Services, Clinical Services Division.

Fire Departments are aware of the opportunity to be trained to deliver and carry Naloxone for suspected opioid overdose, and thus far, St. Catharines fire is trained, while at least one more has begun the process.

Alternatives Reviewed

This report is sharing information on current initiatives.

Relationship to Council Strategic Priorities

This work helps support Council's plan through Council Strategic Priority Area 2 – Healthy and Vibrant Community.

Other Pertinent Reports

- PHD 08-2019 Increasing Capacity for Suicide Prevention Efforts in Niagara
- PHD 13-2019 Increasing Capacity for Mental Health Services Using External Funding

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Recommended by:

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Submitted by:

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Appendices

None

MEMORANDUM

PHD-C 05-2019

Subject: Staff Turnover in Mental Health Program

Date: August 6, 2019

To: Public Health & Social Services Committee

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

At the June 11, 2019 meeting of Public Health & Social Services Committee, during the debate around the year-end financial audit of the Mental Health program, an information request was made regarding the annual rate of turnover of staff in Mental Health.

The term “staff turnover rate” refers to the percentage of employees who leave an organization during a set period of time. Typically, a turnover calculation includes voluntary resignations, involuntary dismissals, retirements, and other permanent departures from the organization. Staff turnover rates normally do not include staff movement within an organization, such as promotions, transfers, and maternity/parental leaves.

For this information request, we focused on permanent departures from the corporation, and looked at the number of employees who left the Mental Health Program between January 1, 2018 and December 31, 2018 and divided it by the average number of employees employed over the course of the year. Mental Health employs approximately 60 staff in total.

This calculation for the 2018 calendar year for the Mental Health Program indicates a 9.92% turnover rate. In comparison, the corporate turnover rate for the same time period was 8.5% and the Public Health turnover rate was 6.9%. These differences in turnover rate are equivalent to less than 1 Mental Health employee as compared to the corporation, and less than 2 Mental Health employees as compared to Public Health.

Staff turnover and/or staff movement within the organization often lead to budget surpluses when positions are temporarily vacant while time elapses to replace the staff. Additionally, if more tenured staff vacate their position, they are often replaced with less tenured staff at a reduced rate of pay which also lends to a budget surplus.

Respectfully submitted and signed by

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