



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

PHSSC 4-2020

Tuesday, May 12, 2020

1:00 p.m.

Meeting will be held by electronic participation only

All electronic meetings can be viewed on Niagara Region's website at:

<https://www.niagararegion.ca/government/council/>

Due to efforts to contain the spread of COVID-19 and to protect all individuals, the Council Chamber at Regional Headquarters will not be open to the public to attend Committee meetings until further notice. To view live stream meeting proceedings, visit:
[niagararegion.ca/government/council](https://www.niagararegion.ca/government/council)

	Pages
1. <u>CALL TO ORDER</u>	
2. <u>DISCLOSURES OF PECUNIARY INTEREST</u>	
3. <u>PRESENTATIONS</u>	
3.1 <u>The Need for COVID-19 Testing in Niagara</u> J. Ryan, Resident, Town of Niagara-on-the-Lake, and T. Curtis, Resident, City of St. Catharines	3 - 17
<i>This item had been previously noted under Consent Items for Information.</i>	
4. <u>DELEGATIONS</u>	
5. <u>ITEMS FOR CONSIDERATION</u>	
6. <u>CONSENT ITEMS FOR INFORMATION</u>	
6.1 <u>PHD-C 2-2020</u> COVID-19 Response and Business Continuity in Public Health & Emergency Services	18 - 31

6.2	<u>COM-C 15-2020</u> COVID-19 Response and Business Continuity in Community Services	32 - 38
6.3	<u>COM 7-2020</u> Regional Emergency Social Services Plan A presentation will precede the discussion of this item.	39 - 108
6.4	<u>COM 8-2020</u> Housing and Homelessness Action Plan Update 2019	109 - 114
6.5	<u>COM 9-2020</u> Seniors Services Volunteer Report	115 - 121
6.6	<u>COM 10-2020</u> Medical Directors Annual Report 2019 – Long-Term Care Homes	122 - 126
6.7	<u>COM-C 11-2020</u> 2019-RFP-308 – Housing with Supports – Supported Transitional Housing Request for Proposal Award Results	127 - 128
6.8	<u>COM-C 12-2020</u> Welland City Council Correspondence re: Shelter Program Solution	129 - 131
6.9	<u>COM-C 13-2020</u> 2019-RFP-305 - Prevention Request for Proposal Award Results	132 - 133
6.10	<u>COM-C 14-2020</u> 2020 RFPQ-08 – Niagara Emergency Energy Fund (NEEF) Request for Pre-Qualification Award Results	134 - 135

7. OTHER BUSINESS

8. NEXT MEETING

The next meeting will be held on Tuesday, June 16, 2020 at 1:00 p.m.

9. ADJOURNMENT

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

The Need for COVID-19 Testing in Niagara

Jim Ryan



Niagara-on-the-Lake, ON L0S 1J0

Tim Curtis

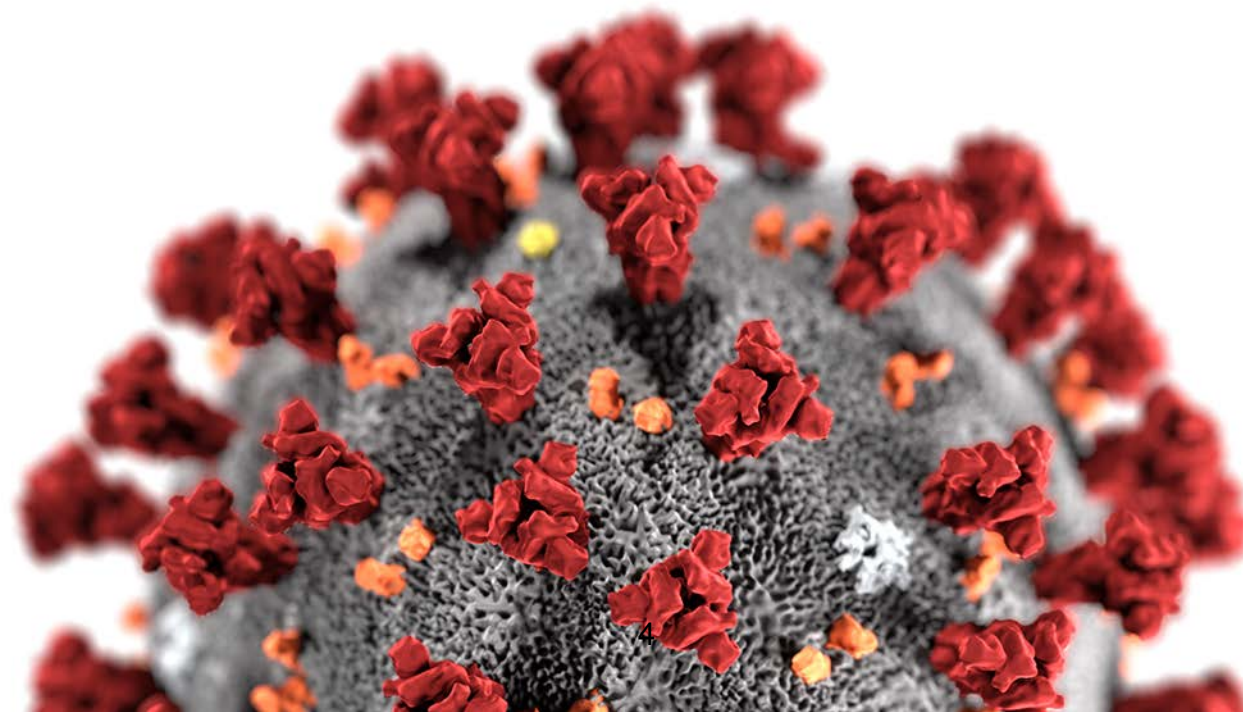


St. Catharines, ON L2T 3S3

Two Niagara citizens who believe massive testing and tracking is required if we are going to beat the COVID virus and get the economy moving before we have a vaccine.

The Need for COVID-19 Testing in Niagara

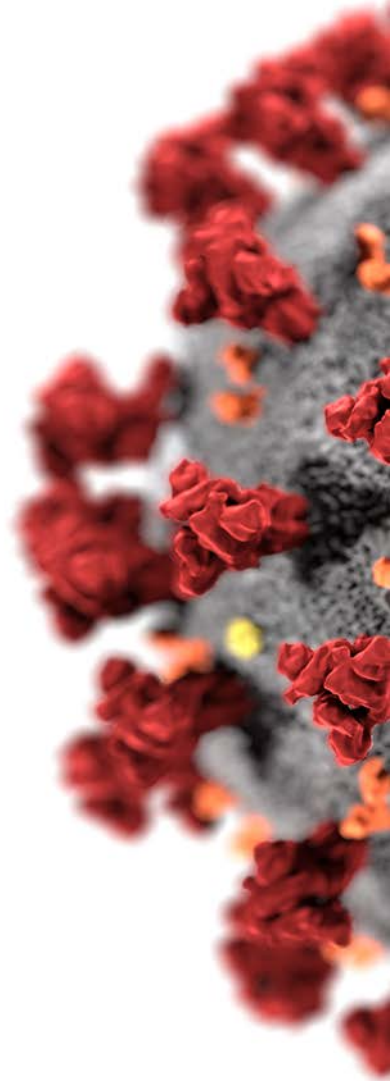
A CALL TO ACTION





The Ask

Support and cooperation to develop a publicly run licensed laboratory, sample collection system and tracking system within Niagara Region to be in place no later than September 1, 2020.

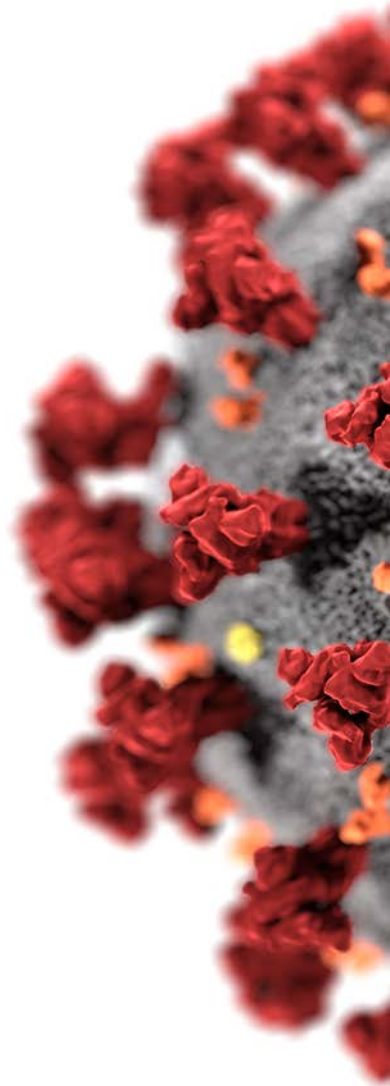




Our Regional Health Situation

- Niagara population 450,000
- Tested in Niagara 7,000 or 1.53% *
- Positive tests 472
- Untested population includes:
 - Current asymptomatic positives (% unknown)
 - Previous asymptomatic positives (% unknown)
 - Never infected (% unknown)

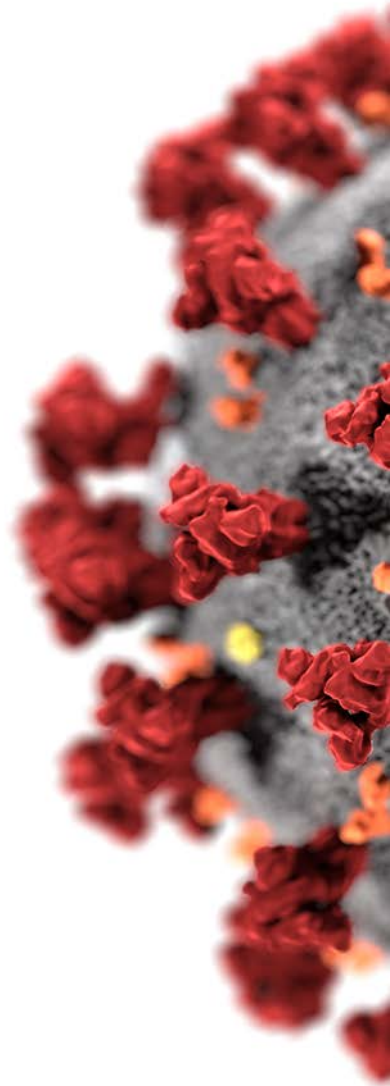
* Includes double testing





Our Regional Economic Situation

- Population of Niagara – 450,000
- GDP of Niagara - \$18.5 Billion per annum
- Every 1% drop costs \$185 million
- What is the unemployment rate?
- How many businesses will not recover?
- Government revenues ↓ Government expenses ↑





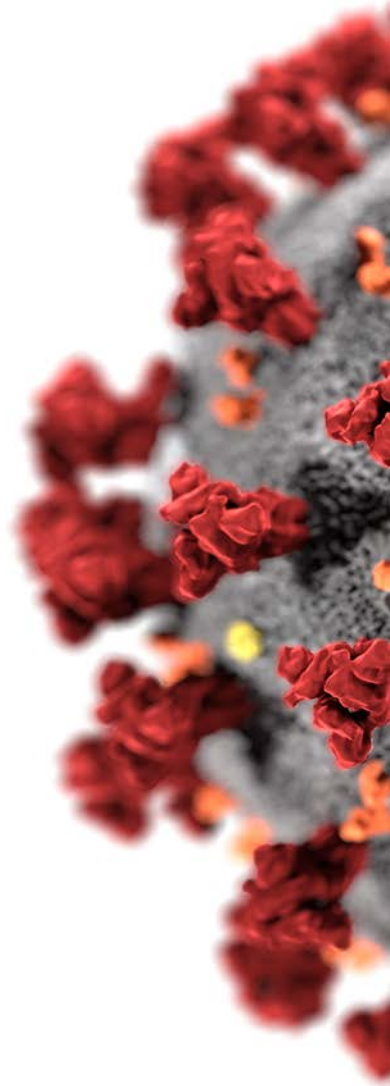
Personal Situation

Financial hardships:

- Unemployed?
- Working from home (stress)
- Savings and pension plans down (stress)
- Future uncertainty (stress)

Social isolation hardships:

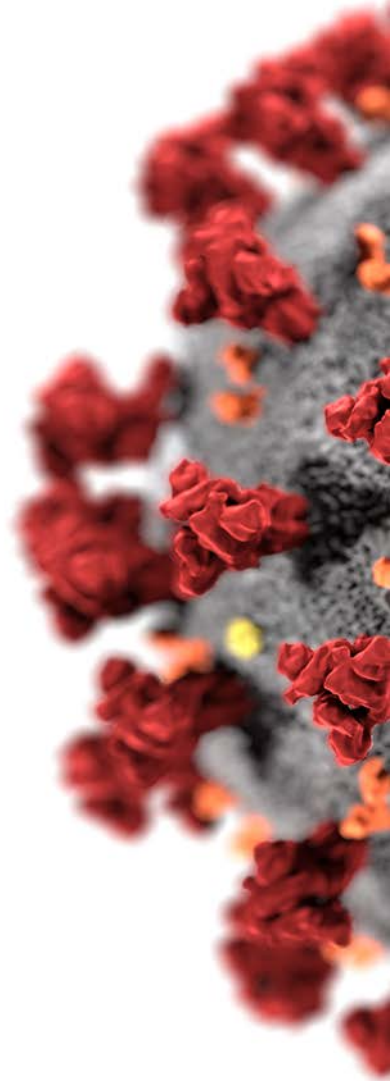
- No direct contact with friends and extended family
- No sports, gatherings, concerts, shows
- Growing frustration





Current Situation

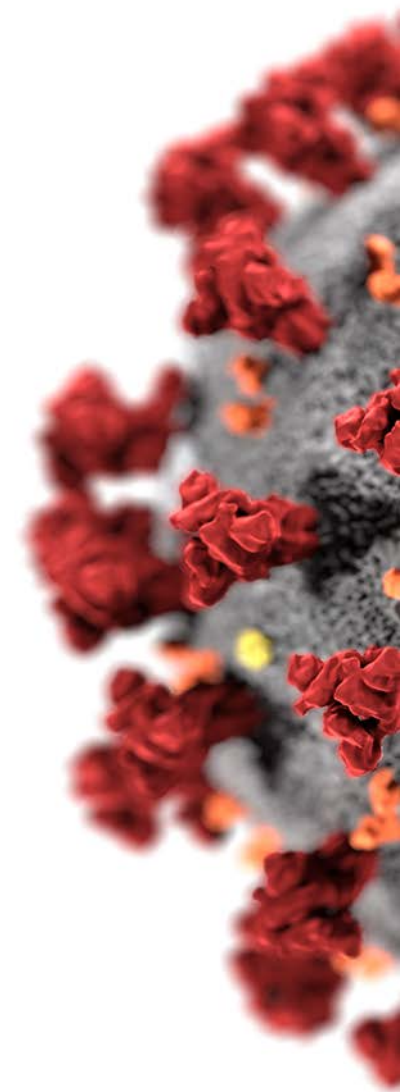
- Sample collection done at two makeshift collection centres
- Need referral to get tested (or a front line worker) and not all get tested.
- 7,000 tests to date including multiple tests per person
- No general population testing. Only 12,000 per day in all of Ontario (target 16,000).
- No lab sites for testing in Niagara
- Extended wait times
- Limited data for analysis or confidence
- Minimal tracking





Gold Standard – South Korea

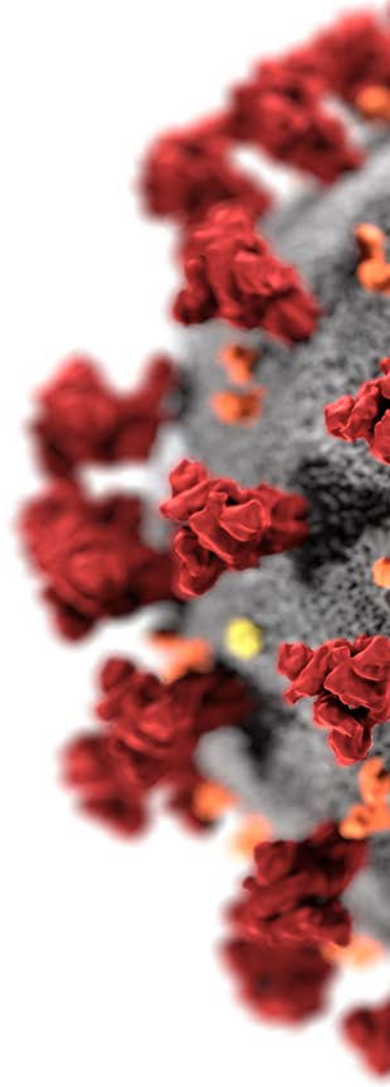
	South Korea	Canada
Population (2019 - millions)	51.6	37.6
Cases (May 3)	10,801	59,844
Deaths (May 3)	282	3,766
Tests (May 3) ³	633,921	897,444





Why the Difference

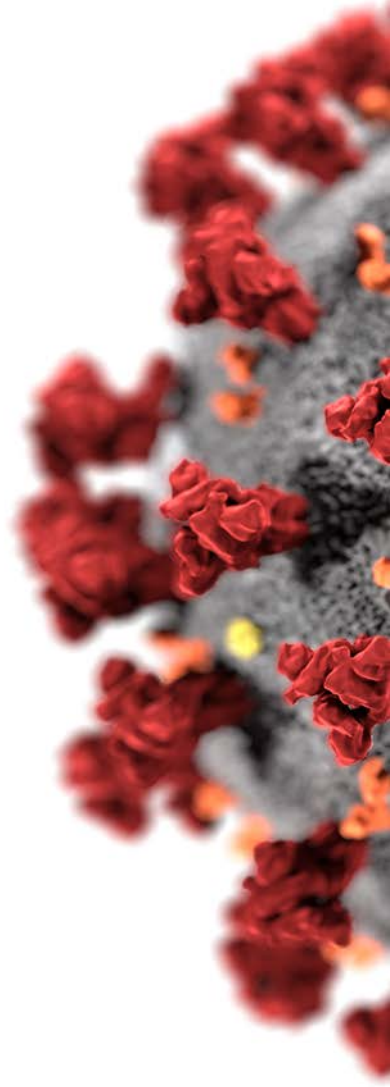
- More testing earlier by South Korea
- Quicker isolation of positive tests
- Outstanding tracking system
- Result = fewer deaths and lower economic impact





Key Issues

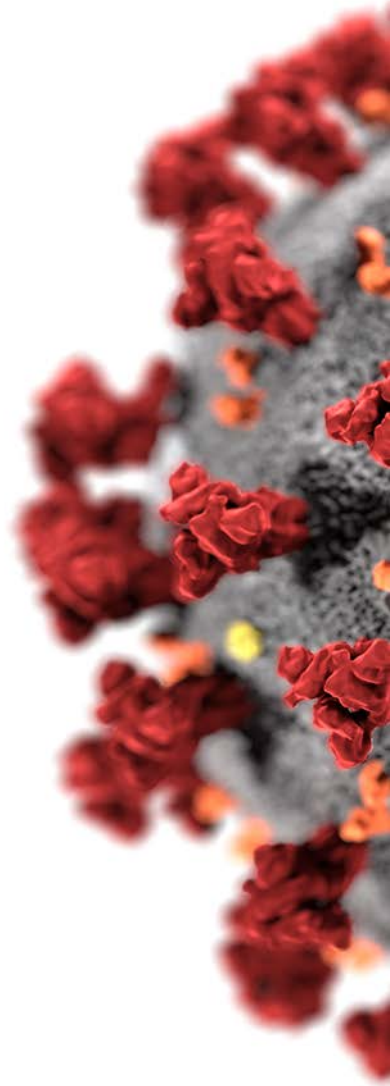
- Lack of testing capacity and slow turnaround time
- Lack of diligent tracking and isolation process
- Widespread isolation versus targeted isolation





Looking Ahead

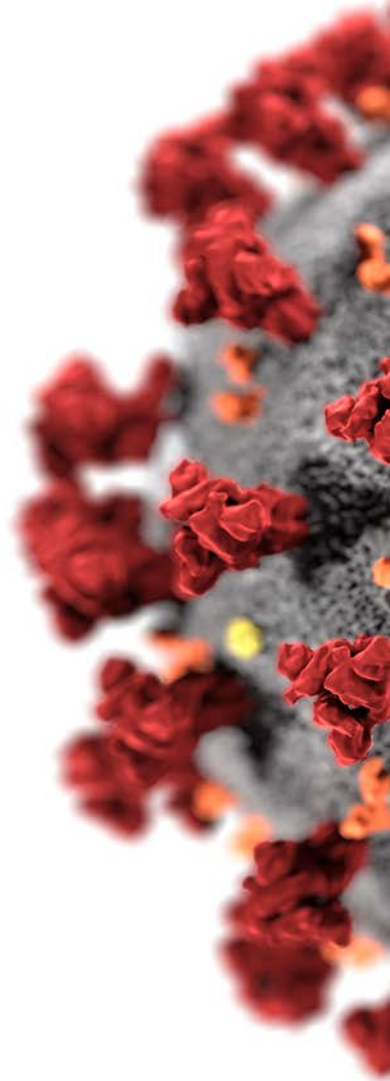
- More infections if we open too soon
- ***More waves of COVID-19***
- Potential mutations
- ***Fall flu season***
- No immunities guaranteed
- Children going back to school in the fall





Options

1. Let nature run its course (lengthy)
2. Open gradually and respond to increase infections (no data so possibility of widespread isolation again)
3. Widespread testing with tracking
 - 10,000 a day testing
 - Results in 24 hours
 - All Niagara in 50 days
4. Less aggressive testing with tracking
 - 5,000 a day testing
 - Results in 24 hours
 - All Niagara in 100 days





Cost of Option 4

Capital \$2-4 million

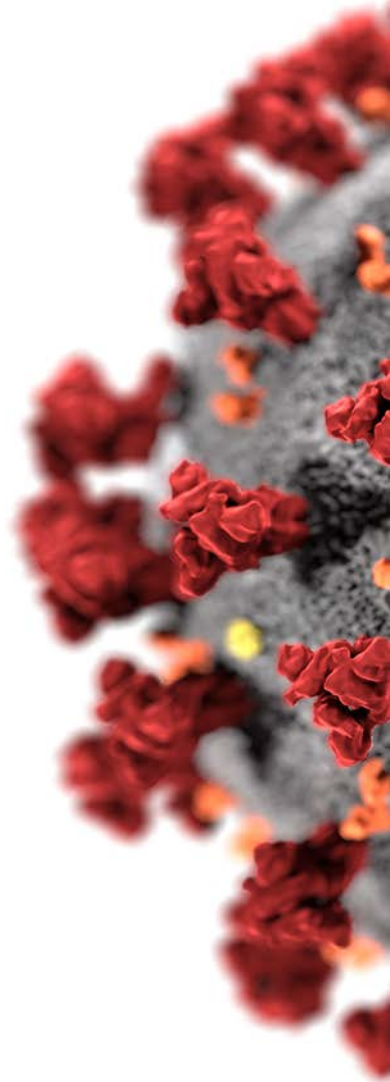
Annual Operating of the Lab \$3 million

Testing and Tracking >\$250k per day or \$1.8 million/week

Submitted proposal to Province of Ontario seeking approval and a budget

Federal funding may be available to assist in paying for project

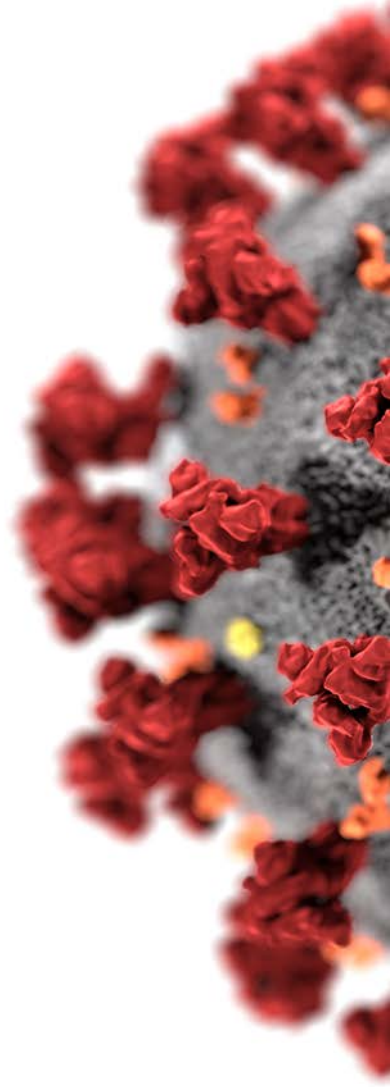
Regional support would enhance potential for success





Actions To-Date

- Sourced equipment and supplies for proposed level of testing through a local enterprise (Norgen)
- Received support from Niagara Health Sciences
- Two options for laboratory location
- Submitted proposal to Government of Ontario

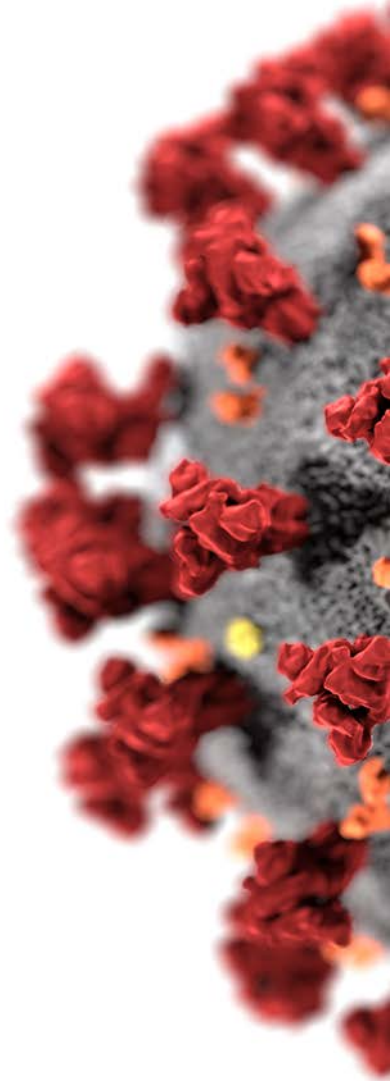




Next Steps

Seek Niagara Region Council support and cooperation for initiative

1. Commitment to action – Sept 1 go live date
2. Appoint steering committee
3. Appoint full time experienced project head
4. Three full time managers
 1. Laboratory manager
 2. Sample collection manager
 3. Tracing manager
5. Give mandate and budget
6. Remove roadblocks



MEMORANDUM

PHD-C 2-2020

Subject: COVID-19 Response and Business Continuity in Public Health & Emergency Services

Date: May 12, 2020

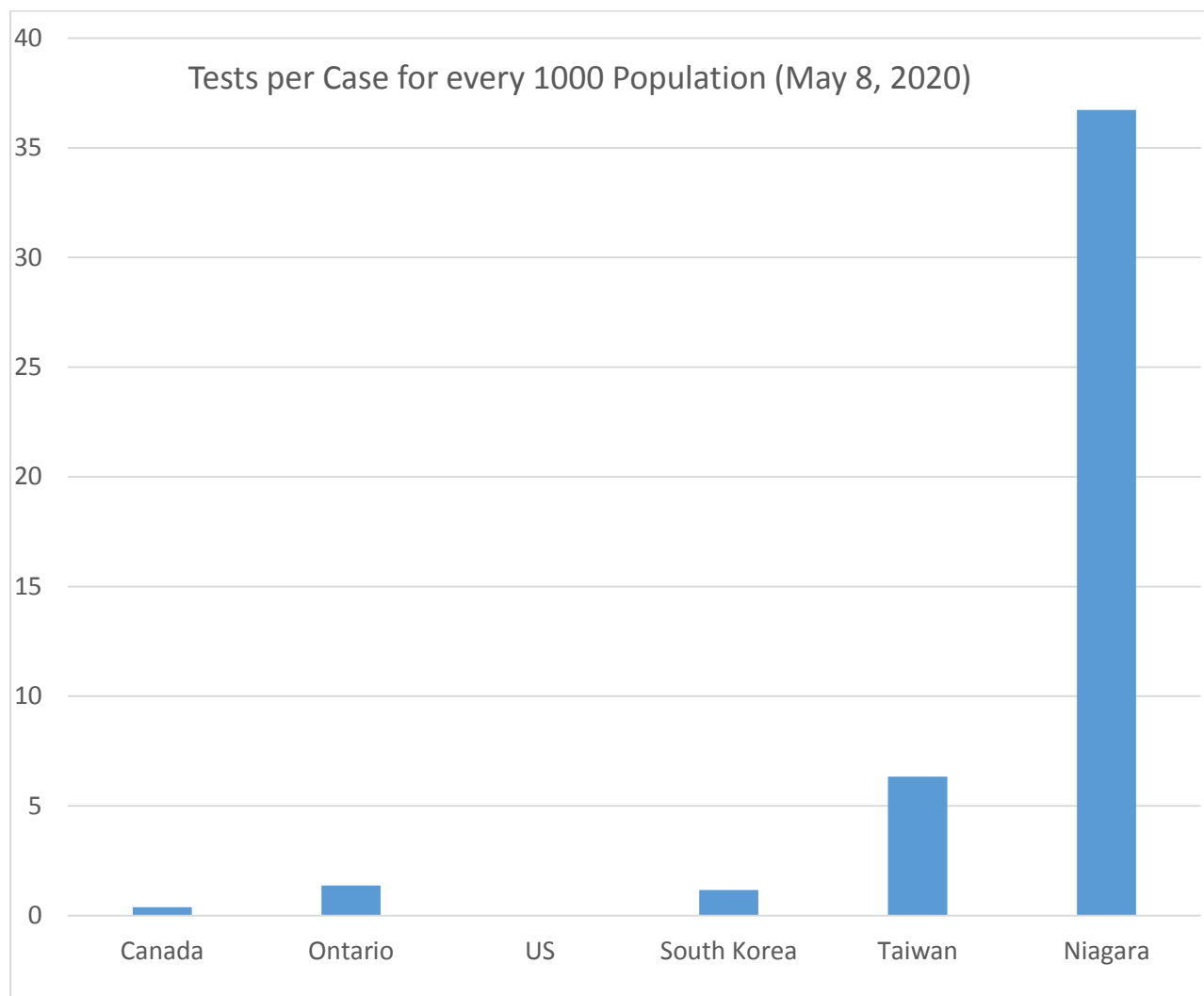
To: Regional Council

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

Current Status as of May 8, 2020

- The latest updates including statistics can be found at <https://niagararegion.ca/covid19>
- There continues to be success in “flattening the curve” and reducing the spread of COVID-19 in Niagara. Effective May 8, 2020, cases are doubling every 48 days, an improvement from every 19 days at the last update April 23, and from the peak of every 2.5 days on April 3. For comparison, Ontario and Canada see infections doubling around every 30 days. Therefore, Niagara has better controlled the spread of COVID-19 than the province or the country, on average.
- A significant contributor to this slowing has been success in managing long term care and retirement home outbreaks and reducing infections originating in them.
- Although we are seeing success in slowing the spread of COVID-19, the infection is not gone and will never be gone. Until there is broad immunity throughout the population, the infection will circulate more as we open society more.
- In recognition of this, the province has released [A Framework for Reopening our Province](#) which outlines a slow, phased approach to re-opening the economy and social life, likely taking many months. This is to carefully calibrate how much openness is possible in the economy and social interactivity without an unmanageable surge of new infections. The province’s lifting of restrictions will eventually stop at a point which will not resemble normal life, but where circulation of COVID-19 remains manageable. The province advises that we can expect to experience months to years in this state where physical distancing, minimizing interaction with others, working from home, and restrictions on normal life continue. The province advises that normal life can only resume once effective therapeutics or vaccinations are available.

- With the province indicating that the first phases of lifting restrictions could come very soon, Public Health is shifting efforts within Environmental Health to prepare supports for businesses to operate safely as provincial restrictions are lifted.
- Since early April, Public Health has promoted testing of anyone with symptoms, however mild, to ensure as much infection as possible is being actively managed and their contacts isolated. The available testing data in Niagara (which underestimates the true volume of testing), when adjusted for our population (more testing expected with more population) and cases (more testing if there are more cases spreading infection) is very strong. Niagara is faring better than national and international comparators, including countries such as South Korea and Taiwan who are seen as the models for the rest of the world, despite undercounting Niagara's testing (see graphs). The lopsided nature of the graphs reflect that Niagara is testing very widely, but finding few cases.
- Given expansive testing, capacity by Niagara Health to further expand testing at its assessment centres, and major capacity increases to case and contact management locally, Public Health stands ready for the increase of infection circulation likely once provincial emergency orders start to be loosened and lifted.



Previous (April 23) Summary on Business Continuity (Updates Underlined)

Public Health & Emergency Services deliver essential services year-round to impact the health and health equity of Niagara residents, and to pursue Council's strategic goal of building a Healthy and Vibrant Community. During the current pandemic, the department is playing a central role in the response to protect and mitigate the impacts of COVID-19, while also continuing the essential work around all other health issues that continue to affect residents.

While COVID-19 has commanded the primary focus of Public Health and society at large, it is important to remember that most of the pre-existing health issues continue to exist and are responsible for more deaths (4,500 per year in Niagara) than the projected number of deaths from COVID-19 in Niagara (250–1,000 deaths).

Activity in Public Health & Emergency Services reflects focusing on COVID-19 response, while also ensuring ongoing service to protect the health in other essential areas.

Public Health Emergency Operations Centre for COVID-19

Current Status of Operations

Public Health began work in response to COVID-19 on January 8, 2020. As volume of activities grew, the Public Health Emergency Operations Centre was partly activated on January 28, 2020 to ensure coordination of work and central leadership. By March 9, staff had begun to be redeployed from regular duties to supporting the activities of the Emergency Operations Centre, which was fully activated at this time.

Significant Initiatives or Actions Taken

There are three principle lines of response to COVID-19:

1. **Case, Contact, and Outbreak Management.** Public Health is following-up with every person diagnosed with COVID-19 to ensure they are isolated and no longer infecting others. Public Health identifies all contacts of that person who may also have been infected, and arranges for those contacts to be isolated as well. That way, if they develop illness, they cannot have exposed anyone. By isolating all persons who may be infected with COVID-19, the chain of transmission can be broken. Case and contact management will be critical to ensuring ongoing control of COVID-19 transmission if and when physical distancing measures are relaxed.

A critical subset of this work is advising and supporting the management of outbreaks in long term care homes, retirement homes, and other health care facilities. We have seen that most cases and deaths in Niagara, Ontario, and Canada as a whole have occurred in these settings. Better protecting them and supporting these facilities to manage outbreaks are our top priority.

Public Health usually has 12 staff working on case, contact, and outbreak management year-round for 75 diseases of public health significance (e.g. measles, influenza, salmonella, HIV). Within the Emergency Operations Centre, this has been scaled-up to 57 front line FTE as well as 20 FTE of support staff and leadership staff through redeployment of staff from other public health

programs. In addition, Public Health is further expanding its capacity by “out sourcing” some of this work to staff offered by the Public Health Agency of Canada and to medical students. The operation now works 7 days a week, 08:00 to 20:00.

2. **Supporting Health Care & Social Services Sector.** The health care and social services sectors play an essential role in supporting those most vulnerable, including diagnosing and caring for those who contact COVID-19. Public Health has been working with the sector to advise and support protocols that will minimize risk of infection to both clients and staff. We are also helping health care providers acquire personal protective equipment and testing materials.

An additional role around supporting the health care system has been to enable Niagara Health to maximize the capacity of its COVID-19 assessment centres. Public Health has been temporarily assessing and prioritizing persons concerned about COVID-19 for testing at the assessment centres. Public Health is in the process of transitioning this effort to primary care providers so that Public Health staff can shift to focus even more on other elements of COVID-19 response. A dedicated health care provider phone line supports health care providers in providing advice and latest recommendations around COVID-19.

Approximately 50 FTE currently support the health care and social services sector within the Emergency Operations Centre, all redeployed from normal public health work.

3. **Public Messaging.** Given the rapidly changing landscape of COVID-19. Public Health seeks to provide the public with the information to address their fears and concerns, as well as to understand their risk and how to protect themselves. These efforts include a comprehensive web site library of frequently asked questions, an information phone line to speak to a health professional that operates 09:15 to 20:30 on weekdays and 09:15 to 16:15 on weekends, an online chat service with health professionals that operates during the same hours, social media, and approximately 20 media interviews per week. Daily, Public Health has over 20,000 interactions with the public across all channels.

Approximately 10 staff have been redeployed from usual public health operations to support the Emergency Operations Centre with public messaging.

In addition to these lines of work, there is significant work around data entry, customizing data systems and process management to make the above three lines of work as efficient and effective as possible. As well, there are comprehensive planning teams, logistics teams, a finance and administration team, and liaison activities. Approximately 45 staff have been reallocated to these activities.

Finally, existing mass immunization plans are being updated and preparedness is underway for if and when a COVID-19 vaccination is available.

Operational Outlook

1 month

- Continued scaling up of Case & Contact Management capacity

3 months to 6 months

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response. The expectation is that current emergency operations would continue with emphasis shifting based on provincial response.

Clinical Services Division (Excluding Mental Health)

Current State of Operations

Most efforts in this area normally focus on infectious disease prevention. Almost all staff (76.5 FTE of 84 total) have been reallocated to the Emergency Operations Centre for COVID-19 response. Current operations are limited to

- case and contact management of sexually transmitted infections
- case and contact management of significant infectious diseases (e.g. tuberculosis, measles)
- distributing provincial vaccination stockpiles to primary care
- inspecting primary care for appropriate cold chain with respect to vaccinations
- advising primary care around complex immunization scenarios
- emergency contraception
- outreach to marginalized populations around vaccination and sexual health

Services/Operational Changes

- Cessation of immunization clinics
- Cessation of school vaccinations
- Cessation of enforcing the *Immunization of School Pupils Act*
- Cessation of supplying the public with immunization records
- Cessation of sexual health clinics
- Cessation of health promotion around vaccinations
- Cessation of health promotion around healthy sexuality

Operational Outlook

1 month & 3 months

- Continued minimal operations in order to enable COVID-19 response

6 months

- If schools re-open in the fall, school-based vaccinations may resume.

Mental Health

Current State of Operations

Mental Health supports clients in the community who would often otherwise need to be hospitalized. This work is critical to keep people out of the hospital and ensure health system capacity for those with COVID-19. As well, given current challenges around loss of employment, anxiety, and social isolation, delivery of mental health services is more important than ever. 59.8 of 65 staff remain in their role with Mental Health.

Services/Operational Changes

- Shift of some in-person clinics to remote delivery
- Reduction in some volume of work to shift 10 FTE to Emergency Operations and to provide mental health case management in shelters.

Operational Outlook

- Anticipate no changes to current operations over the next 6 months.

Environmental Health

Current State of Operations

Several lines of inspection have been discontinued due to closures of certain sectors (e.g. food services, personal services, recreational pools). However, others are more important than ever (e.g. infection control inspections of long term care homes and retirement homes). Approximately 20 of 43 FTE have been reallocated to Emergency Operations, some formally redeployed but many not redeployed. The remaining staff focus on

- Investigation of animal bites for rabies prevention
- Investigation of health hazards
- Foodborne illness complaints
- Food premises complaints
- Infection prevention and control lapse investigations
- Inspection of remaining food premises (e.g. take-outs)
- Inspection of housing and infection prevention amongst temporary foreign workers
- Support and advice to private drinking water and small drinking water system operators
- Surveillance and prevention of West Nile Virus, Lyme Disease, and other vector borne diseases
- Investigation of adverse water quality
- Supporting businesses and other partners with infection prevention and control, especially as many businesses move to re-open
- Supporting operators with other unique health risks from resuming after a period of extended closure, such as flushing and managing stale water in pipes

Services/Operational Changes

- Reduction of food services inspections
- Cessation of personal services inspections
- Cessation of inspection of recreational water (pools, splash pads, spas)
- Increase of infection control investigations of long term care facilities and retirement homes
- Refocusing infection control investigations of day cares to focus on very frequent inspection of those that remain operational

Operational Outlook

1 month

- Further increases in detail and intensity of inspections of long term care facilities and retirement homes

3 month & 6 month

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response. Loosening of social restrictions might necessitate resumption of inspections of food services, personal services, beaches, and other areas.

Chronic Disease & Injury Prevention

Current State of Operations

Chronic illnesses are responsible for 70% of ill health and lead to more deaths (75,000 deaths per year in Ontario) than are likely to be caused by COVID-10 (Ontario government projects 3,000 to 15,000 deaths from COVID-19). Chronic diseases are likely to be exacerbated during this period of social restrictions. As well, since chronic disease make one more likely to suffer severe illness from COVID-19, mitigating chronic diseases remains a high priority.

Efforts are being consolidated around three areas:

1. Mental health promotion. This reflects the greater risk of persons suffering mental health challenges including suicide during this time.
2. Substance use prevention. This reflects the risk of greater substance use while people are unemployed and lack other means of recreation.
3. Health eating and physical activity. The goal is to ensure physical activity despite current social restrictions, and support healthy eating when mostly fast food is available to purchase for take-out.

The above three priorities align with the underlying causes of most ill health and most deaths in Canada. 39.8 of 45 staff remain in their role supporting work on these health issues.

Services/Operational Changes

- Consolidation of resources around the previously mentioned three priorities
- Elimination of engagement of populations in-person
- Elimination of activities in schools, workplaces, and other public settings
- Cessation of most cancer prevention work
- Cessation of most healthy aging work
- Cessation of most injury prevention work
- Expansion of role of Tobacco Control Officers to also enforce Provincial emergency orders around physical distancing

Operational Outlook

1 month

- Finalization and launch of new initiatives

3 month & 6 month

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response. Loosening of social restrictions will enable delivery of programming with more direct engagement.

Family Health

Current State of Operations

There has been redeployment of 84 of 121 FTE in Family Health to support Emergency Operations. Remaining staff are focusing their efforts on the following areas:

- Prenatal/postnatal support
- Supporting vulnerable families
- Parenting supports
- Providing enrollment and information towards emergency dental care

Services/Operational Changes

- Cessation of dental screening
- Cessation of dental services

- Cessation of breastfeeding clinics
- Cessation of well baby clinics
- Cessation of school health activities
- Shifting all prenatal/postnatal support to virtual options from in-person service
- Shifting home visits to remote connections

Operational Outlook

1 month

- Resumption of some school health work through virtual connection with students and parents

3 month & 6 month

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response. Loosening of social restrictions will enable delivery of programming with more direct engagement, as well as engagement within schools.

Organizational and Foundational Standards

Current State of Operations

Organizational and Foundational Standards supports the data analytics, program evaluation, quality improvement, professional development, communications, engagement, and customer services activities of Public Health. There has been redeployment of 35 of 39 staff to Emergency Operations. Ongoing activity includes

- Opioid surveillance reporting
- Active screening of staff at Regional buildings
- Managing data governance and privacy issues

Services/Operational Changes

- Cessation of public health surveillance work
- Cessation of most public health communications and engagement work
- Cessation of public health data analytics
- Cessation of expanded implementation of electronic medical record system

- Cessation of all public health quality improvement work
- Cessation of Public health applied research
- Cessation of evaluating public health programs
- Cessation of public reception service in Public Health buildings
- Scaling back data governance initiative

Operational Outlook

- Expectation is that resources will remain reallocated to Emergency Operations for at least 6 months.

Emergency Medical Services

Current State of Operations

Emergency Medical Services (EMS) continues to dispatch land ambulance services to the population calling 911, as well as modified non-ambulance response to 911 calls as appropriate (the System Transformation Project). At present, call volumes are slightly below baseline, and operational response is normal. There are some paramedics who have been exposed to COVID-19 and must be off work to protect their patients and co-workers. EMS is facing increased pressures around personal protective equipment procurement given global shortages.

Services/Operational Changes

- Reduction of paramedic student training activities

Operational Outlook

1 month

- Completion and implementation of a Pandemic Plan for response prioritization should call volumes grow due to COVID-19. This is a unique plan to Niagara, enabled by Niagara's local control and tight integration of both ambulance dispatch and the land ambulance services.

3 month & 6 month

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response, and the subsequent circulation of COVID-19 in the population. Higher COVID-19 circulation would create demand for more ambulance response, as well as increase EMS staff who must be off work due to COVID-19 infection or exposure. As 911 calls increase and/or staff are unable to work, the Pandemic Plan will prioritize which calls continue to be served, and which 911 calls receive a modified response (e.g. phone call and advice from a nurse) or no response.

Emergency Management

Current State of Operations

Emergency Management is currently fully deployed to supporting the Regional Emergency Operations Centre and advising the Public Health Emergency Operations Centre. Emergency Management is also deeply engaged with supporting emergency operations teams at the local area municipalities, as well as other key stakeholders (e.g. Niagara Regional Police, fire services, Canadian Forces). The CBNRE team has also been supporting emergency operations part time.

Services/Operational Changes

- Cessation of preparedness activities to focus fully on current response to COVID-19.

Operational Outlook

1 month

- Ongoing support of current Emergency Operations Centres while also assisting local area municipalities around anticipated flood response.

3 month

- Ongoing support of current Emergency Operations Centres while also increasingly supporting recovery planning efforts

6 month

- Ongoing support of current Emergency Operations Centres and recovery planning efforts. There may be some elements of recovery planning that can begin to be implemented by this date.

Respectfully submitted and signed by

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

MEMORANDUM**COM-C 15-2020**

Subject: COVID-19 Response and Business Continuity in Community Services

Date: May 12, 2020

To: Public Health and Social Services Committee

From: Adrienne Jugley, Commissioner, Community Services

This memo provides details of the measures Community Services has taken to ensure continued delivery of essential services during the COVID-19 pandemic, and the alternate approaches used to support those most vulnerable in Niagara.

Seniors Services**Long Term Care**

Seniors Services continues to implement known best practices, directives and all public health and outbreak measures to ensure the safety of our long-term care (LTC) home residents and staff. Seniors Services has also implemented communication plans for residents so they can continue to interact with family members and provide updates on care whenever possible.

In accordance with provincial directives, all LTC home residents and staff are being tested for COVID-19. The positive cases in our homes did not have any further transmission.

COVID-19 testing (at May 4, 2020)	Staff	Residents
Number of Tests Administered	255	211
Positive Results	4 (3 travel related)	1
Negative Results	222	180
Pending Results	31	30

During the month of April, within our long-term care homes:

- 6,250 resident / family connections were facilitated by staff through Skype, FaceTime, and telephone calls
- 54,065 resident and 40,800 staff screens (at entry) were completed
- An estimated 76,800 masks were used in the LTC homes.

Forty-one Seniors Services staff and 32 staff from other Regional divisions have been redeployed into our long-term care homes. All redeployed staff are provided with appropriate training prior to starting in their new roles and PPE to ensure their safety.

Outreach Services

Seniors Services also provides outreach services in the community. To ensure supports are available for at-risk seniors during the pandemic, Niagara Region has partnered with local community agencies to enhance the Niagara Gatekeepers program. Services available include weekly, friendly telephone calls to check-in with seniors; providing access to groceries, meals and medications; ensuring transportation is available for urgent medical appointments; and, supporting access to financial entitlements.

In the month of April, the Niagara Gatekeepers phone line received 119 calls (six times increase over April 2019). Of the 119 calls received:

- 49 resulted in referrals to Seniors Community Programs
- 20 of these referrals were specific to COVID-19 related supports.

Outreach staff also made 986 phone calls from March 16 to March 31, 2020 to offer supports including ongoing wellness checks for all active or pending clients/care partners across Seniors Community Programs.

Homelessness Services & Community Engagement

Homelessness Services continues to work with community partners, Niagara Region Public Health, REACH (Regional Essential Access to Connected Health) Niagara and emergency shelter providers, to enhance efforts targeted towards the prevention and mitigation of COVID-19 within the homeless population.

- In addition to regular shelter supports, one emergency shelter provider has been designated to operate a shelter exclusively for clients who would be especially vulnerable to COVID-19, due to significant chronic health conditions or age.

- To increase safety and reduce risk in all of Niagara's shelters, emergency shelter clients are being screened for respiratory symptoms at intake and twice daily after admission.
- Emergency shelter staff are also screened when presenting for their shift.
- Homelessness Services has provided supplies to support the screening process (e.g., surgical masks, a smartphone, etc.) and regularly updates screening tools.

Self-Isolation Facility for Emergency Shelter Clients

Currently, the self-isolation facility run by Homelessness Services, has the staffing capacity for 28 rooms. Recruitment is underway to increase staffing in order to accommodate the potential capacity of 60 rooms. This is being done to support the regular shelter system as they screen individuals for any indication of illness or respiratory symptoms and prepare for community spread among individuals experiencing homelessness, as well as continue providing support to homeless individuals.

- If Public Health directs a client experiencing homelessness to self-isolate and be tested, the client is accommodated in the self-isolation facility.
- Partnerships are in place with McMaster family medicine residents to support shelter assessment and client health monitoring, and with Niagara Region's Emergency Medical Services (EMS) to support the swabbing of clients at the self-isolation facility.
- 47 individuals have stayed at the self-isolation facility and have been tested for COVID-19.
- There have been no positive test results to date and most individuals have returned to their referring emergency shelter.
- Case management supports available at the self-isolation facilities have resulted in seven individuals moving into transitional or permanent housing, and five individuals receiving continued addiction/mental health support post-discharge to support their goals and case plan.

Emergency Shelter Capacity

In addition to the creation of the self-isolation facility, Homelessness Services has continued to increase the capacity of the emergency shelter system by securing rooms at two motels to provide temporary housing for shelter system clients, support social distancing, and reduce transmission of COVID-19.

Regular Shelter Capacity	Current Shelter Capacity (with measures for COVID-19 in place)	Planned Shelter Capacity
187 beds	240 beds	272 beds

Assertive Street Outreach Program

Based on the experiences of H1N1, homeless clients may choose to avoid shelters, to address safety and social distancing in a pandemic. With that in mind, twice as many assertive street outreach workers are being deployed at this time, supporting unsheltered homeless clients (April 2019 5 FTE vs. April 2020 10 FTE). With the support of the City of St. Catharines, three of the additional street outreach workers are focused on activities for that specific city.

Assertive street outreach staff, in collaboration with Public Health, are performing COVID-19 screening with clients. If a client requires self-isolation they are referred to the self-isolation facility.

Additional Impacts of COVID-19 on Niagara Emergency Energy Fund and Housing Stability Plan Benefits

Due to the economic impacts of the COVID-19 pandemic, Homelessness Services is anticipating there will be an increase in requests for the Niagara Emergency Energy Fund (NEEF) and Housing Stability Plan benefits once utility disconnections and evictions due to rental arrears resume. It is hoped that the additional funding from the province, assuming that it is not entirely exhausted by the above-mentioned investments, can also assist with some of these homelessness prevention costs.

Children's Services

Based on provincial direction, four of the five Regional child care centres were opened to operate as emergency child care centres to support health care and frontline essential workers (Niagara Falls, Fort Erie, Welland and St. Catharines). Niagara Region's licensed home child care service and Wee Watch home child care are also operating to deliver emergency child care. The following demographics are reflective of our service level at April 30, 2020.

Demographics of Families and Children Accessing Emergency Child Care

There were 75 families accessing emergency child care through both our Regional child care and home child care settings:

- 30 families (40%) work in health care within a hospital setting
- 19 families (25%) work in health care within a long-term care home
- 8 families (11%) work in police or corrections
- 8 families (11%) are Regional employees working mostly in public health
- 3 families (4%) are paramedics / EMTs
- 7 families (9%) work in pharmacies, postal services, shelters, etc.

The 74 children attending the four Regionally operated child care centers were represented as follows:

- 33 (45%) are preschool aged
- 31 (42%) are school aged
- 8 (11%) are toddlers
- 2 (3%) are infants

Available Child Care Spaces and Operating Capacity

There were 173 emergency child care spaces available across the four child care centres and home child care programs. One hundred and sixteen of these spaces were filled, with 57 spaces remaining. The child care centres and the home child care programs were operating at a total capacity of 67%.

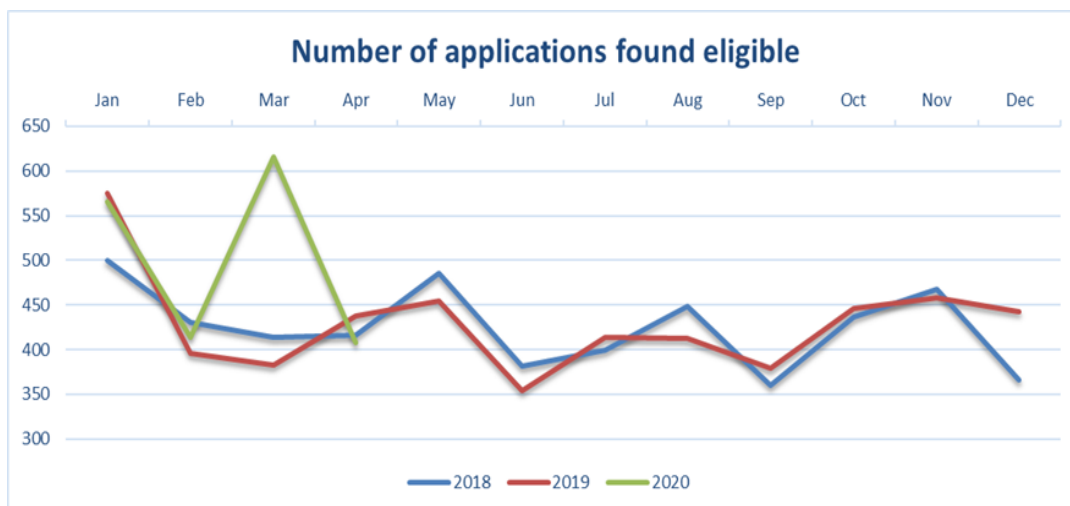
Social Assistance - Ontario Works

Social Assistance and Employment Opportunities (SAEO) continues to provide essential support to Ontario Works clients, and process new applications. In the month of April, SAEO processed 1,187 COVID-19 related benefits and transitioned over 1,000 clients from receiving paper cheques to direct deposit or a reloadable payment card.

The provincial government increased access to discretionary benefits for social assistance recipients who are in crisis or who are facing an unexpected emergency because of COVID-19. The discretionary benefit is a monthly payment of \$100 for individuals and \$200 per couple/family, and is being provided for up to three months (May, June and July 2020). Applications for Ontario Works, emergency assistance and discretionary benefits have increased significantly and new applications are processed within four business days.

Number of Requests for Ontario Works

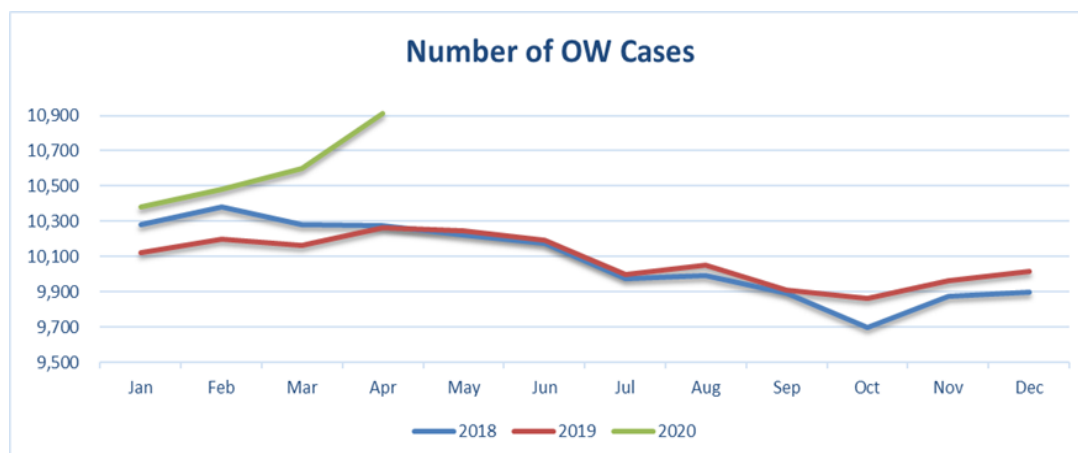
In March 2020, SAEO experienced a 51% increase in requests for Ontario Works. Since the introduction of the Federal Canadian Emergency Relief Benefit (CERB) in April, the requests for Ontario Works have stabilized to pre-pandemic levels.



Caseload Increase for Ontario Works

At January 1, 2020, Niagara's Ontario Works caseload was 10,000. At April 30, 2020, the caseload had risen to 10,900, indicating a 9% increase in caseload, but it is largely due to a reduction in the number of people exiting social assistance to employment, rather than a significant change in the rate of new applications.

Comparing the months of March and April of 2019 and March and April of 2020, there has been a -24% decrease in the number of cases that have been terminated.



Niagara Regional Housing

Niagara Regional Housing (NRH) continues to provide essential services in all business streams while undertaking necessary safety precautions and protocols. Applications are being processed, emergency repairs completed, and additional supports are being provided to tenants, members, landlords and housing providers. NRH continues to provide frequent communication with stakeholders, and directs both tenants and housing providers to the Public Health website and telephone lines to obtain real time information on COVID-19. NRH continues to monitor the impact of COVID-19 on NRH rents and arrears balances.

Community Programs Coordinators (CPCs) have been contacting vulnerable tenants to offer specialized supports and Housing Operations staff have contacted tenants who are not as vulnerable and are making referrals to CPCs as necessary.

The RAFT and Faith Welland delivered 896 care packages to support NRH communities that would normally participate in after school programming. The packages include snacks and activities aimed at engaging tenants in family activities.

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner

Emergency Social Services Plan

Michelle Johnston, Project Manager
Cathy Cousins, Director, Homelessness Services
Community Services
May 12, 2020

Plan Update: Scope

These Plans outline the response the Region shall provide to meet the essential needs of people during and following an emergency until they may re-establish themselves.

The role of the CSD is to plan, lead, coordinate and manage the delivery of ESS to those affected by a small or large scale incident in Niagara.

The delivery of ESS is provided through partnerships with first responders, local area municipalities, non-governmental organizations (NGOs), other Regional departments and community partners.

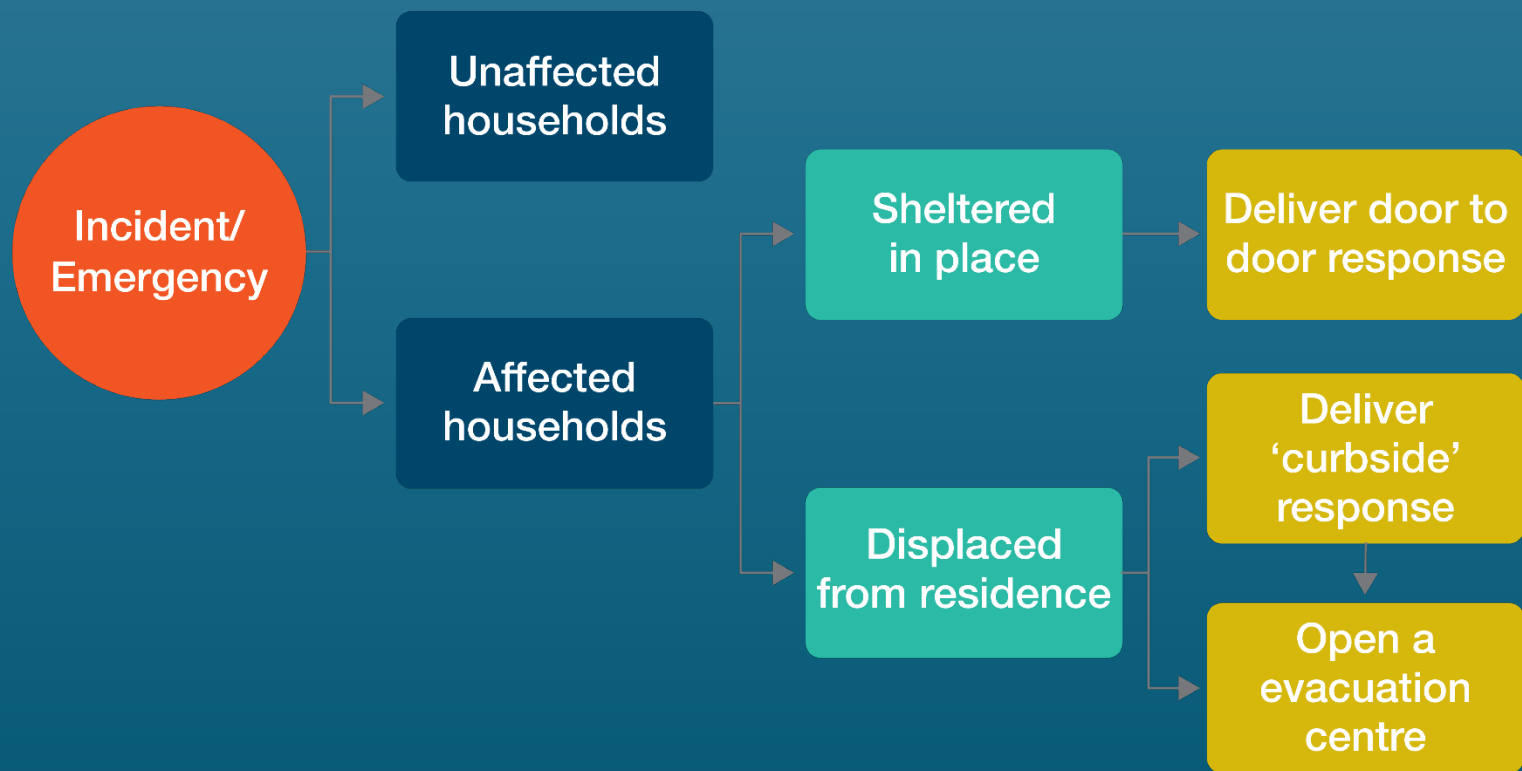
Past ESS Responses in Niagara Region

- **2004: Safe Third Country Agreement**
 - During the month of December, 791 people crossed the Peace Bridge seeking asylum in Canada
 - Opening of old Sunset Haven as an Evacuation Centre
- **2006: Fort Erie and Port Colborne White October**
- **2010: Port Colborne Diesel Spill in the Canal**
- **2010/11: Trilogy of Fires**
 - December 10: 64 unit building
 - December 15: 114 unit building
 - January 15: 130 unit building
- **2017: Downtown Grimsby Fire**
- **2019: Flooding and Power Outages in Port Colborne, Fort Erie and Wainfleet**
- **2020: COVID-19**

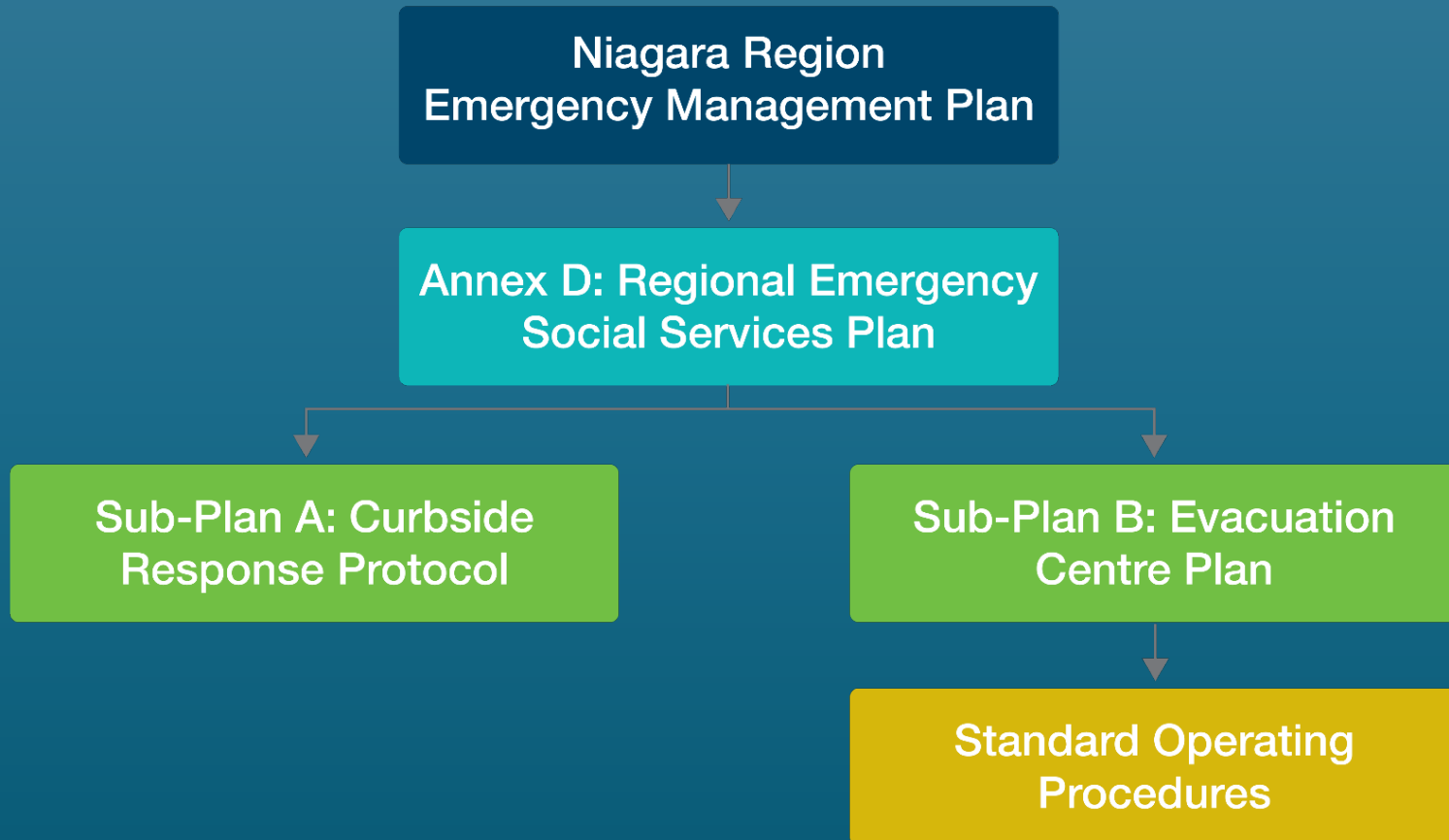
Emergency Social Services

Standard Services	Specialized Services
Reception and Information	First Aid
Registration and Inquiry / Family Reunification	Psychosocial Support
Food	Financial Assessment
Clothing	Culturally-Specific and Language Services
Lodging	Vulnerable People and Unattended Children
Personal Services	Public Health
	Animal Care
	Recreation

Plan Update: Types of ESS Responses



Plan Update: Structure



ESS Community Partners

Standard Services

Organization	Service Type
Canadian Red Cross	<ul style="list-style-type: none">- Reception and Information- Registration & Inquiry- Family Reunification- Lodging- Personal Services- Food- Clothing
Salvation Army St. Catharines Branch	<ul style="list-style-type: none">- Food- Clothing

ESS Community Partners

Specialized Services

Organization	Service Type
St. John Ambulance Niagara Region Branch Niagara Falls Branch	- First Aid
Victim Services Niagara	- Psychosocial Support

ESS Community Partners

Specialized Services

Organization	Service Type
INCommunities	- Interpreter Services
Local SPCA and Humane Societies Niagara SPCA & Humane Society [Serving Lincoln, Niagara Falls, Niagara-on-the-Lake, Pelham, Port Colborne, Wainfleet, Welland, West Lincoln] Lincoln County Humane Society [Serving Grimsby, St. Catharines, Thorold] Fort Erie SPCA [Serving Fort Erie]	- Animal Care

CSD ESS Team Composition

- 41 staff
 - Social Assistance & Employment Opportunities
 - Children's Services
 - Seniors Services
 - Homelessness Services & Community Engagement
 - Niagara Regional Housing
 - Niagara Region Mental Health

CSD ESS Team Service Expectations

- **Acknowledge + respond to call-out as soon as possible**
- **Deploy within two (2) hours**
 - Once contacted and provided with emergency information, ESS Team members are asked to deploy within two (2) hours of notification to the assigned location of the emergency Evacuation Centre.
- **Be prepared**
 - ESS Team members are responsible to have access to appropriate equipment (e.g. personal go-bags, Regional mobile device if appropriate, etc.)
- **Use appropriate reporting lines**
 - ESS Team members staffing an Evacuation Centre will take instruction from the Evacuation Centre Liaison (a Regional employee) and the Site Manager (a Canadian Red Cross employee).

Capacity & Training

- Ongoing monitoring of staffing complement and composition on the ESS team, and offer additional training sessions to sustain the team
- Canadian Red Cross training specific to CSD ESS Team (e.g. go-bag essentials)
- Training offered to all team members on shelter operations
 - **Day 1 – technical in-class work**
 - **Day 2 – hands-on simulation exercise**

Questions ?

Subject: Regional Emergency Social Services Plan
Report to: Public Health and Social Services Committee
Report date: Tuesday, May 12, 2020

Recommendations

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

Key Facts

- Niagara Region is legislated by the Emergency Management and Civil Protection Act, 1990, to develop and implement an Emergency Management Program which includes an Emergency Response Plan and procedures for the safety or evacuation of persons affected by an incident or emergency event.
- Niagara Region's Community Services Department is responsible for planning, leading, coordinating and managing the delivery of emergency social services (ESS) through the Regional Emergency Social Services Plan – which serves as Annex D to the Niagara Region Emergency Management Plan.
- The Regional Emergency Social Services Plan and its sub-plans, provides a service delivery framework which outlines the response Niagara Region shall provide to meet the essential needs of people during and following an emergency.
- The delivery of ESS is provided through partnerships with first responders, local area municipalities, non-governmental organizations (NGOs), other Regional departments and community partners.
- The purpose of this report is to provide Council with information regarding an update to the Regional Emergency Social Services Plan and its sub-plans, local community partners involved in ESS delivery, and current capacity and training within Community Services.

Financial Considerations

There are no direct financial implications associated with this report. Resources required to plan for the delivery of emergency social services are accommodated within the 2020 Community Services Department operating budget.

Analysis

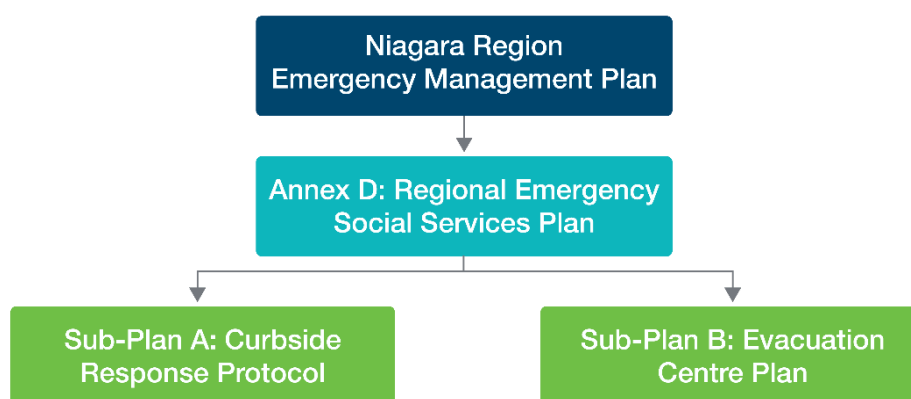
The role of the Community Services Department is to plan, lead, coordinate and manage the delivery of ESS to those affected by a small or large scale incident in Niagara. Emergency social services consist of both standard and specialized services.

- Standard services: reception and information; registration and inquiry; family reunification; food; clothing; lodging; and, personal services.
- Specialized services: first aid; psychosocial support; financial assessment; culturally specific and language services; vulnerable people and unattended children; public health (i.e. infection, disease prevention and control); animal care; and, recreation.

ESS Plan and Sub-Plans

To support the Regional Emergency Social Services Plan (Appendix 1), additional plans and procedures exist that provide more detailed information on how Regional and community partners collaborate and respond within different service delivery settings to provide emergency social services. The Region's ESS Plan consists of two sub-plans (Appendix 2, 3) and standard operating procedures (Figure 1).

Figure 1: Emergency Social Services Plan and Sub-Plans



There are a number of ways to deliver ESS to those affected and in need. Each type of response may be considered in relation to the nature and scale of the incident, preparedness of households, vulnerability of those affected, anticipated level of displacement, and proximity to community resources (rural or urban environments). For those who are not displaced, ESS may be provided through a door-to-door response to support those sheltering in place. In the event of displacement, ESS may be provided through a 'curbside' response and/or at an evacuation centre.

It is important to note that there may be incidents where all three responses are used at different points of time or simultaneously (e.g. delivering a curbside response as an evacuation centre is being prepared to open), depending on the population and as the incident evolves or unfolds (e.g. affecting a growing number of people over a period of time).

Sub-Plan A: Curbside Response Protocol

If the on-scene Incident Command determines a safe area exists to support the ESS needs of those affected, a curbside response may be appropriate. A curbside response can occur on busses, the sidewalk or street, at a nearby park, etc. Should the level of demand for service outgrow the designated safe area, or if there is not a safe and appropriate area for those affected to gather / congregate, then a reception / evacuation centre may be established. A curbside response may also be used while an evacuation centre is being established.

Sub-Plan B: Evacuation Centre

In the event of a large scale incident where people are unable to shelter-in-place and a curbside response is not appropriate or does not meet the demand for service, then the activation and opening of an evacuation centre(s) may occur. Niagara Region, in collaboration with local area municipalities, have designated a number of facilities to be used as evacuation centres (typically community centres, arenas, other municipally owned venues, or high schools).

The evacuation centre may be used to receive people after an evacuation (e.g. of an apartment building or neighbourhood). As a base of operations for ESS delivery, the evacuation centre serves as a source of public information and a resource centre over the course of the emergency until evacuees can return home or find appropriate lodging. The provision of services within the centre is to meet the immediate needs of those displaced, and therefore, not every form of emergency social service will necessarily be provided in each emergency event.

Community Partnerships

Niagara Region's Community Services Department is responsible for coordinating emergency social services in collaboration with local municipalities and external providers, such as non-profit organizations, that provide a specific service to evacuees during an emergency. Local organizations involved in the delivery of emergency social services include:

- Canadian Red Cross
- The Salvation Army – St. Catharines
- St. John Ambulance: Niagara Region Branch and Niagara Falls Branch
- Animal Protection and Care Agencies: Fort Erie SPCA, Lincoln County Humane Society, and Niagara SPCA & Humane Society
- Victim Services Niagara
- INCommunities

Additional partnerships with the Pharmacists' Association of Niagara, Hamilton Niagara Haldimand Brant (HNHB) Home and Community Care Support Services (formerly the HNHB Local Health Integration Network Home & Community Care) and Niagara Health, are being developed to support non-acute medical needs of evacuees presenting at evacuation centres.

Community Services collaborates with the Public Health and Emergency Management Services Department, specifically the Environmental Health and Mental Health divisions, to ensure respectively, food safety and the provision of psychosocial support to individuals in an evacuation centre.

Capacity & Training

On February 19, 2019, Council approved Regional staff to execute an agreement with the Canadian Red Cross that seeks to build capacity for the provision of emergency social services within the Region and ensures that the desired level of service would be available in the event of an emergency. Capacity-building and preparedness activities under the agreement include participation in emergency exercises, assessments of facilities for evacuation centres, training activities, recruitment of volunteers, pre-positioning of emergency sheltering supplies and the delivery of personal preparedness workshops.

The Community Services Department has established an internal Emergency Social Services Team, comprised of 41 staff trained to support the provision of ESS during an incident requiring the activation of an evacuation centre. If called upon, the Community Services Department ESS Team will acknowledge and respond to a notification as soon as possible, and will deploy within two hours of notification to the assigned location of the evacuation centre.

In 2020, Community Services plans to explore opportunities to design and conduct a human services-based emergency exercise to test the procedures and processes contained in the updated ESS Plan.

Alternatives Reviewed

No alternatives reviewed.

Relationship to Council Strategic Priorities

Healthy and Vibrant Community - 2.1 Enhance Community Wellbeing

Other Pertinent Reports

- COM 05-2019: Emergency Social Services – Canadian Red Cross Agreement

Prepared by:

Michelle Johnston, MA
Policy Advisor
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Cathy Cousins, Director, Homelessness Services and Community Engagement, and reviewed by Patricia Martel, Emergency Management Program Specialist.

Appendices

- Appendix 1 Emergency Social Services Plan
- Appendix 2 Sub-plan A: Curbside Response Protocol
- Appendix 3 Sub-plan B: Evacuation Centre

Annex D of Niagara Region Emergency Management Plan

EMERGENCY SOCIAL SERVICES PLAN

Amendment Procedure

This Plan will be reviewed annually. Updates and revisions must be approved by the Commissioner of Community Services, unless revisions are related to ordinary maintenance such as updating contact information, title changes or resource information.

It is the responsibility of each party named within this Plan to notify the Community Services Department Homelessness and Emergency Services Advisor of any administrative changes or revisions that may result in a change to this Plan or its appendices.

Please refer to Appendix A: Amendment Table.

Testing Procedure

An annual regional emergency simulation exercise shall be conducted in order to test the overall effectiveness of the Niagara Region Emergency Management Plan, in which Community Services Department staff will participate. Debriefing and lessons learned from such exercises may also inform recommendations to be incorporated into this Plan.

Plan Distribution

The Community Services Department Homelessness and Emergency Services Advisor will distribute a new version directly to all holders via email as updates are made. The Plan will also be available in the M: Drive under the HSCE folder. Each Plan holder will be responsible for maintaining the most current version.

Emergency Contact Information

Specific contact and resource information referred to in this document is contained in a series of confidential documents within the Community Services Department and Regional contact lists that are not intended for widespread distribution. The following contact lists will be emailed to those who require them:

- Community Services Department Emergency Social Services Team confidential contact list
- Community Services Department Emergency Social Services community partners confidential contact list

Niagara Region Community Services Contact Information

Director, Homelessness Services and Community Engagement
905-980-6000 ext. 3807

Manager, Homelessness Services
905-980-6000 ext. 3863

Homelessness and Emergency Services Advisor
905-980-6000 ext. 3821

Manager, Social Assistance and Employment Opportunities
905-980-6000 ext. 6089

Contents

Testing Procedure.....	i	3.0 Activation and Notification	7
Plan Distribution.....	i	3.1 Emergency Activation Levels	7
Emergency Contact Information	i	3.2 Incident Notification	7
1.0 Introduction	1	3.3 Emergency Social Services Emergency Operations Centre Member	8
1.1 Scope.....	1	3.4 Community Services Department Emergency Social Services Team.....	8
1.1.1 Legislative Authority	1	4.0 Roles and Responsibilities.....	9
1.2 Emergency Social Services.....	1	4.1 Internal Stakeholders.....	9
1.2.1 Standard Services	1	4.1.1 Commissioner of Community Services	9
1.2.2 Specialized Services.....	1	4.1.2 Community Services Department.....	9
1.3 Types of Emergency Social Services Response Settings	1	4.1.3 Other Regional Staff	9
1.3.1 Shelter-in-Place	2	4.2 External Stakeholders.....	9
1.3.1.1. Door-to-Door Response (Wellness Checks)	2	4.2.1 Non-Governmental Organizations	9
1.3.2 Displacement.....	3	4.2.2 Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN). 10	
1.3.2.1 Curbside Response	3	4.2.3 Pharmacists' Association of Niagara.....	10
1.3.2.2 Evacuation Centre	3	4.3 First Responders	10
2.0 Plans and Procedures	4	4.3.2 Local Municipal Fire Departments.....	11
2.1 Sub-Plan A: Curbside Response Protocol.....	4	4.3.3 Niagara Region Emergency Medical Services	11
2.2 Sub-Plan B: Evacuation Centre Plan.....	5	Appendix	
2.3 Standard Operating Procedures	5	Appendix A: Amendment Table.....	12
2.4 Business Continuity Plans	5	Appendix B: Levels of Activation	13
		Appendix C: Non-Government Organization Alliance of Ontario	15

1.0 Introduction

The Region's Community Services Department leads a collaborative effort together with internal and external stakeholders to provide emergency social services to people affected by an incident/emergency event in Niagara. The Emergency Social Services Plan serves as Annex D to the Niagara Region Emergency Management Plan and establishes a service delivery framework for the provision of emergency social services.

1.1 Scope

This Plan outlines the response the Region shall provide to meet the essential needs of people during and following an emergency until they may re-establish themselves. The role of the Community Services Department is to plan, lead, coordinate and manage the delivery of emergency social services to those affected by a small or large scale incident in Niagara. The delivery of emergency social services is provided through partnerships with First Responders, Local Area Municipalities, non-governmental organizations, other Regional departments and community partners.

1.1.1 Legislative Authority

The Emergency Management and Civil Protection Act, 1990 ('EMCPA') defines an "emergency" as a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, disease or other health risk, an accident or an act whether intentional or otherwise. In Ontario, the EMCPA also establishes the legislative framework under which municipalities respond to emergencies by delivering emergency social services.

1.2 Emergency Social Services

Emergency social services consists of both standard and specialized services.

1.2.1 Standard Services

- Reception and Information
- Registration and Inquiry/Family Reunification
- Food
- Clothing
- Lodging
- Personal Services

1.2.2 Specialized Services

- First Aid
- Psychosocial Support
- Financial Assessment
- Culturally-Specific and Language Services
- Vulnerable People and Unattended Children
- Public Health (e.g. infection, disease prevention and control)
- Animal Care
- Recreation

1.3 Types of Emergency Social Services Response Settings

There are a number of ways to deliver emergency social services to those affected and in need. Each type of response may be considered in relation to the nature and scale of the incident, preparedness of households, vulnerability of those affected, anticipated level of displacement, and proximity to community resources (rural or urban environments). For those who are not displaced, emergency social services may be provided through a door-to-door response to support those sheltering in place. In the event of displacement, emergency social services may be provided through a curbside response or at a temporary location (e.g. evacuation centre). It is important to note that there may be incidents where all three responses are used at different points

of time or simultaneously (e.g. deliver curbside response as an evacuation centre is being prepared to open), depending on the population and as the incident evolves or unfolds (e.g. affecting a growing number of people over a period of time).

It is important to note that an evacuation centre may be activated to support with emergency social services delivery (e.g. reception and information services) in situations where off-site lodging is available to accommodate those displaced (also referred to as ‘reception centres’). In other instances, an evacuation centre may be activated and may provide on-site lodging to evacuees.

1.3.1 Shelter-in-Place

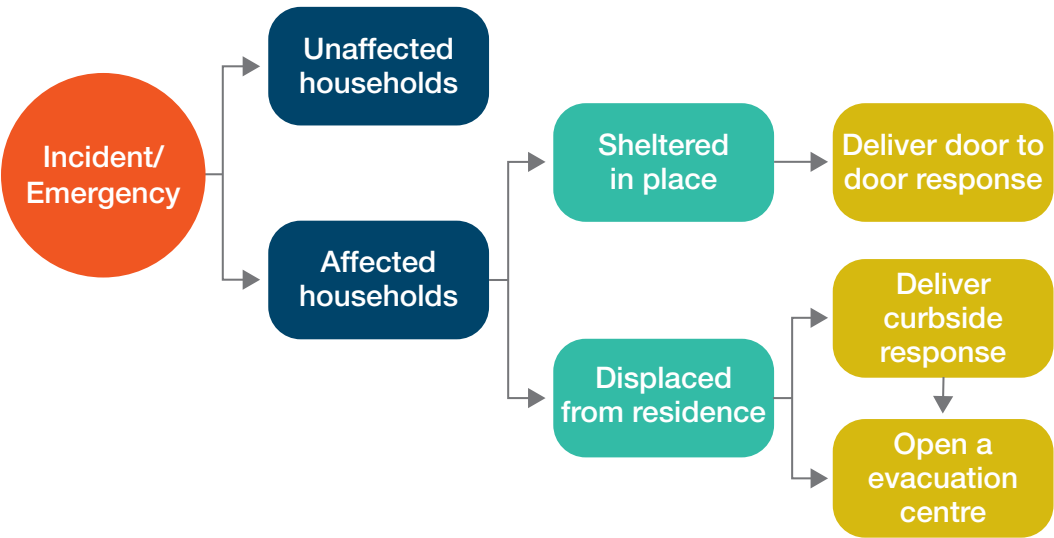
People who are able to or may be required to shelter-in-place within their homes may still need emergency social services to meet their essential needs.

1.3.1.1. Door-to-Door Response (Wellness Checks)

A door-to-door response through the use of wellness checks may support the identification of vulnerable populations and/or those who require additional supports to sustain their safety and well-being while remaining at home. The decision to conduct wellness checks will be made by the Emergency Social Services Emergency Operations Centre Member (with the primary Emergency Social Services Emergency Operations Centre Member being the Commissioner of Community Services) in consultation with, but not limited to, the following stakeholders:

- Niagara Region Community Services Department Senior Leadership Team
- Niagara Regional Police Service
- Niagara Region Public Works Department
- Niagara Region Public Health Department
 - Niagara Region Emergency Management
- Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) - Home and Community Care
- Local Area Municipality(s) Community Emergency Management Coordinator(s)

Figure 1: Emergency Social Services Responses



Wellness checks may be performed by Regional field staff, First Responders, the Canadian Red Cross, St. John Ambulance and/or other non-government organizations. Before conducting wellness checks, the geographic area to be covered must be safe, well defined, and information collected or disseminated must be reviewed by the appropriate department in collaboration with the Emergency Information Officer and affected Local Area Municipality(s).

The Emergency Social Services Emergency Operations Centre Member is responsible for acting as the point of contact, or designating a Community Services Department emergency social services team staff member as the point of contact, for the field team conducting wellness checks to monitor their progress and resource needs. If found eligible, households may receive standard emergency social services. This could include support to access food, income assistance, pet supplies, etc. Households may also require specialized services as required, such as home care provided through Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) Home and Community Care – Niagara Branch.

1.3.2 Displacement

Should people be displaced, services may be provided in a safe area outside of the incident site either at the curbside or at an evacuation centre.

1.3.2.1 Curbside Response

If the on-site Incident Command (Fire, Police or EMS) determines a safe area exists to support the emergency social services needs of those affected, a curbside response may be appropriate. A curbside response can occur on buses, on the sidewalk or street, at a nearby park, etc. Should the level of demand for service outgrow the designated safe area, or if there is not a safe and appropriate area for those affected to gather/congregate, then an evacuation centre may be established. A curbside response may also be used while an evacuation centre is being established.

1.3.2.2 Evacuation Centre

In the event of a large scale incident where people are unable to shelter-in-place and a curbside response is not appropriate or does not meet the demand for service, then the activation and opening of an evacuation centre(s) may occur. The Region in collaboration with Local Area Municipalities have designated a number of facilities to be used as evacuation centres (typically community centres, arenas, other municipally-owned venues, or high schools).

The evacuation centre may be used to receive people after an evacuation (e.g. of an apartment building or neighbourhood). As a base of operations for emergency social services delivery, the evacuation centre serves as a source of public information and a resource centre over the course of the emergency until evacuees can return home or find appropriate lodging. The provision of services within the centre is to meet the immediate needs of those displaced, and therefore not every form of emergency social service will necessarily be provided in each emergency event.

2.0 Plans and Procedures

To support the Region’s Emergency Social Services Plan, a number of additional plans and procedures exist that provide more detailed information on how Regional and community partners collaborate and respond within different service delivery settings to provide emergency social services. The Region’s Emergency Social Services Plan consists of two sub-plans and standard operating procedures.

2.1 Sub-Plan A: Curbside Response Protocol

The Curbside Response Protocol outlines the steps required to identify, coordinate and provide emergency social services to people in Niagara who are impacted by an incident. The Protocol can be activated for small scale (25 people or less impacted) and large scale (more than 25 people) incidents in Niagara. Broadly, there are three (3) steps involved in activating and providing curbside response.

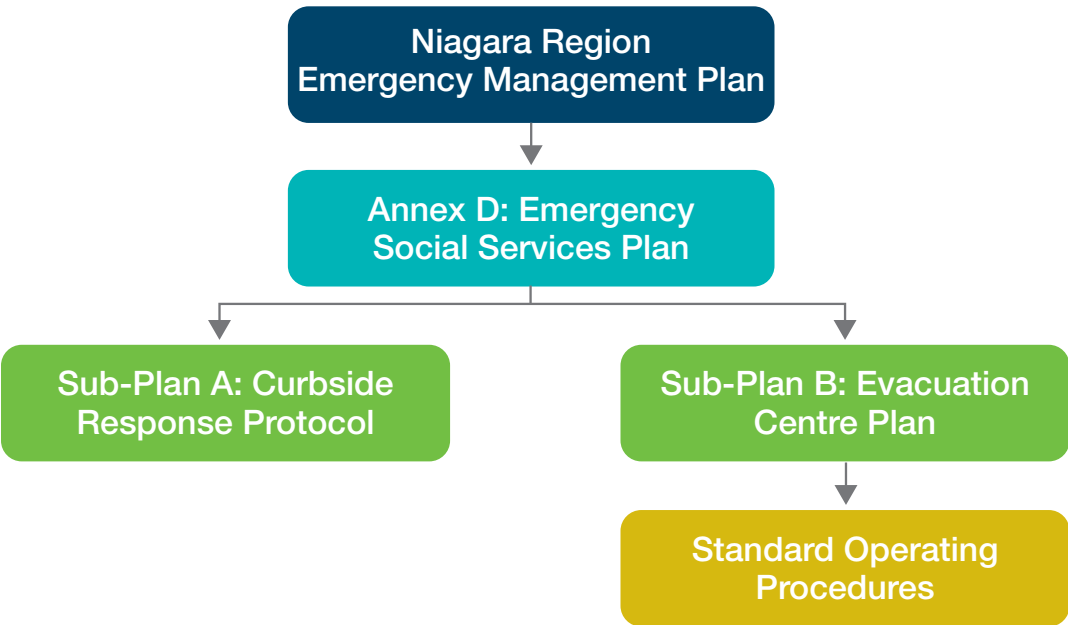
Step 1: The on-site Incident Command (Fire, Police or EMS) is responsible for identifying the number of people that require emergency social services and activating the Protocol by calling

the Canadian Red Cross. The Incident Command may request local area municipal public transit or Niagara Specialized Transit support to provide buses for temporary shelter from the elements or transportation to another site.

Step 2: The Canadian Red Cross will document the information provided by the on-site Incident Command and, if over 25 people have been impacted, will notify the Emergency Social Services Emergency Operations Centre Member (Community Services Department staff). The Canadian Red Cross will provide emergency social services through their Personal Disaster Assistance Program for up to 72 hours and can fulfill all standard emergency social services (lodging, food, clothing, transportation, etc.) along with referrals to other community partners and support agencies in small scale events.

Step 3: The Emergency Social Services Emergency Operations Centre Member will assess the response required based on the numbers of people impacted or anticipated to be impacted and arrange for additional or continued support, as needed.

Figure 2: Emergency Social Services Plan and Sub-Plans



2.2 Sub-Plan B: Evacuation Centre Plan

The Evacuation Centre Plan outlines the steps required to identify, coordinate and provide emergency social services to people in Niagara during and immediately following a large scale incident where 25 or more people are impacted.

Depending on the nature of the incident and the needs of evacuees, the emergency social services provided at these sites will vary across standard and specialized services (e.g. the Evacuation Centre may not provide on-site lodging and therefore may also be referred to as a ‘reception centre’).

An emergency evacuation centre is activated by the Emergency Social Services Emergency Operations Centre Member with authorization by the Local Area Municipality’s Chief Administrative Officer (CAO) or the Regional CAO. The operation of an evacuation centre is led by the Community Services Department in partnership with multiple internal and external stakeholders. In large scale incidents, it is likely that both standard and specialized emergency social services are required to meet the needs of those affected.

2.3 Standard Operating Procedures

For each facility owned and operated by a Local Area Municipality, school board or other entity, that is designated as a preferred evacuation centre in the event of a large scale emergency, Standard Operating Procedures will be used to support Regional, Local Area Municipal and non-government organization staff to set up and operate emergency social services within that setting.

2.4 Business Continuity Plans

The activation of the Evacuation Centre Plan will require the reallocation of staff resources to ensure the continued delivery of critical functions and services during a significant disruption.

Figure 3: Evacuation Centre Reporting Structure



3.0 Activation and Notification

This section outlines the criteria, process, strategy and stakeholders involved in activation and notification of emergencies in Niagara. In partnership with stakeholders, the Community Services Department leads the coordination and response to provide emergency social services to people impacted by an incident.

3.1 Emergency Activation Levels

There are four Emergency Activation Levels for Niagara Region's Emergency Management designed to monitor, support and respond to an incident. The different levels identify triggers requiring diversion of resources from regular operations to response and recovery activities. The four activation levels are:

- 1. Routine monitoring** – No incident has occurred. The Emergency Operations Centre is not activated.
- 2. Enhanced monitoring** – An incident that requires monitoring and information coordination has occurred, with a possibility of escalation. This level does not require Emergency Operations Centre staffing to complete a response.
 - The Curbside Response Protocol (Sub-Plan A), may be activated for less than 25 people, triggering the need for enhanced monitoring in case of escalation.
- 3. Partial activation** – An emergency activation has occurred where an Emergency Operations Centre may be activated with several but not all Departments coordinating a response.
 - The Curbside Response Protocol (Sub-Plan A) may be activated as the first step in implementing the Evacuation Centre Plan (Sub-Plan B).

- 4. Full activation** – An incident has a major impact and requires significant coordination of information and activities. The Emergency Operations Centre is fully activated to provide centralized emergency management.

Depending on the Emergency Activation Level, Community Services Department staff may be notified and deployed to respond as appropriate. See Appendix B: Levels of Activation.

- The Evacuation Centre Plan (Sub-Plan B) may be activated in one or more Local Municipalities to provide emergency social services for more than 25 people impacted by an incident as part of a partial activation.

3.2 Incident Notification

During Enhanced Monitoring, Partial Activation or Full Activation, stakeholders may need to be notified and placed on stand-by, or activated. This may include but is not limited to the following:

Government

- Niagara Regional Departments
- Local Area Municipalities

Non-Governmental Organizations

- Canadian Red Cross
- The Salvation Army – St. Catharines
- St. John Ambulance (Niagara Region Branch; Niagara Falls Branch)
- Animal Protection and Care Agencies (Local Affiliate Humane Societies and SPCAs)
 - Fort Erie SPCA
 - Lincoln County Humane Society
 - Niagara SPCA and Humane Society
- Victim Services Niagara
- INCommunities
- Additional stakeholders where required

3.3 Emergency Social Services Emergency Operations Centre Member

When an incident occurs where people must leave their home, a First Responder will call the Canadian Red Cross to activate the Curbside Response Protocol. If over 25 people are impacted due to one or more incidents, Canadian Red Cross staff will notify the Emergency Social Services Emergency Operations Centre Member (Commissioner of Community Services or alternate) to relay the information provided by the First Responder. The Emergency Social Services Emergency Operations Centre Member will:

- Respond to acknowledge notification and gather information
- Activate the appropriate response based on the number of people impacted by the incident, including whether the Evacuation Centre Plan requires activation to support over 25 people that are unable to return to their homes

The activation of the Curbside Response Protocol will trigger a need for Enhanced Monitoring or other levels of activation.

The Emergency Social Services Emergency Operations Centre Member may also be contacted related to incidents where residents are advised to shelter-in-place.

3.4 Community Services Department Emergency Social Services Team

Niagara Region's Emergency Social Services Team is comprised of Community Services Department staff trained to support the provision of emergency social services during an incident requiring the activation of the Evacuation Centre Plan. If called upon, the Community Services Department Emergency Social Services Team will:

- Acknowledge and respond to a notification as soon as possible
- Once contacted and provided with emergency information, deploy within two hours of notification to the assigned location of the Evacuation Centre

Community Services Department Emergency Social Services Team staff are responsible to have access to appropriate equipment to support their response (e.g. personal go-bags, Regional mobile device – if necessary, etc.).

The Homelessness and Emergency Services Advisor will hold and maintain the confidential Community Services Department Emergency Social Services Team staff list.

4.0 Roles and Responsibilities

Section 4.0 outlines the general roles and responsibilities of emergency social services stakeholders. Specific details are expanded in the Evacuation Centre Plan and within the Standard Operating Procedures written for each of the evacuation centres.

4.1 Internal Stakeholders

4.1.1 Commissioner of Community Services

When the Commissioner of Community Services is notified of an Enhanced Monitoring, Partial or Full Activation Level he/she may contact the Community Services Department Senior Leadership Team to discuss the situation within the department. The Community Services Department Senior Leadership Team will:

- Assess potential impact on programs and services
- Be prepared to support the activation of the Evacuation Centre Plan

Community Services Department Senior Leadership Team includes:

- Commissioner of Community Services
- Director of Children's Services
- Director of Homelessness Services and Community Engagement
- Director of Seniors' Services
- Director of Social Assistance and Employment Opportunities
- Human Resources Consultant
- Program Financial Analysts
- Communications Consultant

4.1.2 Community Services Department

As the lead department for emergency social services, Community Services Department is responsible for planning, coordinating and managing the delivery of emergency social services response to small and large scale incidents. The Community Services Department will provide 24-hour support and coordination of emergency social services response through the Community Services Department Emergency Social Services Team. All Community Services Department staff with assigned roles in the delivery of emergency social services will maintain an appropriate level of emergency preparedness.

4.1.3 Other Regional Staff

In the event of a large scale incident that exceeds the capacity of the Community Services Department to respond, other Regional staff may be asked to support in the delivery of emergency social services including the operation of an evacuation centre. Staff will be oriented to assigned roles and responsibilities.

4.2 External Stakeholders

4.2.1 Non-Governmental Organizations

The Community Services Department works with non-government organizations to provide emergency social services in the event of a small or large scale incident. These services are delivered in accordance with written Memoranda of Understanding and service agreements. Personnel will be scheduled and supplied by non-government organizations to provide a 24 hour presence at an evacuation centre unless otherwise specified.

The non-government organizations may include but are not limited to the following:

- Canadian Red Cross
- Salvation Army – St. Catharines
- St. John Ambulance (Niagara Region branch; Niagara Falls branch)
- Animal Protection and Care Agencies (Local Affiliate Humane Societies and SPCAs)
 - Fort Erie SPCA
 - Lincoln County Humane Society
 - Niagara SPCA and Humane Society
- Victim Services Niagara
- INCommunities

Refer to Appendix C: Non-Government Organization Alliance of Ontario, for a network of non-governmental organizations across the province that are active participants in Ontario's Emergency Management landscape.

4.2.2 Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN)

The HNHB LHIN will support a health system emergency response when notified or requested by an affected health care facility. The HNHB LHIN will assist in locating available long-term care and hospital beds within Niagara Region or other neighbouring municipalities to provide alternate locations for the delivery of care for persons with complex medical care needs. HNHB LHIN Home and Community Care will ensure existing clients receiving care are provided with continued services at an evacuation centre, if appropriate. Niagara region falls within the Hamilton-Niagara-Haldimand LHIN-Brant boundary.

4.2.3 Pharmacists' Association of Niagara

The Pharmacists' Association of Niagara will notify members during a large-scale incident, facilitate requests for replacement medications, and may be available at an evacuation centre to support with gathering information related to medical histories.

4.3 First Responders

First Responders within Niagara region are comprised of:

- Niagara Region Emergency Medical Services
- Niagara Regional Police Service
- Fort Erie Fire Department
- Grimsby Fire Department
- Lincoln Fire Department
- Niagara Falls Fire Department
- Niagara-On-The-Lake Fire Department
- Pelham Fire Department
- Port Colborne Fire Department
- St. Catharines Fire Department
- Thorold Fire Department
- Wainfleet Fire Department
- Welland Fire Department
- West Lincoln Fire Department

The On-site Incident Commander is responsible for ensuring that the Canadian Red Cross is notified if people from a residential dwelling are impacted by an incident. The Canadian Red Cross will contact the Emergency Social Services Emergency Operations Centre Member and provide incident information to activate the appropriate emergency social services response.

4.3.1 Niagara Regional Police Service

Niagara Regional Police Service will (depending on available resources) provide traffic control to facilitate the movement of emergency vehicles and access/egress from a small or large evacuation area and support an evacuation centre when there is an escalated incident that requires a police presence. Niagara Regional Police Service will oversee the repatriation of large numbers of displaced people back into their homes once it is safe to do so. Police may also support with the security and safety at an evacuation centre.

4.3.2 Local Municipal Fire Departments

Local Municipal Fire Departments are responsible for protecting the lives, property and environment of Niagara residents impacted by fire, explosion, hazardous materials incidents or other fire-related incidents.

4.3.3 Niagara Region Emergency Medical Services

Niagara Region Emergency Medical Services' (EMS) primary role is to triage and treat people in need of medical care, including transportation to hospital. EMS can also organize and transport people from long term care homes to more secure shelter, if required. If resources are available, EMS may also support with the medical needs of those presenting at an evacuation centre.

Appendix A: Amendment Table

Number	Date	Version	Amended by	Commissioner approval	Sections updated	Nature of the update
1	10/02/2005	0.0	Scott Laughher		All	
	10/29/2009	0.1	Scott Laughher		All	
	09/15/2011	0.2	Scott Laughher		All	
	12/07/2015	0.3	Scott Laughher		All	
2	02/01/2020	0.0	Michelle Johnston		All	Comprehensive review

Appendix B: Levels of Activation

Level	Description	Examples of Events/ Triggers	Plan/ Procedure Activation	Minimum Staffing
Routine Monitoring	No event or incident has occurred. Local Area Municipal and Regional Emergency Operations Centre are not activated.	N/A	N/A	<ul style="list-style-type: none"> Emergency Management
Enhanced Monitoring	<p>An event that requires monitoring and information coordination.</p> <p>There is a possibility of escalation.</p> <p>This level does not require Emergency Operations Centre staffing to complete response.</p>	<ul style="list-style-type: none"> Planned or unplanned events/incidents in Niagara and/or in other jurisdictions with an associated risk that could threaten public safety, public health, the environment, property, critical infrastructure and economic stability Severe weather watches and warnings Displacement of less than 25 people due to an isolated incident or cumulative number of incidents Sheltering-in-place order Loss of utilities (electricity, water, gas) to an area of a Local Area Municipality 	<ul style="list-style-type: none"> Curbside Response Protocol Put non-government organizations and other departments on standby 	<ul style="list-style-type: none"> Emergency Management Community Services Communications Team

Level	Description	Examples of Events/ Triggers	Plan/ Procedure Activation	Minimum Staffing
Partial Activation	An emergency declaration can be made by a Local Municipality. An Emergency Operations Centre may be activated to support response.	<ul style="list-style-type: none"> • Evacuation requiring the lodging of 25+ individuals • Acting as a host community for evacuees from surrounding jurisdictions • Request to open an evacuation centre • Evacuation of any resident home areas within a long-term care home with 1-2 days of displacement • Prolonged loss of utilities (gas, water, electricity) for 1-2 days within one or more Local Area Municipalities 	<ul style="list-style-type: none"> • Curbside Response Protocol • Evacuation Centre Plan • Standard Operating Procedures 	<ul style="list-style-type: none"> • Emergency Operations Centre Director • Emergency Information Officer • Community Services • Emergency Management • Other positions, as required
Full Activation	The event has a major impact and requires significant coordination of information and activities that requires Emergency Operations Centre activation to provide centralized emergency management.	<ul style="list-style-type: none"> • Requirement for a large scale evacuation of people within one or more Local Area Municipalities 	<ul style="list-style-type: none"> • Evacuation Centre Plan • Standard Operating Procedures 	<ul style="list-style-type: none"> • All Emergency Operations Centre positions are fully staffed • Community Services • Other positions, as required

Appendix C: Non-Government Organization Alliance of Ontario

The Non-Government Organization Alliance of Ontario is a network of non-governmental organizations that are active participants in Ontario's Emergency Management landscape.

The purpose of the Non-Government Organization Alliance of Ontario is to support municipal and provincial emergency planning and preparedness, response and recovery efforts through coordination, cooperation, collaboration, and communication.

NGO Alliance of Ontario Handbook:
oaem.ca/sub-blogs/ngo-alliance-of-ontario/ngo-alliance-of-ontario-handbook

Annex D of Niagara Region
Emergency Management Plan

EMERGENCY SOCIAL SERVICES PLAN



February 2020

Emergency Social Services Plan

SUB-PLAN A: CURBSIDE RESPONSE PROTOCOL

Amendment and Distribution Procedure

This Plan will be reviewed annually. Updates and revisions must be approved by the Commissioner of Community Services, unless revisions are related to ordinary maintenance such as updating contact information, title changes or resource information.

The Community Services Department, Homelessness and Emergency Services Advisor will prepare and distribute amendments to the Curbside Response Protocol as required.

Please refer to Appendix A: Amendment Table.

Niagara Region Community Services Contact Information

**Director, Homelessness Services and
Community Engagement**
905-980-6000 ext. 3807

Manager, Homelessness Services
905-980-6000 ext. 3863

**Homelessness and Emergency
Services Advisor**
905-980-6000 ext. 3821

**Manager, Social Assistance and
Employment Opportunities**
905-980-6000 ext. 6089

Contents

Amendment and Distribution Procedure ii

Niagara Region Community
Services Contact Information ii

1.0 Introduction 1

**2.0 Curbside Response
Partners and Services..... 2**

2.1 Fire, Police and Paramedics
(First Responders)2

2.2 Canadian Red Cross.....2

2.3 Community Services.....3

3.0 Activation Process..... 4

3.1 Trigger for Activation4

3.2 Notification Process4

4.0 Roles and Responsibilities..... 5

4.1 Site Incident Commander5

4.2 Canadian Red Cross.....6

4.3 Emergency Social Services Emergency
Operation Centre Member6

5.0 Incident Reporting 7

6.0 Post Incident Debriefs9

Appendix

Appendix A: Amendment Table.....9

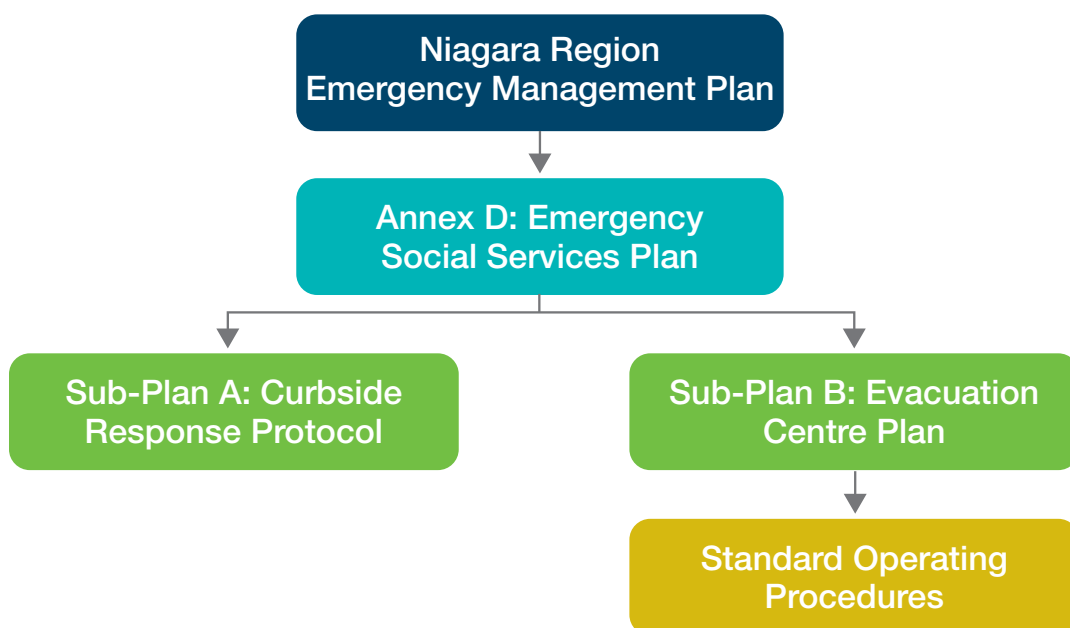
1.0 INTRODUCTION

To support Niagara Region’s Emergency Social Services Plan, a number of additional plans and procedures exist that provide more detailed information on how Regional and community partners collaborate and respond within different service delivery settings to provide emergency social services. The Region’s Emergency Social Services Plan consists of two sub-plans and standard operating procedures.

The Curbside Response Protocol outlines the steps required to identify, coordinate and provide emergency social services to people in Niagara who are impacted by an incident. The Protocol can be activated for small scale (25 people or less impacted) and large scale (more than 25 people and/or 10 dwellings) incidents in Niagara.

The activation of the Curbside Response Protocol may be the first step in the eventual activation of the Evacuation Centre Plan. The Evacuation Centre Plan can be activated for centres that provide off-site lodging (e.g. ‘reception centres’).

Figure 1: Emergency Social Services Plan and Sub-Plans



2.0 Curbside Response Partners and Services

Three partners support the delivery of emergency social services at the curbside of an incident or disaster.

2.1 Fire, Police and Paramedics (First Responders)

First Responders arrive at the scene of an incident focused on maintaining the health, safety and well-being of people impacted. When it is determined that a residence(s) has been impacted by an incident, the On-site Incident Commander will call Canadian Red Cross.

2.2 Canadian Red Cross

The Canadian Red Cross provides emergency social services at the curbside and in evacuation centres to people impacted by an incident. If more than 25 people and/or 10 dwellings are impacted by an incident, the Canadian Red Cross provides incident information to the Emergency Social Services Emergency Operation Centre Member to ensure the appropriate activation of emergency social services. Depending on the type and size of the incident, Canadian Red Cross may provide one or more of the following services at the curbside:

- Reception and information – provide a place to receive evacuees and provide information on-site related to the incident and other services
- Registration and inquiry/family reunification – record demographic information, assess emergency social services needs, respond to inquiries regarding the location of other impacted people through registration information
- Emergency food – food/grocery vouchers or pre-paid cards for grocery or restaurant meals
- Emergency clothing – one set of new, basic, seasonally-appropriate clothing through vouchers or pre-paid cards for purchase at local stores. Access to laundry services and referrals to community resources for additional clothing may also be provided.
- Emergency lodging – safe, temporary lodging for those who cannot return home and cannot find alternate accommodations for up to 72 hours (pet friendly where possible/needed)
- Personal services may include:
 - Providing hygiene kits (toothpaste, toothbrush, deodorant, shampoo, razors, etc.), baby products and adult incontinence products as needed. Towels and washcloths may be provided to those staying with friends or family.
 - Facilitating access to health care items and may include paying for one refill of essential medication, replacement/repair of eyeglasses, hearing aids, dentures, etc., and when no other financial support is available. Referral to community resources may also be provided.
- Transportation – assist people in securing or arranging transportation (e.g. vouchers or pre-paid cards for buses or taxi services), where regular means of transportation are unavailable

- Other assistance or specialized services may be considered depending on needs identified during assessment. Canadian Red Cross does not duplicate assistance and personal insurance should be used as primary form of support where available. Referrals to community resources are provided.

Canadian Red Cross volunteers will contact the Emergency Social Services Emergency Operation Centre Member to assist in securing services outside their scope of service delivery.

2.3 Community Services

If over 25 people and/or 10 dwellings are impacted by an incident and/or if the identified needs of those displaced are complex and require specialized services that are beyond the scope of the Canadian Red Cross, Community Services is notified to coordinate emergency social services and additional services. The Emergency Social Services Emergency Operation Centre Member, coordinates the Community Services Department Emergency Social Services Team to support a response, and notifies additional Regional stakeholders in the event that there is a need to prepare for possible escalation (e.g. the activation of an evacuation centre).

3.0 Activation Process

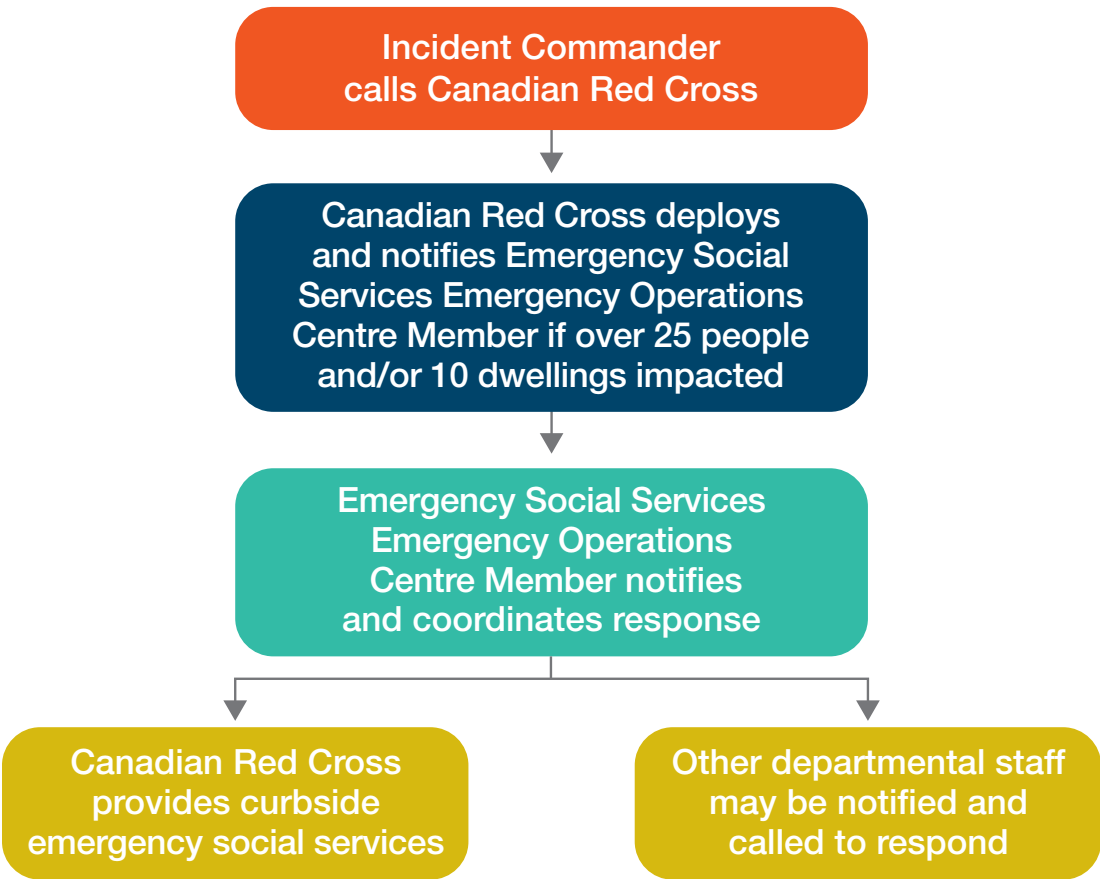
3.1 Trigger for Activation

When individuals and/or families must leave their residential dwelling temporarily due an incident.

The number of people impacted and the type of incident will determine if an additional level of response is required by the Region.

3.2 Notification Process

The following diagram demonstrates the notification process:



4.0 Roles and Responsibilities

4.1 On-Site Incident Commander

1. The Site Incident Commander gathers the following incident information:
 - Estimated number of adults, older adults, youth and children impacted
 - Type of incident and the address
 - Estimated duration of the incident (if known)
 - Location where the Canadian Red Cross volunteers can meet with impacted people either on-site, at a nearby safe location, on a municipal bus, etc.
 - Identify if media is on site
2. To activate the Curbside Response Protocol, the On-site Incident Commander must call Canadian Red Cross and state that their assistance is required.
3. The On-site Incident Commander:
 - Must assign a designate if he or she is unable to personally call Canadian Red Cross to request their assistance through the activation of the Curbside Response Protocol
 - Inform impacted people that Canadian Red Cross is on the way
 - May also request local transit to provide accessible buses to temporarily shelter impacted people from the elements, if required
 - May call Canadian Red Cross back to provide incident information updates
 - If over 25 people and/or 10 dwellings impacted, may make a request to the Emergency Social Services Emergency Operation Centre Member to provide updates regarding actions taken

Note: Homelessness/ Eviction

This is not an activation of the Curbside Response Protocol. If a first responder identifies an individual (16 or older) or family that is homeless or has been evicted from their home and requires emergency shelter:

- **Call 211**
- **Request shelter services for the individual or family**

The 211 staff will transfer the call to the after hours emergency shelter line to secure appropriate shelter based on the information provided.

If homelessness is a result of a building closure due to non-compliance of the Ontario Building Code or Fire Protection and Prevention Act (including the Ontario Fire Code), whereby the building is determined to be unsafe and inhabitable, then the Incident Commander will call the Emergency Social Services Emergency Operation Centre Member directly.

4.2 Canadian Red Cross

Upon receiving a call from the Incident Commander, the Canadian Red Cross shall:

1. Gather incident information from the Incident Commander and deploy at least two volunteers to the scene of the incident. Information required includes:
 - Incident Commander name, position and contact information
 - Estimated number of adults, older adults, youth and children impacted
 - Type of incident and the address
 - Estimated duration of the incident (if known)
 - Location where Canadian Red Cross volunteers can meet with impacted people
 - Whether media on site
2. If the incident impacts more than 25 people and/or 10 dwellings, Canadian Red Cross immediately notifies Emergency Social Services Emergency Operation Centre Member that the Curbside Response Protocol has been activated, provides incident information, and is placed on stand-by pending the activation of the Evacuation Centre Plan.

3. On-site, Canadian Red Cross volunteers will:

- 3.1** Set up a temporary meeting place as identified by the Incident Commander, a reasonable distance from the incident.
- 3.2** Conduct a registration and needs assessment to identify and provide the specific emergency social services required by each individual and/or family.

3.3 Update the Emergency Social Services Emergency Operation Centre Member regarding services provided, actual number of adults, older adults, youth and children requiring emergency social services, any additional requests for specialized services and if media on-site.

4. **If the Evacuation Centre Plan is not activated**, continue providing emergency social services at the curbside. Follow-up with impacted person(s) within 72 hours:

4.1 Reassess if additional/extended services are required.

4.2 Update the Emergency Social Services Emergency Operation Centre Member of the results of the follow up call(s) and if impacted people request Regional assistance.

If the Evacuation Centre Plan is activated, please refer to Sub-Plan B.

4.3 Emergency Social Services Emergency Operation Centre Member

Upon receiving a call from Canadian Red Cross, the Emergency Social Services Emergency Operation Centre Member shall:

1. Inform Community Services Senior Leadership Team of the incident and the actions taken, as required.
2. Determine whether to:
 - Activate the Evacuation Centre Plan
 - Direct the Canadian Red Cross to continue to provide emergency social services for the impacted people

3. Remain on standby:
 - To receive an update from the Canadian Red Cross regarding services provided, actual number of adults, older adults, youth and children requiring emergency social services, any additional requests for specialized services and if media on-site.
4. Notify the appropriate Emergency Information Officer (Municipal or Regional), if the Canadian Red Cross identifies media on-site.
5. Direct or designate Community Services Department emergency social services staff to direct/assist Canadian Red Cross to:
 - Transport people to the nearest hospital, if impacted persons require non-emergency health care support. For example, adult /older adult with cognitive impairment, mobility challenges, person with special needs.
 - Access telephone interpretation services through Corporate Services or INCommunities (on-site interpretation services) to assist impacted people requiring language or cultural services
 - Access animal care and boarding through local SPCA and human societies such as the Fort Erie SPCA, Lincoln County Humane Society and/or Niagara SPCA and Humane Society
6. Contact the Incident Commander to provide an update as to actions taken, as requested.
7. If the Evacuation Centre Plan was not activated, continue to liaise with the Canadian Red Cross:
 - To determine if further assistance is needed and/or arrange for Community Services staff (e.g. SAEO Hostel Worker, Seniors Community Outreach Worker, etc.) to contact the impacted person(s) to assist, as necessary

5.0 Incident Reporting

The Emergency Social Services Emergency Operation Centre Member will keep Community Services Senior Leadership Team informed of actions taken to resolve an incident, as required, as well as allow time to plan and respond where additional supports may be required if:

- The incident escalates
- Media are present at the scene of an incident
- Specialized services beyond the existing capacity and scope of services provided by Canadian Red Cross are required to support impacted person(s), such as, Seniors Services' Community Support Workers, Social Assistance and Employment Opportunities Hostel Workers, or Children's Services' Early Childhood Educators

6.0 Post Incident Debriefs

Debriefs may be requested by the Community Services Senior Leadership Team or the Canadian Red Cross when gaps in the provision of services are identified. Debriefs may include but are not limited to the following people, as appropriate:

- Incident Commander or designate
- Canadian Red Cross Site Manager
- Community Services Senior Leadership Team
- Community Services Homelessness and Emergency Services Advisor
- Local Area Municipality(s) Community Emergency Management Coordinator

The debrief discussion will include an After Action Report that documents:

- The incident response activities and timelines
- Lessons learned (what worked well, gap identification, opportunities for enhancement)
- Any recommended changes to improve communication and delivery of services

Appendix A: Amendment Table

Number	Date	Version	Amended by	Community Services Senior Leadership Team Approval	Sections updated	Nature of the update
1	02/01/2020	1.0	Michelle Johnston		All	New Document

Emergency Social Services Plan

SUB-PLAN A: CURBSIDE RESPONSE PROTOCOL

February 2020

Niagara  Region

Emergency Social Services Plan

SUB-PLAN B: EVACUATION CENTRE

Amendment and Distribution Procedure

This Plan will be reviewed annually. Updates and revisions must be approved by the Commissioner of Community Services, unless revisions are related to ordinary maintenance such as updating contact information, title changes or resource information. The Community Services Department, Homelessness and Emergency Services Advisor will prepare and distribute amendments to the Evacuation Centre Plan as required.

Please refer to Appendix A: Amendment Table.

Confidential Information

Information related to preferred sites/buildings to be used for the purposes of an evacuation centre, and information related to the operating of these sites are confidential and not intended for widespread distribution. The following documents will be emailed to those who require them:

- Community Services emergency social services evacuation centre site list
- Standard Operating Procedures for all preferred sites

Niagara Region Community Services Contact Information

Director, Homelessness Services and Community Engagement

905-980-6000 ext. 3807

Manager, Homelessness Services

905-980-6000 ext. 3863

Homelessness and Emergency Services Advisor

905-980-6000 ext. 3821

Manager, Social Assistance and Employment Opportunities

905-980-6000 ext. 6089

Contents

Amendment and Distribution Procedure	ii	6.0 Roles and Responsibilities:	
Confidential Information	ii	Evacuation Centre	6
Niagara Region Community Services		6.1 Evacuation Centre Reporting Structure	6
Contact Information.....	ii	6.1.1 Reporting Relationships	6
1.0 Introduction	1	6.2 Evacuation Centre Command.....	8
2.0 Evacuation Centre Activation ..	2	6.3 Standard Services	8
3.0 Emergency Social Services		6.3.1 Standard Services Lead:	
at an Evacuation Centre	3	Canadian Red Cross.....	9
3.1 Types of Services.....	3	6.3.2 Reception and Information:	
3.1.1 Standard Services	3	Canadian Red Cross.....	9
3.1.2 Specialized Services.....	3	6.3.3 Registration and Inquiry/ Family Reunification:	
3.2 Service Restrictions.....	3	Canadian Red Cross.....	9
3.3 Suspension of Services	3	6.3.4 Lodging: Canadian	
4.0 Roles and Responsibilities:		Red Cross.....	9
General	4	6.3.5 Personal Services:	
4.1 Transfer of Information		Canadian Red Cross.....	10
between Staff/Volunteers.....	4	6.3.6 Food: Canadian Red Cross/	
4.2 Documentation Management	4	Salvation Army – St. Catharines	10
5.0 Roles and Responsibilities:		6.3.7 Clothing: Canadian Red Cross/	
Regional Support to the		Salvation Army – St. Catharines	10
Evacuation Centre	5	6.4 Specialized Services.....	11
5.1 Community Services: Emergency Social Services		6.4.1 Specialized Services Lead:	
Emergency Operations Centre Member	5	Niagara Region Community Services	11
		6.4.2 First Aid: St. John Ambulance	11
		6.4.3 Public Health: Niagara Region	
		Health Department	11
		6.4.4 Psychosocial Support: Niagara Region	
		Mental Health	12
		6.4.5 Financial Assessment:	
		Niagara Region Community Services	12

Contents Continued

- 6.4.6 Culturally-Specific and Language Services: Agencies..... 12
- 6.4.7 Animal Care: Animal Protection Agencies 12
- 6.4.8 Vulnerable People and Unattended Children: Community Services..... 12
- 6.4.9 Recreation: Niagara Region Community Services/Local Municipal Facility Staff 13
- 6.5 Planning..... 13
 - 6.5.1. Planning Lead: Niagara Region Community Services..... 13
- 6.6 Logistics/Administration 13
 - 6.6.1 Logistics/Administration Lead: Municipal/Regional Facility Manager 14
 - 6.6.2 Facilities Maintenance: Local Municipal Staff/ School Board Staff 14
 - 6.6.3 Security: Municipal/Regional Staff..... 14
 - 6.6.4 Transportation: Municipal/Regional Staff..... 14
 - 6.6.5 Information Technology (IT): Local Municipal IT/Regional IT 14

Appendix

- Appendix A: Amendment Table.....15

1.0 Introduction

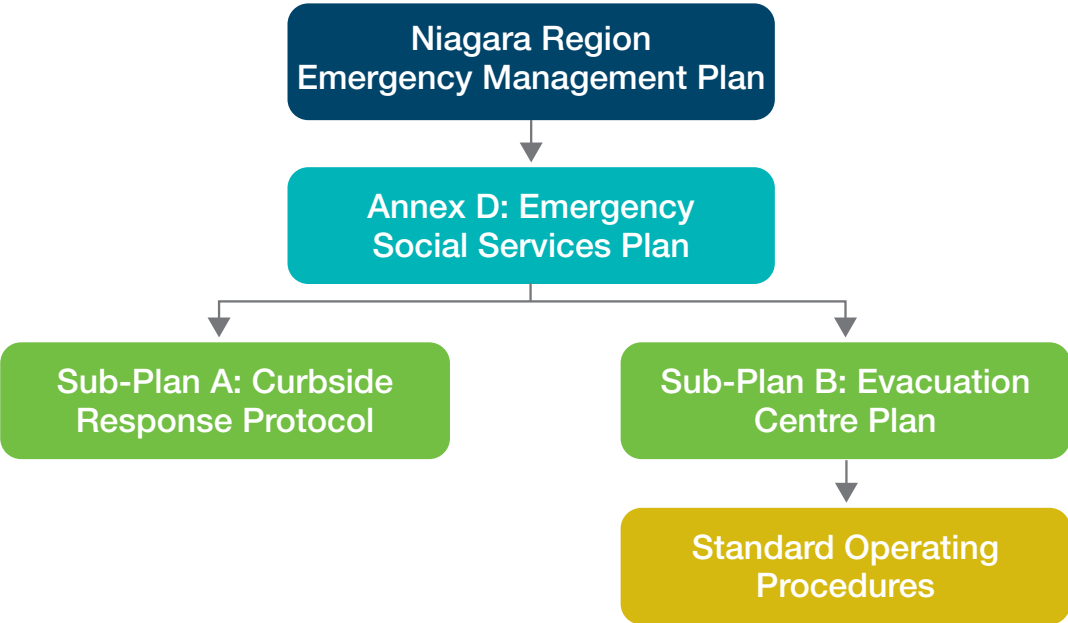
To support the Region’s Emergency Social Services Plan, a number of additional plans and procedures exist that provide more detailed information on how Regional and community partners collaborate and respond within different service delivery settings to provide emergency social services. The Region’s Emergency Social Services Plan consists of two sub-plans and standard operating procedures.

The Evacuation Centre Plan outlines the steps required to identify, coordinate and provide emergency social services to people in Niagara who are impacted by an incident. The Plan can be activated for large scale (more than 25 people) incidents in Niagara.

Local Municipalities have identified preferred facilities in each of their municipalities that can be used as an evacuation centre. Additional municipally-owned facilities and schools have been surveyed through the Canadian Red Cross should the preferred sites not be operational.

Depending on the nature of the incident and the needs of evacuees, the emergency social services provided at these sites will vary across standard and specialized services (e.g. the evacuation centre may not provide on-site lodging and therefore may also be referred to as a ‘reception centre’).

Figure 1: Emergency Social Services Plan and Sub-Plans



2.0 Evacuation Centre Activation

An evacuation centre is intended to provide temporary lodging and other emergency social services to more than 25 people in Niagara Region impacted by an incident.

Within Local Area Municipalities Emergency Operations Centres, the Emergency Social Services Emergency Operations Centre Member in consultation with or as requested by the Local Area Municipality's Chief Administrative Officer, will activate the Evacuation Centre Plan.

When a Regional Emergency Operations Centre has been activated, the Emergency Social Services Emergency Operations Centre Member in consultation with or as requested by the Regional Chief Administrative Officer, will activate the Evacuation Centre Plan.

3.0 Emergency Social Services at an Evacuation Centre

3.1 Types of Services

Emergency social services consists of both standard and specialized services.

3.1.1 Standard Services

- Reception and information
- Registration and inquiry/family reunification
- Food
- Clothing
- Lodging
- Personal services

3.1.2 Specialized Services

- First aid
- Psychosocial support
- Financial assessment
- Culturally-specific and language services
- Vulnerable people and unattended children
- Public health (e.g. infection, disease prevention and control, and pharmaceutical support)
- Animal care
- Recreation

3.2 Service Restrictions

Emergency social services assistance may be restricted to individuals where:

- Incidents of verbal abuse or physical violence occur, impacting people accessing emergency social services and staff or volunteers providing emergency social services
- A serious incident occurs arising from behaviours that cause safety concerns
- On demobilizing, a person refuses to leave an evacuation centre

The Site Manager and Evacuation Centre Liaison may be required to ban a person from the facility. The person(s) must be informed immediately of the reason for their ban and a letter may be issued to the person(s) on-site or forwarded to a temporary address. Assistance may be required from:

- On-site security
- Niagara Region Mental Health
- Niagara Regional Police Service (NRPS)

3.3 Suspension of Services

Once an emergency is declared terminated or the Chief Administrative Officer (Municipal or Regional) and the Emergency Social Services Emergency Operations Centre Member has determined an evacuation centre is no longer required, demobilization activities may begin. Eligibility for further assistance will be determined by the Emergency Social Services Emergency Operations Centre Member and the Canadian Red Cross.

4.0 Roles and Responsibilities: General

The Evacuation Centre Plan identifies stakeholders that are responsible for effectively activating, coordinating, managing and providing standard and specialized services within an evacuation centre. The specific nature and size of the incident will determine the functions and staffing required. The Community Services Department emergency social services team is comprised of trained staff to support the delivery of emergency social services. When numbers of people seeking emergency social services are minimal and only one evacuation centre is in operation some staff leads may take on two roles such as the Evacuation Centre Liaison can act as the Specialized Services Lead. If the number of people seeking emergency social services increases all Community Services emergency social services roles may be implemented.

4.1 Transfer of Information between Staff/Volunteers

At the end of each shift, all staff must provide status update information to their replacements and any personnel coming on shift at the same time. This is also a time when tasks may need to be assigned to ensure a smooth transition into the work flow. Updates will include:

- The current operational status
- Any issues/concerns both outstanding and resolved
- Anticipated priorities and actions to be implemented
- Operational health and safety information

4.2 Documentation Management

All internal/external stakeholders who have a role in supporting the operation of an evacuation centre must:

- Document all actions taken using the logbook provided (e.g. notes to include details, dates and times)
- Participate in briefings as appropriate
- Follow all written procedures, protocols and plans, as applicable
- Refrain from speaking to the media, instead directing all media inquiries to the appropriate Municipal or Regional Emergency Information Officer

5.0 Roles and Responsibilities: Regional Support to the Evacuation Centre

The support staff in this section are not present at an evacuation centre.

5.1 Community Services: Emergency Social Services Emergency Operations Centre Member

Evacuation centre(s) are supported by the Emergency Social Services Emergency Operations Centre Member, who assists in the activation and coordination of resources for the effective delivery of emergency social services. Where Community Services does not have specific resources to support service delivery in an evacuation centre, other Regional departments will be called upon to assist.

- Primary Emergency Social Services Emergency Operations Centre Member – Commissioner, Community Services
- First Alternate Emergency Social Services Emergency Operations Centre Member – Director, Homelessness Services and Community Engagement
- Second Alternate Emergency Social Services Emergency Operations Centre Member – Director, Social Assistance and Employment Opportunities

The Emergency Social Services Emergency Operations Centre Member is the communication conduit between the Municipal or Regional Emergency Operations Centre and the Evacuation Centre Liaison. The Emergency Social Services Emergency Operations Centre Member provides decision-making support and evacuation centre status updates, including reports from the Evacuation Centre Liaison back to the Emergency Operations Centre. In addition, the Emergency Social Services Emergency Operations Centre Member is responsible to:

- Notify and request all non-government Organizations and any Regional departments who support the operations of an evacuation centre
- Contact, deploy and schedule Community Services staff to operate and support evacuation centre operations, leveraging **Human Resources staff** support as required
- Liaise with **Public Health Department** staff (via Emergency Operations Centre Director) to support the operations of evacuation centre(s) by providing expertise on health-related areas such as screening for communicable disease control, environmental hazards, food safety and handling, and pharmaceutical support. Individuals and families will be guided to community health resources as necessary. Public Health staff may be required to provide 24-hour presence at an evacuation centre.
- Liaise with **Communications staff** (via Emergency Operations Centre Director) to advise the public of the locations and operations of evacuation centre(s) during an incident and immediately after, to ensure the public has current and accurate information
- Order and/or arrange for delivery of supplies, materials and equipment to support evacuation centre(s) operations
- Receive and resolve issues that cannot be resolved at an evacuation centre

6.0 Roles and Responsibilities: Evacuation Centre

6.1 Evacuation Centre Reporting Structure

The delivery of emergency social services in an evacuation centre is achieved by Community Services staff working in partnership with Local Municipality staff, Niagara Regional staff, the Canadian Red Cross and other non-government organizations. Community Services lead in the evacuation centre activation and operations is the Evacuation Centre Liaison (Community Services staff) who works closely with the Site Manager (Canadian Red Cross) to make decisions. Together, they will be supported through four section leads who oversee a number of services and resources.

- Primary Evacuation Centre Liaison – Manager, Homelessness Services
- First Alternate Evacuation Centre Liaison – Advisor, Homelessness and Emergency Services
- Second Alternate Evacuation Centre Liaison – Manager, Social Assistance and Employment Opportunities

The Evacuation Centre Reporting Structure in Figure 2 represents all possible roles and services that may be activated at each designated site. While each service may be provided by two staff or volunteers, not all services may be required at activation. Services can be scaled up or down as needed.

6.1.1 Reporting Relationships

The reporting structure boxes in grey are evacuation centre supports that are not on site but are accessed throughout evacuation centre activation, operations and decommissioning as required.

- The Emergency Social Services Emergency Operations Centre Member will be working from the Regional or Municipal Emergency Operations Centre (or other designated emergency response control space) to provide information and where necessary direction and authorization
- The Evacuation Centre Liaison provides a communication link between the Emergency Operations Centre and the evacuation centre, and works with the Site Manager to oversee operation of the evacuation centre
- The Leads for Standard Services, Specialized Services and Logistics/Administration will report to the Site Manager and Evacuation Centre Liaison
- Responding Regional staff will report to their assigned evacuation centre leads
- Responding Local Municipality staff and non-government organizations will report to their assigned evacuation centre leads while also maintaining their normal reporting to their own organizations

Figure 2: Evacuation Centre Reporting Structure



6.2 Evacuation Centre Command

Figure 3: Evacuation Centre Command



The Site Manager and the Evacuation Centre Liaison are together responsible for providing leadership, direction and coordination during set-up, operations and the demobilization of an evacuation centre. The Standard Services Lead, Specialized Services Lead and Logistics Lead will report to the Site Manager and Evacuation Centre Liaison.

Site Manager staff will be provided on a 24-hour basis at the evacuation centre.

In situations involving on-site lodging, an Evacuation Centre Liaison will be provided on a 24-hour basis. In situations where off-site, commercial lodging is used (e.g. Reception Centre), an Evacuation Centre Liaison may or may not be provided on a 24-hour basis. Whenever possible each Evacuation Centre Liaison will be scheduled for no more than eight hours per shift with an overlap of 30 minutes to transfer information to the Evacuation Centre Liaison on the next shift.

The Site Manager and Evacuation Centre Liaison will provide direction and/or authorization for actions taken to secure appropriate care and accommodations for any vulnerable adults, older adults, children or unattended children identified through the registration process.

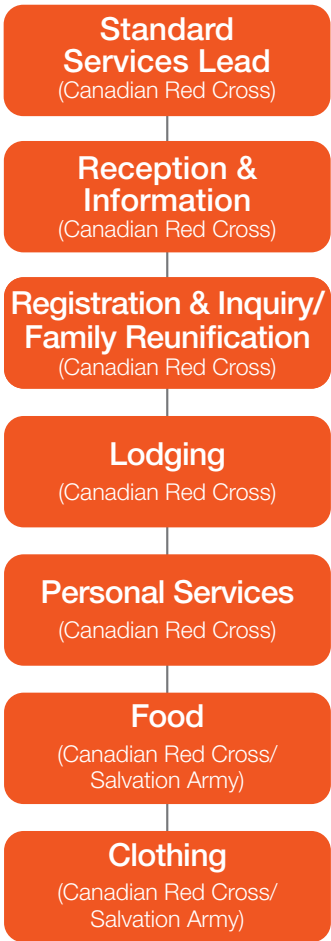
The Evacuation Centre Liaison will work with Niagara Region’s Human Resources to ensure an appropriate level of support is provided to Community Services staff at the evacuation centre related to critical incident stress management.

This may include designating a quiet, separate space for staff breaks, ensuring the Employee Assistance Program phone number is posted, watching for staff fatigue and stress, arranging for on-site psychosocial support if necessary, etc.

6.3 Standard Services

Standard Services are available to support the essential needs of people impacted by an incident.

Figure 4: Standard Services



6.3.1 Standard Services Lead: Canadian Red Cross

The Standard Services Lead will oversee, initiate and collaborate with non-government organization personnel and facility staff providing Standard Services to impacted people. Standard Services will be provided on a 24-hours basis at the evacuation centre unless otherwise specified e.g., clothing services may not be required at all times. Based on the size of the evacuation centre, the Canadian Red Cross may have multiple Leads, designating a Lead for each type of Standard Service.

6.3.2 Reception and Information: Canadian Red Cross

Reception and information services includes providing a place where people who have been impacted by an incident can receive information and services. This service also may include referring evacuees to other organizations or programs that can assist them, establishing a call centre or conducting outreach to provide information.

6.3.3 Registration and Inquiry/ Family Reunification: Canadian Red Cross

If people with complex care or acute medical needs arrive for reception and information or, for registration and inquiry/family reunification, arrangements will be made for transportation to the nearest hospital.

Registration and inquiry is the first point of contact for impacted people that enter an evacuation centre seeking emergency social services. Through the registration process important information is gathered to assist in identifying the support required during and after the incident, and in identifying vulnerable populations such as people with disabilities and unattended children.

Where services within the evacuation centre cannot meet peoples' needs external service providers may be contacted to assist. The registration process is also the time when information will be provided regarding additional services and community supports available.

Family reunification services are dependent on people registering at an evacuation centre. This service assists in reuniting families and answering inquiries regarding the condition and whereabouts of missing persons.

6.3.4 Lodging: Canadian Red Cross

Lodging services consists of off-site (commercial) and/or on-site lodging. On-site lodging includes the provision of sleeping cots and blankets. Through the registration process people who require overnight lodging will be assigned an appropriate sleep area.

Where there is an identified health and/or safety risk to individuals who require additional support, alternate accommodations may be arranged. Some examples may include: individuals experiencing addiction or engaging in substance use; individuals with serious mental illness; individuals who require consumable medical supplies such as incontinence supplies, formula, bandages, ostomy supplies, etc.; those who use mobility equipment such as wheelchairs, walkers, scooters, etc.; those who require a service animal; and/or, individuals with attendants or caregivers.

The Standard Services Lead will consult with the Site Manager and Evacuation Centre Liaison and appropriate Leads to determine if alternate accommodations such as hotel/motel or special care facilities would be more appropriate.

6.3.5 Personal Services: Canadian Red Cross

Personal services consists of the provision of basic hygiene kits with infant supplies such as diapers and other essential and/or special supplies such as incontinence supplies for adults, as needed. Where there is an identified need for assistance accessing prescriptions and medical aids such as a medication refill, replacement or repair of eyeglasses, dentures and hearing aids, financial support may be provided to access such items when no other financial support is available.

Access to transportation may be required for people who have mobility issues or do not own a vehicle, to obtain more appropriate shelter, pickup medication, access the nearest walk-in clinic, etc.

Support to assist people coming into or leaving an evacuation centre will include information about how and where to access transportation as well as provide transit passes or taxi vouchers if required.

6.3.6 Food: Canadian Red Cross/Salvation Army – St. Catharines

Meals will be prepared (in advance and/or on-site) by the Salvation Army at the evacuation centre for people impacted by the incident, staff and volunteers. Public Health Inspectors will ensure all food preparation and serving at an evacuation centre is in compliance with the relevant requirements and food handling legislation. Special dietary requirements for infants, people with diabetes, older adults, pregnant and nursing mothers and religious and cultural groups will be accommodated where possible. Nutritional snacks will be made available for people that have missed main meal times and young children who require snacks throughout their day.

The Canadian Red Cross will work with the Salvation Army in the event that a surge capacity for food is anticipated/needed. The Canadian Red Cross may also arrange for an external vendor or caterer to deliver meals.

6.3.7 Clothing: Canadian Red Cross/Salvation Army – St. Catharines

Adequate clothing and footwear will be provided to meet immediate needs of people impacted by an incident to include at least one change of seasonal clothing per person and footwear as needed. Infants and young children may require two changes of seasonal clothing.

Should the requirements for emergency clothing exceed the Salvation Army's capacity to provide; the Canadian Red Cross will contact existing suppliers to assist, as needed.

6.4 Specialized Services

Specialized Services are additional supports that may be required to assist people that have more complex needs.

Figure 5: Specialized Services



6.4.1 Specialized Services Lead: Niagara Region Community Services

The Specialized Services Lead will oversee, initiate and collaborate with non-government organization personnel and facility staff providing specialized services to impacted people. Specialized Services will be provided on a 24-hour basis at the evacuation centre unless otherwise specified, such as recreation services may only be required during the day and early evening and/or culturally-specific and language services are required on an as needed basis.

6.4.2 First Aid: St. John Ambulance

Trained personnel will provide First Aid, CPR and Automated External Defibrillator (AED) coverage at first aid stations within an evacuation centre. As well, St. John Ambulance personnel will provide information to Niagara Region Emergency Medical Services when necessary for the care and transportation of persons who require medical treatment at a hospital.

Any narcotic medications or medications that require refrigeration will be stored in a locked box and managed by the Specialized Services Lead.

6.4.3 Public Health: Niagara Region Health Department

Public Health Department staff may be required to screen for communicable diseases, inspect food premises, provide pharmaceutical support, and monitor for health hazards, potable water and general sanitation at the evacuation centre. When communicable disease cases are identified at the evacuation centre, Public Health staff will provide education and recommendations for implementation of infection control measures.

6.4.4 Psychosocial Support: Niagara Region Mental Health

Niagara Region Mental Health will lead the delivery of mental health counselling and support for anyone within an evacuation centre, providing services in partnership with Victim Services Niagara. Where the needs of an individual cannot be safely met within the evacuation centre Niagara Region Mental Health staff and Victim Services Niagara staff will work together to determine the best option(s) for the individual and implement a plan of action.

6.4.5 Financial Assessment: Niagara Region Community Services

Through the Social Assistance and Employment Opportunities Division of Community Services, evacuees may be assessed to determine their eligibility for financial assistance. Households who are not recipients of Ontario Works benefits may be eligible for alternate benefits such as emergency and discretionary benefits to support their transition from the evacuation centre back into the community.

6.4.6 Culturally-Specific and Language Services: Agencies

Language interpretation services may be accessed over the phone using the interpreter telephone line through Corporate Services, in addition to in-person American Sign Language interpreters. On-site interpretation services provided by local interpreters may be accessed through INCommunities.

6.4.7 Animal Care: Animal Protection Agencies

Depending on the evacuation centre facilities, pets may or may not be accommodated within the centre. To safeguard the health and safety of both people and pets during an incident, pets may only be boarded in rooms which have separate ventilation systems and/or have a separate exit outside. Animal protection and care agencies (e.g. Fort Erie SPCA, Lincoln County Humane Society, Niagara SPCA and Humane Society and/or the OSPCA - Ontario Society for the Prevention of Cruelty to Animals) may be called upon for assistance in placing and caring for pets.

Only service animals as described by O. Reg. 191/11-Integrated Accessibility Standards are allowed to accompany their owner in an evacuation centre and will be the responsibility of the owner. Priority will be given to find appropriate lodging and animal care for individuals with service animals.

6.4.8 Vulnerable People and Unattended Children: Niagara Region Community Services

In the event that vulnerable people with special needs or an unattended child is identified at registration or discovered in the course of evacuation centre operations the Specialized Services Lead will maintain temporary responsibility until appropriate caregivers are identified (hospital transfer, Children's Aid Society, etc.). Supervision, support and the provision of appropriate care will be established in a secure, supervised area within the evacuation centre.

6.4.9 Recreation: Niagara Region Community Services/Local Municipal Facility Staff

Recreational activities may be provided to encourage lodgers to maintain their well-being and physical fitness, where possible. When an evacuation centre is in operation for an extended period of time, age-appropriate recreational activities may be organized and supervised by facility Recreation staff or Community Services staff (e.g. Children’s Services or Seniors Community Programs).

6.5 Planning

6.5.1. Planning Lead: Niagara Region Community Services

The Planning Lead responsibilities include collecting, analyzing and transferring of information, making recommendations for action, tracking resources, maintaining all documentation, supporting the various evacuation centre leads, and updating status boards with relevant information.

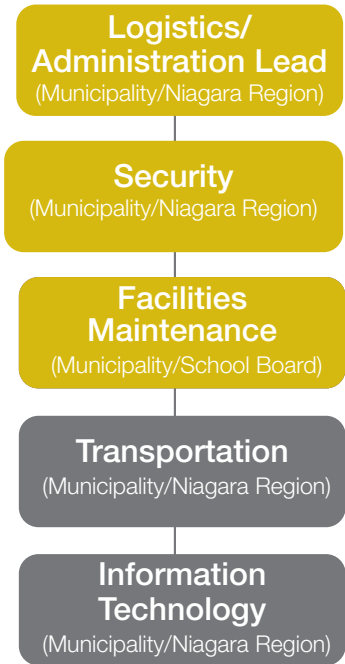
Figure 6: Planning



6.6 Logistics/Administration

Logistics/Administration is led by a Facility Manager or Supervisor with in-depth knowledge of the facility and its capacity to serve as an evacuation centre. The aim of the Logistics/Administration function is to keep the facility running at its optimum to support evacuees.

Figure 7: Logistics



6.6.1 Logistics/Administration Lead: Municipal/Regional Facility Manager

The Logistics/Administration Lead will be responsible for making the facility available for operations as an evacuation centre and providing facility staff, ongoing maintenance and housekeeping activities for the duration of an evacuation centre's activation. Additionally, the Lead is responsible for managing the facility during evacuation centre operations to ensure office functions are running to track facility invoices, employee and contractor sign-in, providing program information, and ensuring administrative management of the facility is running smoothly.

Logistics/Administration will be provided on a 24-hour basis at the evacuation centre unless otherwise specified (e.g. Information Technology assistance may only be required on an as needed basis).

6.6.2 Facilities Maintenance: Local Municipal Staff/ School Board Staff

The facilities staff will ensure the facility is clean, in good repair, safe to enter and exit and that all hygiene supplies (paper towels, soap, and hand sanitizers) are replenished regularly during evacuation centre operations. All present at the evacuation centre will work with facility staff to maintain a safe environment during evacuation centre operations.

6.6.3 Security: Municipal/ Regional Staff

Staff may provide security services, working together with the Site Manager, Evacuation Centre Liaison and facility staff to maintain a level of personal and centre security. Should fire safety systems fail, personnel will be instructed to conduct "fire watches" until fire safety systems are operational.

6.6.4 Transportation: Municipal/Regional Staff

Staff will arrange Niagara Specialized Transit, Local Area Municipal public transit, taxis or buses for evacuees who may require transportation.

6.6.5 Information Technology (IT): Local Municipal IT/ Regional IT

The Logistics/Administration Lead will contact Municipal IT or Regional IT to coordinate the maintenance or service of IT equipment and assist staff in accessing the internet and other communications as needed.

Appendix A: Amendment Table

Number	Date	Version	Amended by	Community Services Senior Leadership Team Approval	Sections updated	Nature of the update
1	02/01/2020	1.0	Michelle Johnston		All	New Document

Emergency Social Services Plan

SUB-PLAN B: EVACUATION CENTRE

Niagara  Region

February 2020

Subject: Housing and Homelessness Action Plan Update 2019

Report to: Public Health and Social Services Committee

Report date: Tuesday, May 12, 2020

Recommendations

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

Key Facts

- The purpose of this report is to update Council and the ministry on actions completed in 2019 related to Niagara's Housing and Homelessness Action Plan (HHAP).
- Consolidated Municipal Service Managers (CMSM) are required to report to the public and Ministry of Municipal Affairs and Housing by June 30 each year with respect to efforts of the previous year. This report serves to meet the requirement for 2019.
- The 10-Year Plan includes a complete vision for addressing homelessness and access to affordable housing in response to identified local needs.
- In 2019, the HHAP focused on activities related to the completion of the five-year review, initiating a transformation of the homelessness services system and increasing readiness to address local affordable housing need.
- Significant accomplishments include joining the Built for Zero Canada movement, expanding the Home for Good supportive housing program, launching a shelter diversion pilot, beginning the procurement process for homelessness services for 2020-23 that align with best practices in Canada, and increasing public and provider education.

Financial Considerations

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

Analysis

The purpose of this report is to update Council and the ministry on actions completed in 2019 related to Niagara's HHAP. Consolidated Municipal Service Managers (CMSM)

are required to report to the public and Ministry of Municipal Affairs and Housing (MMAH) by June 30 each year with respect to efforts of the previous year. This report serves to meet the requirement for 2019.

The HHAP was developed in response to the *Housing Services Act 2011, section 6*, which requires municipalities to establish and implement a 10-year plan to address local housing and homelessness needs. The HHAP includes a complete vision for addressing housing and homelessness needs in response to identified local needs. The short term and medium term activities identified in the HHAP were completed between 2014 and 2019.

The HHAP was updated in 2019 after completion of a five-year review. The update ensures the HHAP remains responsive to recent changes in the community and housing market that affect the local demand for homelessness services and affordable housing over the long-term. The Five-Year Review and Updated Action Plan (2019–2023) was approved by Council in October 2019 (pending final approval by the MMAH).

In 2019, the HHAP focused on activities related to the completion of the five-year review, initiating a transformation of the homelessness services system and increasing readiness to address local affordable housing need. System transformation efforts addressed the key recommendations of the homeless system review, completed by Whitesell & Company in January 2019, and align with Canadian best practices in homeless service delivery. Best practices in program delivery were a focus of the procurement of homeless services for 2020-23. Work to develop coordinated access for services, a by-name list, and common assessment align with the Built for Zero Canada (BFZ-C) model.

Common definitions and a common assessment of current and future need for affordable housing in Niagara region and within each local area municipality were provided through contracted work by the Canadian Centre for Economic Analysis (CANCEA). This significant data effort was supported through collaboration with Niagara Regional Planning and Development Services, Homelessness Services, and Niagara Regional Housing. The data provides a common understanding of local need, which can support coordinated and targeted efforts to provide an appropriate mix of housing options in Niagara.

Community engagement continues to be a focus and strength of the HHAP. The HHAP working groups provide an opportunity for funded agencies and other community partners and stakeholders to offer input into system and service planning on an ongoing

basis. In 2019 a Coordinated Access and By-Name List working group was added, a Housing Provider advisory was re-established, the Prevention working group was expanded to include shelter diversion, and the Lived Experience advisory was elevated to have equal status with all other working groups.

Highlights from 2019 related to the four goals of the HHAP include the following:

Goal 1 – House People Who do not Have a Home

- Niagara was successful in its application to join the Built for Zero Canada movement in July 2019.
- Work began to develop Niagara's Homeless By Name List (real time client record system), to make homelessness data available in real time and actionable on a systems level (allowing Niagara to answer critical system questions as we implement changes to our local system – e.g. "Did homelessness decrease?") and individual level (e.g. Did Larry get housed?).
- An additional 18 spaces were added to the Home for Good program, which provides housing with supports to individuals experiencing chronic homelessness. New spaces include eight purpose-built units in Port Colborne and ten community based units. Clients were prioritized for access to these new program spaces through a process which incorporated components of coordinated access and common assessment of need in alignment with BFZ-C.

Goal 2 – Help People to Retain a Home

- Niagara launched a shelter diversion pilot within Niagara's youth emergency homeless shelter.
- NRH developed an In-Situ Rent Supplement Program to engage new landlords and offer applicants on the wait list an opportunity to receive Rent-Geared-to- Income Housing where they currently live.

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

- The new Niagara Official Plan is in its drafting phase. Significant public consultation occurred in November 2019 to inform and receive feedback on all key areas of the Official Plan, including housing.
- Reports from CANCEA identify current and future affordable housing needs in Niagara, out to 2041. This invaluable data supports the development of Niagara's

affordable housing strategy, providing common definitions and measures related to affordable housing, and will support strategic and targeted efforts to future housing investments.

- Niagara Regional Housing (NRH) hosted ONPHA's (Ontario Non-Profit Housing Association) Ready Set (re)Build training in December 2019. Local non-profits, cooperatives, church groups, and a private sector participant attended to learn how to successfully develop or redevelop affordable housing.
- A call for proposals for a Regional investment of \$1.7 million in affordable housing, through a joint venture model. Bidding closed in October 2019 and submitted proposals were under review by the end of 2019.
- Niagara Regional Housing added 85 new units of affordable housing on Carlton Street in St. Catharines, 12 affordable and RGI (rent geared to income) housing units (including eight net new units) on Roach Avenue in Welland and 6 units in Thorold, supporting the goals of increasing both density and number of affordable housing units.
- NRH provided down payment assistance to 17 Niagara households through the Welcome Home Niagara Homeownership Program.
- NRH launched a Social Enterprise Pilot with Niagara Resource Service for Youth ("The RAFT") through a Niagara Prosperity Initiative grant. The RAFT hires and trains at-risk youth to be mentored by an experienced contractor in preparing NRH units for new tenants.

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

- A five-year review and update of the HHAP was completed.
- Whitesell & Company completed a review of the homeless services system. Their report outlined a revised system model based on best practices and provided ten recommendations to shift to the new system model.
- To align with the recommendations of the service system review, a procurement process was undertaken with requirements to respond to system model changes and align with Canadian best practices to choose homelessness services providers for 2020-2023.
- A series of public information presentations on housing and homelessness were provided at the Grimsby, Port Colborne and Niagara Falls public libraries, along with a panel discussion at the Niagara Falls Public Library.
- Training sessions were provided to service providers, including:
 - Housing First for Women

- Use of Homeless Individuals and Families Information System (HIFIS)
- NRH and Homelessness Services partnered with the Canadian Mortgage and Housing Corporation (CMHC) and the City of Niagara Falls to host the 2019 National Housing Day event for 80+ attendees on the topic of “What Makes a Great Affordable Housing Project”.
- Niagara Region hosted a presentation by Iain De Jong to nearly 300 attendees, including elected officials, service providers and other stakeholders, at the Scotiabank Centre in December of 2019. Mr. De Jong, an internationally recognized expert on ending homelessness, challenged commonly held assumptions, debunked myths about homelessness and provided insight about effective evidence-based approaches to ending homelessness in the Canadian context.

The annually published Community Update will be distributed to the public through the Region’s partner agencies as well as being available on Niagara Region’s website.

Alternatives Reviewed

Not applicable. Reporting is required under the *Housing Services Act, 2011* per its regulations as noted above.

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

- COM 35-2013 Final Version of A Home for All: Niagara’s 10-Year Community Action Plan to Help People Find and Keep Housing
- COM 16-2015 Housing and Homelessness Action Plan Update 2014
- COM 17-2016 Housing and Homelessness Action Plan Update 2015
- COM 12-2017 Housing and Homelessness Action Plan Update 2016
- COM 10-2018 Housing and Homelessness Action Plan Update 2017
- COM 10-2019 Homelessness Services System Review
- COM 15-2019 Housing and Homelessness Action Plan Update 2018
- COM 23-2019 Niagara Region Application for Built for Zero Canada

- COM 40-2019 Five-Year Review of Niagara's 10-Year Housing and Homelessness Action Plan
- PDS 17-2019 Niagara Housing Statement: Affordable Housing Data

Prepared by:

Jeffrey Sinclair, BBA
Homelessness Action Plan Advisor
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Wendy Thompson, Community Resource Unit Manager Niagara Regional Housing and Alexandria Tikky, Planner Planning and Development Services, and reviewed by Cathy Cousins, Director Homelessness Services & Community Engagement.

Subject: Seniors Services Volunteer Report
Report to: Public Health and Social Services Committee
Report date: Tuesday, May 12, 2020

Recommendations

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

Key Facts

- The purpose of this report is to highlight the contribution of volunteers and students to Niagara Region's eight long-term care homes in 2019.

Financial Considerations

The monetary value of volunteer hours, calculated at the 2019 minimum wage rate was \$636,174. The monetary value of student contributions, calculated at the 2019 student minimum wage rate was \$1,083,599. Volunteer fundraising initiatives also raised \$154,904 in donations, used to purchase equipment, program supplies and services.

Analysis

The Benefit of Volunteerism to the Residents of Long-Term Care Homes

Seniors Services is grateful for and values the volunteer contributions made by members of the public, community groups and students. Volunteers support a wide range of programs across the eight homes including mealtime assistance, friendly visiting, help with cards and games, sing-a-longs, birthday parties, pastoral visits and other meaningful activities. Volunteers help keep the gardens beautiful, operate tuck shops and coordinate fundraising events. Volunteers make an invaluable difference to the lives of Niagara Region's long-term care home residents.

Volunteer and Student Contributions

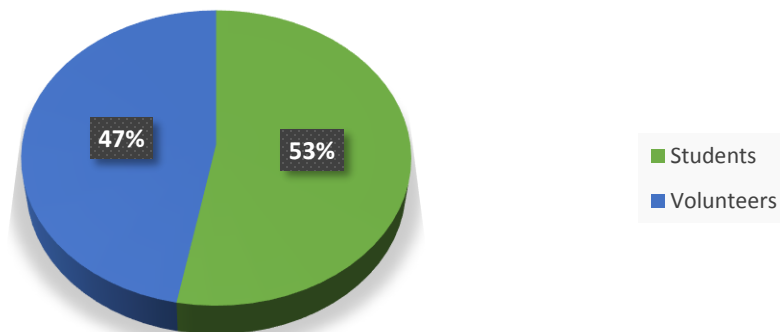
In 2019, 983 people donated their time to Seniors Services, including 461 volunteers and 522 students.

Student Placement Contribution Breakdown

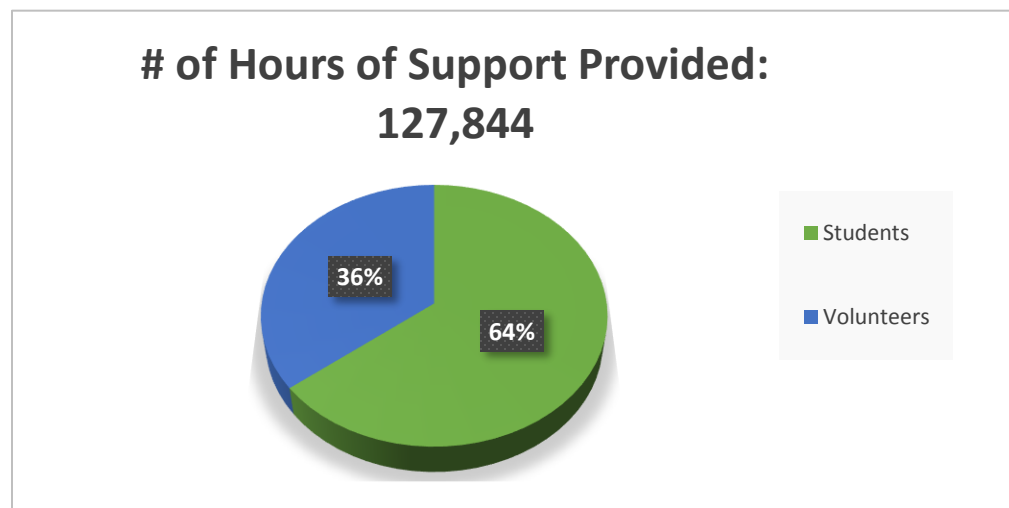
Seniors Services and our residents have benefited greatly over the past year from many hours of service provided from unpaid student placement hours from the following placements:

Dental Hygiene	44	PSW Community	7
Dietician	1	PSW Consolidation	57
Occupational Therapy	1	Recreation Therapy	10
Office Admin-Health Services	1	RN BScN Count	2
OTA PTA	21	RN Consolidation	1
PN Clinical	135	RN Mental Health	63
PN Consolidation	28	RN Pregrad	22
PN Pregrad	13	RN-Community Health	15
PSW Clinical	100	Social Service Worker	1

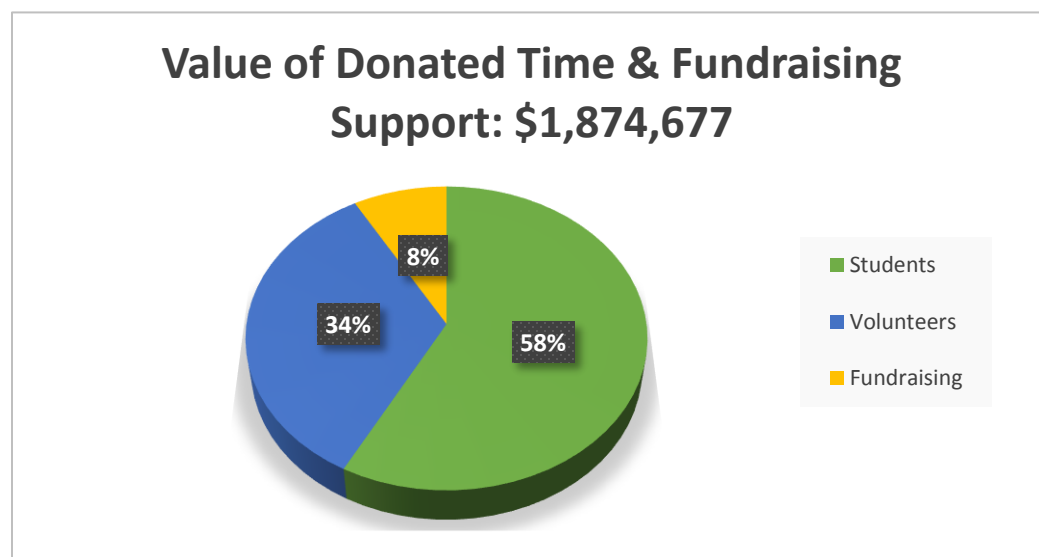
of People Providing Volunteer Support to Seniors Services: 983



Volunteers contributed 45,441 hours and students contributed 82,403 hours in 2019. They represent a total 127,844 hours of support. The combined contributions represent the equivalent of 62 full time equivalent (FTE's) staff.



The value of volunteer support when calculated at the 2019 minimum wage rate of \$14.00 per hour is \$636,174. The value of student support when calculated at the 2019 student minimum wage rate of \$13.15 per hour is \$1,083,599. Fundraising efforts to support the residents and clients in Seniors Services generated \$154,904. The total sum of all three categories of contribution as follows is \$1,874,677.



Some of the items and projects funded through donated dollars include:

Bladder Scanners

Bladder scanners are hand held ultrasound devices used by Registered Nurses at a resident's bedside. They provide a quick, non-invasive, painless, safe and accurate means to evaluate a resident's medical status.

Use of technology such as bladder scanners can help reduce the risk of transfers to emergency rooms, improve resident outcomes and decrease unnecessary suffering, in addition to providing a cost savings to our community and improving community access to emergency rooms.

Adjustable Dining Room Tables

Adjustable dining room tables can have great impact on a resident's ability to maintain their independence with eating. Tables can increase or decrease in height and depth which allows residents to enjoy their dining experience while maintaining independence in comfort. These tables can accommodate four individualized height and depth needs.

iPads for recreation

iPads are part of the strategic plan to leverage technology to enhance meaningful activities and 1:1 visits. iPads can be a great way to improve a resident's ability to communicate with their environment. With writing and language translation applications, residents are better able to express themselves with technology. iPads also allow recreation staff, volunteers and family members to share memories and take residents back in time via photos, web-searches, reminiscing programs and music therapy.

George Greenlaw Room Renovation

George Greenlaw was the vice president of the Friends of Linhaven Fundraising group from 2001 to 2019. In the last years of his life, George was a resident of Linhaven home. "Georgie" as he was lovingly referred to, loved 50's style diners. With George's passing in 2019, The Friends of Linhaven dedicated their time and financial resources to re-design a room at Linhaven to look and feel like a 1950's diner.

From turquoise walls, checkerboard flooring and a mural, the George Greenlaw Room is complete with a working jukebox. It is a wonderful place where residents and families relax, connect, and reminisce.



Jukebox

With a donation from a former resident's family, a fully customized jukebox was purchased from California. The jukebox is another great form of music therapy, which can bring back good memories for residents.

Meaningful Activities Kits

Using a Montessori approach has proven to have a positive effect on resident engagement, behaviour and mood. Utilizing dementia support kits is part of ongoing strategies to improve the quality of life of residents. Montessori programming gives seniors the opportunity to use their hands and five senses to activate and stimulate their minds. This individualized tool has many proven benefits including:

- Reducing anxiety, depression, repetitive questioning, constant request for attention
- Increasing self esteem, socialization, motor skills
- Providing a sense of accomplishment and contribution
- Eliminating boredom
- Stimulating all senses

The ABBY

The ABBY is technology that allows residents living with dementia to access and interact with personalized experiences, memories, and activities. The ABBY's interactive touch-screen provides a more flexible and personalized activity experience, key to triggering memories and engaging residents with dementia.



Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

This report aligns with the Council Strategic Priority: Healthy and Vibrant Community.

Other Pertinent Reports

Not applicable.

Prepared by:

Heather Wild
Volunteer Coordinator, Linhaven
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with LTC Resident Community Program Managers Charlene Ferns, Dave Stortz, Aimie Taylor, Antonietta Todd, Richard Van Huizen, Tammy Wright, Kristin Mechelse, Jeannette Beauregard and Heather Wild, Volunteer Coordinator, and reviewed by Henri Koning, Director, Seniors Services.

Subject: Medical Directors Annual Report 2019 – Long-Term Care Homes

Report to: Public Health and Social Services Committee

Report date: Tuesday, May 12, 2020

Recommendations

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

Key Facts

- The purpose of this report is to provide summarized findings identified by the Medical Directors of Niagara Region's eight long-term care homes in their 2019 Annual Medical Directors' Reports.
- Under the Long-Term Care Homes Act, 2007, each home is required to have a Medical Director, who must be a physician. The Medical Director fulfills a number of functions including liaising with the Director of Resident Care on matters related to medical care in the home, and serving as a member of Medical Advisory Committee. Medical Directors review and provide input into medical and clinical policies based on best practices. They also ensure 24/7 medical coverage for the home and residents and oversee the Attending Physicians in their home.
- The Medical Directors continue to note increased acuity and complexity of needs for the Region's long-term care home residents. Recommendations speak to training, hospital avoidance, staffing and support for families.

Financial Considerations

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

Analysis

Annually, the Medical Directors (MD) of each home complete a review of the prior year's data and provide insight into the trends and changes they are seeing in their respective home. The Medical Directors at Niagara Region's homes have varying lengths of service. One long standing Medical Director indicated that over the last 34 years of service, he has seen a gradual increase year over year in care requirements. The homes are providing oxygen, catheters, intravenous therapy for hydration and

medication purposes, and complex wound care, many of these not seen previously in his tenure.

More extensive physician assessment was required to support frail residents admitted to Niagara Region's eight long-term care homes in 2019. Many residents are palliative or require end-of-life care upon admission. An increasing challenge is the number of co-morbidities that residents are experiencing. Co-morbidities are conditions that require simultaneous medical management (e.g. dementia, diabetes, heart disease, and osteoporosis). Many residents coming into long-term care already have assistance in place in their homes for co-morbidities, responsive behaviours, or other acute conditions and require a much higher level of care once admitted.

Further to best practice and provincial direction, medical directors and attending physicians have continued their efforts to decrease the use of antipsychotic medications with support from the consultant pharmacist. Antipsychotic medication can help control hallucinations, agitation or aggression caused by dementia. However, side effects may include confusion and higher risk of falls and as such, efforts are ongoing to minimize use. The provincial target for antipsychotic use performance metric is 19%, and while the 2019 average for Niagara Region's eight homes was 20.8%, staff are working collaboratively with the physicians to reduce usage.

The Ministry of Long-Term Care has an expectation that homes reduce transfers to the emergency room to support the end of hallway medicine. The Linhaven home has been trialling a full-time nurse practitioner to support this initiative as part of her role. Since the introduction of this, the home has been able to reduce emergency room (ER) transfers by 75 percent. Reducing ER visits when possible improves the quality of life for residents. The care team can put together a care plan in the home to prevent the transfer, when appropriate. The homes also work closely with nurse practitioners from the previous local government agency, the HNHB LHIN, through the Mobile Nurse Led Outreach Team program. This program supports all 33 Niagara long-term care homes to reduce unnecessary ER visits.

The Medical Directors recommended the following to help plan the future direction for Seniors Services from their analysis of trends and changes facing long-term care:

Recommendation 1:

Continued education for personal support workers and clinical staff such as RNs and RPN's. There has been a concerted effort to educate staff for intravenous therapy,

wound care and managing responsive behaviours, and ongoing training should continue.

In 2019, Seniors Services provided wound care training for over 100 registered staff, in collaboration with York University. Registered staff also completed intravenous pump training facilitated in collaboration with the pharmacy provider.

Training provided to front line staff in 2019 included Gentle Persuasive Approaches, Positive Approaches to Care, and Aging and Dementia Simulation.

The Gentle Persuasive Approach is an innovative dementia care education curriculum based on a person-centred care approach. This interdisciplinary approach trains staff to care effectively and appropriately for residents with responsive behaviours. The curriculum also includes respectful self-protective and gentle redirection techniques for use in situations of risk.

Positive Approaches to Care is a concept and care model developed to support people living with dementia by equipping caregivers with specific skills aimed at increasing their understanding of what it is like to live with dementia.

Aging and Dementia Simulation training was facilitated in partnership with the Alzheimer's Society. The simulation provides experiential training for staff by modifying their senses to experience the world in a similar way as an older adult with some health conditions.

Recommendation 2:

Continue to work with nurse practitioners to reduce ER visits and collaborate with local hospitals to provide optimal care together.

Niagara Region's eight long-term care homes work collaboratively with the nurse practitioners funded through the Mobile Nurse Led Outreach Team. Staff are able to call for support on assessment and decision making prior to sending a resident to the emergency room. This practice will continue in 2020.

Recommendation 3:

Consider expanding the Linhaven nurse practitioner trial to other homes to support residents, families and staff with ever-changing care needs.

The pilot is currently in month 5 of a 12-month project timeline. Evaluation of the effectiveness of the embedded nurse practitioner model will continue throughout the pilot. Pending outcomes and future base funding increases, the position may be recommended for permanent status as well as possible expansion and scaling across the remaining long-term care homes.

Recommendation 4:

Review staffing patterns and consider additional PSW's. Consider also increasing recreation on the afternoon shifts and in evenings to support the behaviour program.

A study was completed to identify optimal staffing ratios (COM 07-2019). Based on funding levels the recommendations of the study informed a decision to standardize schedules across the eight long-term care homes with enhanced staffing during peak resident care times. An increase to base funding in 2018 allowed for additional staffing of 0.2 hours per bed day. Seniors Services continues to advocate to the Ministry of Long-Term Care for an increase to four hours of care per resident per day.

Recommendation 5:

Continue to support families through social worker assistance so they are better able to support their family members.

In 2019, a lead Social Worker (Masters prepared and certified) was introduced to the homes temporarily through a pilot project to support resident and families. The social worker is supporting families and residents with complex needs, helping them from admission to discharge and connecting them with required or additional services.

In conclusion, the Medical Directors commended staff at all levels (administration, nurses, PSW's, physio, social worker services, food services and volunteers) for their commitment to the homes and the task of caring for the residents every day, providing them with care and comfort.

Alternatives Reviewed

Not Applicable.

Relationship to Council Strategic Priorities

Healthy and Vibrant Community.

Other Pertinent Reports

- COM 07-2019 Seniors Services Quality Improvement Report September to December 2018
- COM 42-2019 Seniors Services Quality Report 2019

Prepared by:

Kim Eros
Associate Director Clinical & Support
Services
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Dr. D. Al-baldawi, Dr. M. Ali, Dr. T. Bastedo, Dr. A. Daniel, Dr. D. Henry, Dr. C. Hu, Dr. S. Khandelwal and Henri Koning, Director, Seniors Services

MEMORANDUM**COM-C 11-2020**

Subject: 2019-RFP-308 – Housing with Supports – Supported Transitional Housing Request for Proposal Award Results

Date: May 12, 2020

To: Public Health and Social Services Committee

From: Adrienne Jugley, Commissioner, Community Services

The review of 2019-RFP-308 – Housing with Supports – Supported Transitional Housing was conducted as outlined in COM 29-2019 for the funding period April 1, 2020 to March 31, 2023. The selection process was undertaken by an Evaluation Review Committee, which included representation from external community members and staff members from Niagara Region Public Health, Finance and Community Services. Niagara Region staff have now completed negotiations of 2019-RFP-308 – Housing with Supports – Supported Transitional Housing, and the results of the evaluation of proposals are as follows:

Successful agencies:

1. Bethlehem Housing
2. Boys & Girls Club of Niagara (Nightlight Youth Services)
3. Canadian Mental Health Association
4. Matthew House
5. Port Colborne Community Association for Resource Extensions (Port Cares)
6. Start Me Up Niagara
7. The Hope Center
8. The Young Women's Christian Association of Niagara Region (YWCA Niagara Region)

The successful agencies will provide Supported Transitional Housing, which facilitates the movement to permanent housing of individuals experiencing homelessness who are willing and able to work towards self-sufficiency, by providing accommodation and other support services.

Supported Transitional Housing is an intermediate step between emergency crisis shelter and permanent housing. Accommodation is more long-term, service-intensive and 'private' as compared to emergency shelters, yet remains time-limited to stays of three to 18 months, depending on the population being served. It is meant to provide a safe, supportive environment where residents can overcome trauma, begin to address

the issues that led to homelessness or kept them homeless, and begin to rebuild their support network. Supports that help individuals move towards independence and self-sufficiency can be accessed on-site or off-site.

Committee is receiving this memo for information as the awarded value of this RFP falls within staff's delegated authority as per the Procurement By-Law. Consistent with the Negotiated RFP process, Niagara Region staff negotiated with eight agencies to ensure standardized levels of service, training opportunities for staff and to be able to award agencies within the 2020 approved budget.

Respectfully submitted and signed by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner

MEMORANDUM**COM-C 12-2020**

Subject: Welland City Council correspondence re: shelter program solution
Date: May 12, 2020
To: Public Health and Social Services Committee
From: Adrienne Jugley, Commissioner, Community Services

Further to the request in the attached correspondence (Appendix 1), please be advised that Niagara Region staff have been, and are continuing, to explore options that would bring all or a portion of shelter beds back to the Welland community.

As you are aware, Niagara Region has once more awarded a shelter provision contract with The Hope Centre in Welland, for the next three years, to provide emergency shelter supports to Welland residents. The Hope Centre is committed to making shelter stays for Welland residents as seamless as possible, with transportation provided for clients between The Hope Centre and shelter operations, and all services being provided at The Hope Centre are accessible for those in need. Due to the limited availability of appropriate physical assets in that community, current provision of emergency shelter units involves an asset in Niagara Falls. It is also important to note that the demand for shelter supports in Welland crosses a number of demographics (e.g. approximately 15% families (including young children), 45% single men and 40% single women) and so this too must be considered when selecting an asset for a diverse population with often very different shelter needs. That all being said, Niagara Region staff and local agencies are continuing to explore options and have engaged in dialogue with an alternative property owner in the Welland community. We are committed to keep both Niagara Region and the Welland community apprised of our efforts.

It is also important to note, consistent with best practice in our commitment to 'end chronic homelessness' (and our work in Built for Zero), staff are ensuring that Welland, as well as all communities in Niagara, have access to transitional and supportive housing in the communities in which people wish to live (71 units in Welland and a further 57 in south Niagara), assertive outreach (recently awarded contract to Gateway located in Welland and Port Cares in South Niagara) and prevention services (Hope Centre and Port Cares). Additionally, continued dialogue is encouraged about access to affordable housing as this is considered to be one of the most impactful contributions to preventing and responding to homelessness (NRH opened 12 new affordable housing units in Welland in November 2019).

In light of the above, and further to the recommendations of experts such as Iain DeJong, staff are committed to ensure that all discussions regarding emergency shelter include equally, access to the resources that support Niagara's commitment to end chronic homelessness.

Respectfully submitted and signed by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner

April 7, 2020



City of Welland
Legislative Services
Office of the City Clerk
60 East Main Street, Welland, ON L3B 3X4
Phone: 905-735-1700 Ext. 2280 | **Fax:** 905-732-1919
Email: clerk@welland.ca | www.welland.ca

March 5, 2020

File No. 19-126

SENT VIA EMAIL

Niagara Region
1815 Sir Isaac Brock Way
P.O. Box 1042
Thorold, ON L2V 4T7

Attention: Ann-Marie Norio, Regional Clerk

Dear Ms. Ann-Marie Norio:

Re: March 3, 2020 – WELLAND CITY COUNCIL

At its meeting of March 3, 2020, Welland City Council passed the following motion:

“THAT THE COUNCIL OF THE CITY OF WELLAND requests that the Niagara Region to investigate a possible local Welland solution whether it be year round or a seasonal Out of the Cold program that could serve the residents of Welland and South Niagara; and further

THAT a copy of this resolution be provided to the other South Niagara municipalities and to Niagara Regional Council.”

Yours truly,

Tara Stephens
City Clerk

TS:cm

c.c.: Local Area Municipal Clerks, sent via email

MEMORANDUM

COM-C 13-2020

Subject: 2019-RFP-305 – Prevention Request for Proposal (RFP) Award Results
Date: May 12, 2020
To: Public Health and Social Services Committee
From: Adrienne Jugley, Commissioner, Community Services

The review of 2019-RFP-305 – Prevention was conducted as outlined in COM 29-2019 for the funding period April 1, 2020 to March 31, 2023. The selection process was undertaken by an Evaluation Review Committee, which included representation from external community members and staff members from Niagara Region Finance and Community Services. Niagara Region staff have now completed negotiations of 2019-RFP-305 – Prevention, and the results of the evaluation of proposals are as follows:

Successful agencies:

1. Bethlehem Housing & Support Services
2. Community Care St. Catharines*
3. Port Colborne Community Association for Resource Extensions (Port Cares)
4. Niagara Resource Service for Youth (The RAFT)
5. Youth Resources Niagara

*Community Care St. Catharines is the lead agency in a consortium including Community Care West Niagara, Project S.H.A.R.E. and The Hope Center

Successful programs include: shelter system diversion, youth programs, trusteeship, ID (identification) clinic, support to secure and retain housing and eviction prevention.

Prevention programs will engage and collaborate with individuals and families in imminent risk of experiencing homelessness to maintain their housing or obtain new housing without becoming homeless. In addition, programs provide those who have been homeless with the necessary resources and supports to stabilize their housing, enhance integration and social inclusion, and ultimately reduce the risk of the recurrence of homelessness.

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

likelihood of a return to homelessness after exit. For an intervention to be considered homelessness prevention, it must be linked to continued or immediate access to housing.

Council is receiving this memo for information as the awarded value of this RFP falls within staff's delegated authority as per the Procurement By-Law. Consistent with the Negotiated RFP process, Niagara Region staff negotiated with five agencies to ensure standardized levels of service, training opportunities for staff and to be able to award agencies within the 2020 approved budget.

Respectfully submitted and signed by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner

MEMORANDUM

COM-C 14-2020

Subject: 2020 RFPQ-08 – Niagara Emergency Energy Fund (NEEF) Request for Pre-Qualification Award Results

Date: May 12, 2020

To: Public Health and Social Services Committee

From: Adrienne Jugley, Commissioner, Community Services

A Request for Pre-Qualification 2020 RFPQ-08 – Niagara Emergency Energy Fund (NEEF) closed on Tuesday, March 17, 2020. All agencies who submitted have met the mandatory eligibility requirements of 2020-RFPQ-08 – Niagara Emergency Energy Fund (NEEF). The pre-qualified agencies are as follows:

Pre-qualified agencies:

1. Community Care of St. Catharines and Thorold
2. Community Care of West Niagara
3. Port Colborne Community Association of Resource Extension (Port Cares)
4. Project Share
5. The Hope Center
6. The Salvation Army, Fort Erie Community & Family Services*

* In partnership with The Salvation Army Booth Centre

The prequalified agencies will administer the Niagara Emergency Energy Fund NEEF to assist low-income families including social assistance recipients (Ontario Works (OW) and Ontario Disability Support Program (ODSP)) with energy related emergencies. The Niagara Emergency Energy Fund (NEEF) is designed to cover urgent costs for electricity, natural gas/ oil and other forms of energy. Funding is limited to payment of arrears, security deposits and reconnection fees. Emergency assistance from this fund is paid directly to the energy provider.

Council is receiving this memo for information as the awarded value of this RFPQ falls within staff's delegated authority as per the Procurement By-Law. Consistent with the RFPQ process, Niagara Region staff pre-qualified six agencies who met the Mandatory Requirements to administer the funding and will do so within the 2020 approved budget.

Respectfully submitted and signed by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner