



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

PHSSC 5-2020

Tuesday, June 16, 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)

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3. <u>PRESENTATIONS</u>	
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7. OTHER BUSINESS

8. NEXT MEETING

The next meeting will be held on Tuesday, July 14, 2020, at 1:00 p.m. in the Council Chamber, Regional Headquarters.

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).

Subject: Approval of the 2019-2020 Public Health & Emergency Services Program Audits

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 16, 2020

Recommendations

1. That the draft audited schedules of revenue and expenses for the following programs for the fiscal year ended March 31, 2020, **BE APPROVED**:
 - 1.1. Ambulance Communication Services (Appendix 1)
 - 1.2. Community Mental Health Program (Appendix 2)
2. That the annual reconciliation return for the following program for the fiscal year ended March 31, 2020, **BE APPROVED**:
 - 2.1. Community Mental Health Program (Appendix 3)
3. That staff **BE DIRECTED** to co-ordinate with the auditor to finalize the statements as presented; and
4. That Report PHD 3-2020 **BE FORWARDED** to the Region's Audit Committee for information.

Key Facts

- The purpose of this report is to obtain approval of the audited schedules of revenues and expenses in accordance with the provincial requirements.
- The Ministry submission deadlines for Ambulance Communication Services and Community Mental Health are both June 30, 2020.
- As per Financial Reporting and Forecasting Policy (C-F-020), other financial statements or schedules performed for Ministry funding purposes, will be recommended for approval to Council by the standing Committee with oversight of the program. Upon approval by Council, the department Commissioner, or delegated authority, and the Treasurer will be authorized to sign the auditor's representation letter to obtain the auditor's signed report. The approved statements will then be forwarded to Audit Committee for information.

Financial Considerations

The schedules of revenue and expense (“financial schedules”) have been prepared in compliance with legislation and in accordance with the requirements and policies stipulated by the corresponding Ministry.

Draft copies of the financial schedules for the year ended March 31, 2020 are attached as Appendix 1-3.

The financial schedules are prepared specifically for the purposes of meeting the requirements outline in the service agreements with the funding Ministries. The financial schedules have been prepared in compliance with legislation and in accordance with the requirements and policies stipulated by the corresponding Ministry.

The financial schedules for Public Health & Emergency Services Programs are a Ministry requirement as noted in the audit reports for each of the respective programs as follows:

Ambulance Communication:

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

Community Mental Health Program:

“The schedule is prepared to assist the Region in complying with the financial reporting provisions of the agreement dated April 1, 2019 between the Hamilton Niagara Haldimand Brant Local Health Integration Network and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose.”

Analysis

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

The recommendation for approval of audited schedules performed for Ministry funding purposes rests with the Committee to which the department responsible for the funding reports. Upon approval by the Committee, these schedules are referred to Audit Committee for information. Then the department's Commissioner and Treasurer will be authorized to sign the auditor's representation letter to obtain the auditors signed report.

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

- Ambulance Communication Services – This program has no funds returnable for the reporting period ending March 31, 2020 as the Region has expended \$169,255 in excess of the provincial grant for the period.
- Community Mental Health Program – This program has no funds returnable for the reporting period ending March 31, 2020 as the Region has expended \$9,604 in excess of the provincial grant for the period.

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

Alternatives Reviewed

The audited financial schedules and annual reconciliation return are a Ministry requirement and therefore no alternatives are available.

Relationship to Council Strategic Priorities

Providing formal financial reporting to Council and the public supports the Council Strategic Priority of Sustainable and Engaging Government.

Other Pertinent Reports

None.

Prepared by:

Melanie Steele, CPA, CA, MBA
Associate Director, Reporting & Analysis
Corporate Services

Recommended by:

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

Submitted by:

Ron Tripp, P.Eng.

Acting Chief Administrative Officer

This report was prepared in consultation with Michael Leckey, Program Financial Specialist.

Appendices

Appendix 1 Ambulance Communication Services – Schedule of Revenue and Expenses

Appendix 2 Community Mental Health Program – Schedule of Revenue and Expenses

Appendix 3 Community Mental Health Program – Annual Reconciliation Return

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

March 31, 2020

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Schedule of revenues and expenditures	3
Notes to the schedule of revenues and expenditures	4-5

Independent Auditor's Report

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

Opinion

We have audited the accompanying schedule of revenues and expenditures of the Regional Municipality of Niagara Public Health Department – Ambulance Communications Service (the “Program”), for the year ended March 31, 2020 and notes to the schedule (collectively referred to as the “schedule”).

In our opinion, the accompanying schedule of the Program for the year ended March 31, 2020 is prepared, in all material respects, in accordance with the financial reporting provisions of the agreement dated May 28, 2010 between the Ontario Ministry of Health and Long-Term Care and the Regional Municipality of Niagara (the “guidelines”).

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management and Those Charged with Governance for the Schedule

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

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

Auditor’s Responsibilities for the Audit of the Schedule

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants
June 25, 2020

The Regional Municipality of Niagara Public Health Department
Ambulance Communications Service
Schedule of revenues and expenditures
For the year ended March 31, 2020

	Notes	2020 Budget \$	2020 Actual \$	2019 Actual \$
Revenues				
Provincial grant		6,196,319	6,196,294	5,686,704
Other income		—	8,505	10,248
		6,196,319	6,204,799	5,696,952
Expenditures				
Salaries and benefits				
Salaries and wages		4,029,828	4,209,239	4,054,990
Employee benefits		1,468,160	1,459,471	1,415,858
Transportation and communications		154,012	154,846	178,494
Services and rentals		237,381	244,415	227,744
Supplies and equipment		56,890	34,025	18,956
Administrative costs	2	250,048	287,310	316,844
Total expenditures		6,196,319	6,389,306	6,212,886
Ineligible administration costs	2	—	(15,252)	(15,781)
Total eligible expenditures		6,196,319	6,374,054	6,197,105
Excess of expenditures over revenues		—	(169,255)	(500,153)

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

The Regional Municipality of Niagara Public Health Department
Ambulance Communications Service
Notes to the schedule of revenues and expenditures
 March 31, 2020

1. Significant accounting policies

Basis for presentation

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

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

Revenues and expenditures

Revenues are reported on the accrual basis of accounting.

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

Capital assets

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

Employee future benefits

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

Use of estimates

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

2. Administration costs

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

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

The Regional Municipality of Niagara Public Health Department
Ambulance Communications Service
Notes to the schedule of revenues and expenditures
 March 31, 2020

2. Administration costs (continued)

Administration costs, which have been allocated, are:

	2020	2019
	\$	\$
Accounting services	6,492	7,757
Capital levy	10,252	7,997
Debt costs	4,999	7,784
Financial management	25,922	4,815
Human resources services	39,024	33,157
IT program support services and project costs	74,879	108,730
Land ambulance shared services	71,223	67,270
Legal services	1,404	1,706
Payroll services	49,525	72,575
Printing costs	192	310
Procurement services	3,317	4,719
Property management	81	24
	287,310	316,844

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

	2020	2019
	\$	\$
Capital levy	10,253	7,997
Debt costs	4,999	7,784
	15,252	15,781

3. Budget data

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

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

March 31, 2020

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Independent Auditor's Report

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

Opinion

We have audited the accompanying schedule of revenue and expenses of the Regional Municipality of Niagara Public Health Department – Community Mental Health Program (the “Program”), for the year ended March 31, 2020 and notes to the schedule (collectively referred to as the “schedule”).

In our opinion, the accompanying schedule of the Program for the year ended March 31, 2020 is prepared, in all material respects, in accordance with the financial reporting provisions of the agreement dated April 1, 2019 between the Hamilton Niagara Haldimand Brant Local Health Integration Network and the Regional Municipality of Niagara (the “guidelines”).

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the schedule, which describes the basis of accounting. The schedule is prepared to assist the Region in complying with the financial reporting provisions of the agreement dated April 1, 2019 between the Hamilton Niagara Haldimand Brant Local Health Integration Network and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedule

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

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

Auditor’s Responsibilities for the Audit of the Schedule

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants
June 25, 2020

The Regional Municipality of Niagara Public Health Department
Community Mental Health Program
Schedule of revenue and expenses
Year ended March 31, 2020

	Notes	2020 Budget \$	2020 Actual \$	2019 Actual \$
Revenue				
Province of Ontario Grants		6,461,068	6,461,065	6,138,731
Miscellaneous		1,000	4,637	9,536
		6,462,068	6,465,702	6,148,267
Expenses				
Compensation				
Salaries		4,862,984	4,704,113	4,487,033
Employee benefits		1,020,030	913,073	865,970
		5,883,014	5,617,186	5,353,003
Service costs				
Administration costs	3	39,500	501,707	452,073
Audit and other professional fees		2,693	7,143	6,613
Computer maintenance and supplies		4,787	27,152	3,943
Other expenses		47,423	154,200	96,853
Printing, postage, stationery and office supplies		11,600	16,809	14,882
Rent and property taxes		239,674	308,360	267,039
Staff education		16,138	82,531	45,207
Telephone		19,000	17,342	14,918
Travel		198,239	205,083	187,520
		579,054	1,320,327	1,089,048
Total expenses		6,462,068	6,937,513	6,442,051
Ineligible administration costs	3	—	462,207	412,573
Total eligible expenses		6,462,068	6,475,306	6,029,478
(Deficiency) excess revenue over eligible expenditures		—	(9,604)	118,789

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

The Regional Municipality of Niagara Public Health Department
Community Mental Health Program
Notes to the schedule of revenue and expenses
March 31, 2020

1. Significant accounting policies

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

Significant accounting policies are as follows.

Revenue and expense recognition

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

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

Capital assets

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

Employee future benefits

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

Use of estimates

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

2. Grant funding repayable

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

	2020	2019
	\$	\$
Grant repayable, beginning of year	491,872	394,724
Amounts repaid during the year	—	(21,641)
Excess of revenue over eligible expenditures	—	118,789
Grant repayable, end of year	491,872	491,872

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

Notes to the schedule of revenue and expenses

March 31, 2020

3. Administration costs

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

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

Administration costs are comprised of the following charges:

	2020	2019
	\$	\$
Financial services	57,975	66,879
Human resource services	163,874	111,110
IT Services	240,512	222,874
Debt charges	39,346	51,210
Total administration costs	501,707	452,073

As per direction from the funding body, administration costs are limited to \$39,500 (2019 - \$39,500) and therefore administration costs in excess of the limit are considered ineligible and have been shown as a reduction of expense on the schedule of revenue and expenses.

	2020	2019
	\$	\$
Total administration costs	501,707	452,073
Less: administration cost limit	39,500	39,500
Total ineligible administration costs	462,207	412,573

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

March 31, 2020

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Independent Auditor's Report

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

Opinion

We have audited the accompanying schedules (ARRFin1 and ARRFin2) and the Proxy Pay Equity Reconciliation Report (excluding statistics and FTEs) of the Annual Reconciliation Report of the Regional Municipality of Niagara Public Health Department Community Mental Health Program (the "Program") for the year ended March 31, 2020 and note to the schedules (collectively referred to as the "schedules").

In our opinion, the accompanying schedules of the Program for the year ended March 31, 2020 have been prepared, in all material respects, in accordance with the financial reporting provisions in the guidelines in Chapters 3 and 4 of the Ontario Healthcare Reporting Standards and the Community Financial Policy (2016) issued by the Ontario Ministry of Health and Long-Term Care (the "guidelines").

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management and Those Charged with Governance for the Schedules

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

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

Auditor's Responsibilities for the Audit of the Schedules

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants
June 25, 2020

IFIS / Recipient #	100238
SRI Organization Code	473
Report Name	2019-20 Account Reconciliation Report
LHIN Name	Hamilton Niagara Haldimand Brant (Hnhb)
Service Provider Name	Community Mental Health Program
Service Provider Legal Name	Community Mental Health Program

Service Provider Address

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

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

Draft

TOTAL AGENCY

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

		TOTAL HSP
TABLE G: Total Agency Reporting Summary by Fund Type (Total Agency Financials)	Line #	
Total Revenue Fund Type 1	115	-
Total Expenses Fund Type 1	116	-
Net Surplus/Deficit Fund Type 1 (Hospital)	117	-
Total Revenue Fund Type 2 (Above)	118	6,465,702
Total Expenses Fund Type 2 (Above)	119	6,475,306
Net Surplus/Deficit Fund Type 2 (Community Programs)	120	- 9,604
Total Revenue Fund Type 3	121	-
Total Expenses Fund Type 3	122	-
Net Surplus/Deficit Fund Type 3 (Other)	123	-
Total Revenue for the Provider	124	6,465,702
Total Expenses for the Provider	125	6,475,306
Net Surplus/Deficit	126	- 9,604

REPORT OF LHIN FUNDING DATA TO BE PRINTED This sheet spreads

Form ARRRfin2 - LHIN Managed Programs Community Mental Health Program		LHIN - CMHP1	
Table B	Line #	2019-20 Final	Comments (Max 255 Characters)
Funding Initiative		Select Funding Initiative (where applicable)	
LHIN Cash Flow:			
Funding - Local Health Integration Network (LHIN)	1	6,461,065	
Funding - Provincial MOHLTC	2	-	
Funding - LHIN One-Time	3	-	
Funding - Provincial MOHLTC One-Time	4	-	
Sessional fee funding - LHIN	5	-	
Sessional fee funding - MOHLTC	6	-	
Total LHIN/MOHLTC funding as per cash flow	7	6,461,065	
Service Recipient Revenue	8	-	
Recoveries from External/Internal Sources	9	-	
Donations	10	-	
Other Funding Sources and Other Revenue	11	4,637	
Other revenue adjustments (detailed comments required)	12	-	
Total revenue adjustments	13	4,637	
Total FUND TYPE 2 funding for settlement purposes	14	6,465,702	
Deferred LHIN/MMP funding used to purchase capitalized items in the current year (Enter as Negative Amount)	15	-	
Amortization of donation revenue and LHIN funding in the current fiscal year	16	-	
Other Adjustments including LHIN/MOHLTC recovery (detailed comments required)	18	-	
Total Revenue FUND TYPE 2	19	6,465,702	
EXPENSES- Fund Type 2			
Compensation			
Salaries and Wages (Worked + Benefit + Purchased)	20	4,141,823	
Benefit Contributions	21	896,344	
Employee Future Benefit Compensation	22	-	
Nurse Practitioner Remuneration	23	94,669	
Medical Staff Remuneration	24	525,858	
Sessional Fees	25	-	
Service Costs			
Med/Surgical Supplies and Drugs	26	-	
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	27	389,686	
Community One Time Expense	28	-	
Equipment Expenses	29	117,641	
Amortization on Major Equip and Software License and Fees	30	-	
Contracted Out Expense	31	14,487	
Buildings and Grounds Expenses	32	294,799	
Building Amortization	33	-	
TOTAL EXPENSES Fund Type 2	34	6,475,306	
Depreciation/Amortization of Capital Assets for the Program and Admin & Support	35	-	
Total Capitalized Purchases and Services in current year	36	-	
(CHC & Home Care purposes only) Inadmissible salary expenses	37	-	
(CHC & Home Care purposes only) Less: Other adjustments	38	-	
Total Expenses for Settlement Purposes	39	6,475,306	
Less sessional fee expenses (Enter as Negative Amount)	40	-	
Less one time expenses as per listing below (Negative sum of line 39-40)	42	-	
Total operating expenses for settlement purposes	43	6,475,306	
Operating Recovery	44	-	
Sessional Fee Recovery	45	-	
One Time Recovery	46	-	
Total Settlement Recovery	47	-	
TABLE C: One-Time Expenses	Line #	2019-20 Final	Comments (Max 255 Characters)
Capitalized purchases from One Time funding Section C-1			
	48	-	
	49	-	
	50	-	
	51	-	
	52	-	
	53	-	
	54	-	
	55	-	
	56	-	
	57	-	
	58	-	
	59	-	

Form ARRfin2 - LHIN Managed Programs Community Mental Health Program		LHIN - CMHP1	
	60	-	
	61	-	
	62	-	
Total One-time capitalized purchases from One-time funding	63	-	
Operating expenses from One Time Funding Section C-2			
	64	-	
	65	-	
	66	-	
	67	-	
	68	-	
	69	-	
	70	-	
	71	-	
	72	-	
	73	-	
	74	-	
	75	-	
	76	-	
	77	-	
78	-		
Total One-time operating expenses from One-time funding	79	-	
TABLE D: Operating Expenses	Line #	2019-20 Final	Comments (Max 255 Characters)
Capitalized expenses Sourced from Operating Funding (Section D-1) (All capitalized items regardless of amount)			
	80	-	
	81	-	
	82	-	
	83	-	
	84	-	
	85	-	
	86	-	
	87	-	
	88	-	
	89	-	
	90	-	
	91	-	
	92	-	
	93	-	
94	-		
Total Capitalized expenses from Operating Funding	95	-	
Non- capitalized one-time expenses > \$5,000 Sourced from Operating Funding (Section D-2)			
	96	-	
	97	-	
	98	-	
	99	-	
	100	-	
	101	-	
	102	-	
	103	-	
	104	-	
	105	-	
	106	-	
	107	-	
	108	-	
	109	-	
110	-		
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding	111	-	
Total One Time Expenses	112	-	
TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered)			
# of Sessions Delivered (From Sessional Fees)	113	0	
Calculated Cost Per Session	114	0.00	
END OF WORKSHEET			

Certification by Provider Fiscal 2019-20

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

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

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

The Regional Municipality of Niagara Public Health Department
Community Mental Health Program
Note to the Annual Reconciliation Report
March 31, 2020

1. Significant accounting policies

Basis of accounting

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

Revenues and expenses

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

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

Capital assets

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

Employee future benefits

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

Subject: Approval of 2019/2020 Community Services Program Audits

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 16, 2020

Recommendations

1. That the draft audited annual reconciliation return for the Community Support Service Program (Appendix 1) for the year ended December 31, 2019, **BE APPROVED**;
2. That the draft audited schedule of Revenue and Expenses for the Reaching Home Program (Appendix 2) for the year ended March 31, 2020, **BE APPROVED**;
3. That staff **BE DIRECTED** to co-ordinate with the auditor to finalize the statements as presented; and
4. That Report COM 11-2020 **BE FORWARDED** to the Region's Audit Committee for information.

Key Facts

- The purpose of this report is to obtain approval for the audited schedule of revenue and expenses ("financial schedule") and the annual reconciliation return ("ARR") for the respective programs in accordance with the federal funding requirements.
- The Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) submission deadline for the Community Support Service Program is June 30, 2020.
- The Ministry of Employment and Social Development Canada submission deadline for the Reaching Home Program is July 31, 2020.
- The Homelessness Partnership Strategy Program ended March 31, 2019 and was replaced by the Reaching Home Program which commenced April 1, 2019. The Reaching Home Program ends March 31, 2024.
- As per Financial Reporting and Forecasting Policy (C-F-020), other financial statements or schedules performed for Ministry funding purposes, will be recommended for approval to Council by the standing Committee with oversight of the program. Upon approval by Council, the department Commissioner, or delegated authority, and the Treasurer will be authorized to sign the auditor's representation letter to obtain the auditor's signed report. The approved statements will then be forwarded to Audit Committee for information.

Financial Considerations

The ARR of the Community Support Service Program has been prepared in compliance with the guidelines of the Ontario Health Reporting Standards and the Community Financial Policy issued by the Ministry of Health and Ministry of Long-Term Care. A draft copy of the ARR is attached as Appendix 1.

The financial schedule for the Reaching Home Program has been prepared in compliance with legislation and in accordance with the financial reporting provisions of the agreement between the Ministry of Employment and Social Development Canada and the Regional Municipality of Niagara. A draft copy of the financial schedule is attached as Appendix 2.

The ARR and the financial schedule are prepared specifically for the purposes of meeting the requirements outlined in the service agreements with the funding Ministries. These reports are a provincial/federal requirement as noted in the audit report for the programs as follows:

Community Support Services Program:

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

Reaching Home Program:

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

Analysis

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

Upon approval by Committee and Council, the ARR and financial schedule will be submitted to the respective Ministry in accordance with the funding agreement requirements and will also be referred to Audit Committee for information.

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

- Community Support Service Program – this program has an overall surplus of \$8,561 as of December 31, 2019 which will be returned to the LHIN by way of a reduction in their future payments to the Region. (A change in the service delivery of the Adult Day Program caused an inconsistency in the timing of ministry funding received and services being delivered. The surplus is largely a result of ministry funding received for a discontinued service which was not fully clawed back in-year as well as reprioritization of existing base funding related to this service.)
- Reaching Home Program - commenced April 1, 2019 and ends March 31, 2024 and has no funds returnable for the current reporting period.

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

Alternatives Reviewed

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

Relationship to Council Strategic Priorities

Providing formal financial reporting to Council and the public supports the Council Strategic Priority of Sustainable and Engaging Government.

Other Pertinent Reports

None.

Prepared by:

Melanie Steele, CPA, CA, MBA
Associate Director, Reporting & Analysis
Corporate 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 Stephanie Muhic, CPA, CA, Program Financial Specialist and Jordan Gamble, CPA, CA, Program Financial Specialist.

Appendices

Appendix 1 Community Support Service Program – 2019 Annual Reconciliation
Return

Appendix 2 Reaching Home Program – 2020 Schedule of Revenue and Expenses

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

December 31, 2019

Independent Auditor’s Report	1–2
Annual Reconciliation Report	3–8
Note to the Annual Reconciliation Report	9

Independent Auditor's Report

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

Opinion

We have audited the accompanying schedules (ARRFin1 and ARRFin2) and the Proxy Pay Equity Reconciliation Report (excluding statistics and FTEs) of the Annual Reconciliation Report of the Regional Municipality of Niagara Community Services Department - Community Support Service Program (the "Program") for the year ended December 31, 2019 and note to the schedules (collectively referred to as the "schedules").

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management and Those Charged with Governance for the Schedules

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

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

Auditor's Responsibilities for the Audit of the Schedules

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants
June 25, 2020

IFIS / Recipient #	13115
SRI Organization Code	4165
Report Name	2019-20 Account Reconciliation Report
LHIN Name	Hamilton Niagara Haldimand Brant (Hnhb)
Service Provider Name	Regional Municipality Of Niagara
Service Provider Legal Name	Regional Municipality Of Niagara

Service Provider Address

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

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

Draft

TOTAL AGENCY

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

		TOTAL HSP
TABLE G: Total Agency Reporting Summary by Fund Type (Total Agency Financials)	Line #	
Total Revenue Fund Type 1	115	-
Total Expenses Fund Type 1	116	-
Net Surplus/Deficit Fund Type 1 (Hospital)	117	-
Total Revenue Fund Type 2 (Above)	118	6,668,271
Total Expenses Fund Type 2 (Above)	119	6,659,710
Net Surplus/Deficit Fund Type 2 (Community Programs)	120	8,561
Total Revenue Fund Type 3	121	-
Total Expenses Fund Type 3	122	-
Net Surplus/Deficit Fund Type 3 (Other)	123	-
Total Revenue for the Provider	124	6,668,271
Total Expenses for the Provider	125	6,659,710
Net Surplus/Deficit	126	8,561

REPORT OF LHIN FUNDING DATA TO BE PRINTED

This sheet spreads from Columns A to AD and ends at row 139.

Form ARRRin2 - LHIN Managed Programs
Regional Municipality Of Niagara

		Click to select the TPBE		LHIN - CSS		LHIN - SH	
Table B	Line #	2019-20 Final	Comments (Max 255 Characters)	2019-20 Final	Comments (Max 255 Characters)	2019-20 Final	Comments (Max 255 Characters)
Funding Initiative		Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)	
LHIN Cash Flow:							
Funding - Local Health Integration Network (LHIN)	1	-		5,236,180		890,039	
Funding - Provincial MOHLTC	2	-		-		-	
Funding - LHIN One-Time	3	-		-		-	
Funding - Provincial MOHLTC One-Time	4	-		-		-	
Sessional fee funding - LHIN	5	-		-		-	
Sessional fee funding - MOHLTC	6	-		-		-	
Total LHIN/MOHLTC funding as per cash flow	7	-		5,236,180		890,039	
Service Recipient Revenue	8	-		703,210		-	
Recoveries from External/Internal Sources	9	-		2,613		15,478	
Donations	10	-		-		-	
Other Funding Sources and Other Revenue	11	-		-		-	
Other revenue adjustments (detailed comments required)	12	-		-	Recovery of Transportation funding surplus, the program is no longer active	5,752	Municipal Levy Contribution
Total revenue adjustments	13	-		610,823		21,230	
Total FUND TYPE 2 funding for settlement purposes	14	-		5,847,003		821,269	
Deferred LHIN/MFP funding used to purchase capitalized items in the current year (Enter as Negative Amount)	15	-		-		-	
Amortization of donation revenue and LHIN funding in the current fiscal year	16	-		-		-	
Other Adjustments including LHIN/MOHLTC recovery (detailed comments required)	18	-		-		-	
Total Revenue FUND TYPE 2	19	-		5,847,003		821,269	
EXPENSES- Fund Type 2							
Compensation							
Salaries and Wages (Worked + Benefit + Purchased)	20	-		3,447,806		619,696	
Benefit Contributions	21	-		854,759		138,722	
Employee Future Benefit Compensation	22	-		-		-	
Nurse Practitioner Remuneration	23	-		133,574		-	
Medical Staff Remuneration	24	-		-		-	
Sessional Fees	25	-		-		-	
Service Costs							
Med/Surgical Supplies and Drugs	26	-		5,464		1,056	
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	27	-		518,936		59,407	
Community One Time Expense	28	-		-		-	
Equipment Expenses	29	-		92,330		202	
Amortization on Major Equip and Software License and Fees	30	-		-		-	
Contracted Out Expense	31	-		585,251		2,185	
Buildings and Grounds Expenses	32	-		200,321		-	
Building Amortization	33	-		-		-	
TOTAL EXPENSES Fund Type 2	34	-		5,838,442		821,268	
Depreciation/Amortization of Capital Assets for the Program and Admin & Support	35	-		-		-	
Total Capitalized Purchases and Services in current year (CHC & Home Care purposes only) Inadmissible salary expenses	36	-		-		-	
(CHC & Home Care purposes only) Inadmissible salary expenses	37	-		-		-	
(CHC & Home Care purposes only) Less: Other adjustments	38	-		-		-	
Total Expenses for Settlement Purposes	39	-		5,838,442		821,268	
Less sessional fee expenses (Enter as Negative Amount)	40	-		-		-	
Less one time expenses as per listing below (Negative sum of line 43)	42	-		5,838,442		821,268	
Total operating expenses for settlement purposes	43	-		5,838,442		821,268	
Operating Recovery	44	-		8,561		0	
Sessional Fee Recovery	45	-		-		-	
One Time Recovery	46	-		-		-	
Total Settlement Recovery	47	-		8,561		0	
TABLE C: One-Time Expenses							
Capitalized purchases from One Time funding							
Section C-1							
	48	-		-		-	
	49	-		-		-	
	50	-		-		-	
	51	-		-		-	
	52	-		-		-	
	53	-		-		-	
	54	-		-		-	
	55	-		-		-	
	56	-		-		-	
	57	-		-		-	
	58	-		-		-	
	59	-		-		-	
	60	-		-		-	
	61	-		-		-	
	62	-		-		-	
Total One-time capitalized purchases from One-time funding	63	-		-		-	
Operating expenses from One Time Funding							
Section C-2							
	64	-		-		-	
	65	-		-		-	
	66	-		-		-	
	67	-		-		-	
	68	-		-		-	
	69	-		-		-	
	70	-		-		-	
	71	-		-		-	
	72	-		-		-	
	73	-		-		-	
	74	-		-		-	
	75	-		-		-	
	76	-		-		-	
	77	-		-		-	
Total One-time operating expenses from One-time funding	79	-		-		-	
TABLE D: Operating Expenses							
Capitalized expenses Sourced from Operating Funding (Section D-1)							
(All capitalized items regardless of amount)							
	80	-		-		-	
	81	-		-		-	
	82	-		-		-	
	83	-		-		-	
	84	-		-		-	
	85	-		-		-	
	86	-		-		-	
	87	-		-		-	
	88	-		-		-	
	89	-		-		-	
	90	-		-		-	
	91	-		-		-	
	92	-		-		-	
	93	-		-		-	
	94	-		-		-	
Total Capitalized expenses from Operating Funding	95	-		-		-	

		Click to select the TPBE		LHIN - CSS		LHIN - SH	
Non-capitalized one-time expenses > \$5,000 Sourced from Operating Funding (Section D-2)							
	96	-		-		-	
	97	-		-		-	
	98	-		-		-	
	99	-		-		-	
	100	-		-		-	
	101	-		-		-	
	102	-		-		-	
	103	-		-		-	
	104	-		-		-	
	105	-		-		-	
	106	-		-		-	
	107	-		-		-	
	108	-		-		-	
	109	-		-		-	
	110	-		-		-	
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding	111	-		-		-	
Total One Time Expenses	112	-		-		-	
TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered)							
# of Sessions Delivered (From Sessional Fees)	113	0		0		0	
Calculated Cost Per Session	114	0.00		0.00		0.00	
END OF WORKSHEET							

Draft

PROXY PAY EQUITY ANNUAL REPORT

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

SECTION 1: BASIC PROGRAM INFORMATION

Name of Agency: **Regional Municipality Of Niagara**

Vendor #: Reporting Period: from to

Contact Person:		Phone:	
-----------------	--	--------	--

SECTION 2: EXPENDITURE REPORT

Sources of Proxy Pay Equity Funds

Ministry of Health and Long-Term Care  A

Other (Specify) _____

TOTAL	0.00
--------------	-------------

Expenditures

Actual Proxy Pay Equity Expenses B

Surplus(Deficit) 0.00 A-B

Current Outstanding Liabilities

Total Number of Individuals Receiving Proxy Pay Equity

SECTION 3: CERTIFICATION

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

(Signature of Health Service Provider Authority)

Title: _____

Certification by Provider Fiscal 2019-20

Having the authority to bind the Health Service Provider, we certify that the information provided in ARRFin1, ARRFin2 a
ARRFin3 are complete and accurate

Regional Municipality Of Niagara	
Name of Signing Officer	Date
Signing Officer***	
Title	
Name of Signing Officer	Date
Signing Officer***	
Title	

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

1. Significant accounting policies

Basis of accounting

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

Revenue and expenses

Revenue is recognized as amounts become available and are measurable.

Expenses are recognized as they are incurred and measurable.

Capital assets

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

Employee future benefits

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

Schedule of revenue and expenses
The Regional Municipality of Niagara
Reaching Home – Canada's
Homelessness Strategy Program

March 31, 2020

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

Independent Auditor's Report

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

Opinion

We have audited the accompanying schedule of revenue and expenses of the Regional Municipality of Niagara Reaching Home – Canada's Homelessness Strategy Program (the "Program") for the year ended March 31, 2020 and notes to the schedule (collectively referred to as the "schedule").

In our opinion, the accompanying schedule of the Program for the year ended March 31, 2020 have been prepared, in all material respects, in accordance with the financial reporting provisions of the agreement between the Ministry of Employment and Social Development Canada and the Regional Municipality of Niagara (the "guidelines").

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management and Those Charged with Governance for the Schedule

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

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

Auditor's Responsibilities for the Audit of the Schedule

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants
June 25, 2020

Draft

The Regional Municipality of Niagara
Reaching Home - Canada's Homelessness Strategy
Schedule of revenue and expenses
Year ended March 31, 2020

	Note	\$
Revenue		
Ministry funding	2	958,596
Expenses		
Sub-project costs		868,690
Program management & administrative		89,906
Total expenses		958,596
Excess of eligible expenses over revenue		—

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

Draft

1. Significant accounting policies

Basis of accounting

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

Revenue and expenses

Revenues are reported on the accrual basis of accounting.

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

Employee future benefits

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

2. Ministry funding

This project commenced April 1, 2019 and will end March 31, 2024. Total maximum amount of Canada's contribution is \$5,225,896.

The funding allocation under Reaching Home will be used to support priorities and recommendations of the Community Advisory Board (\$4,703,056). There is incremental funding to support initial investments towards the design and implementation of Coordinated Access (\$522,840).

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

	Designated Community \$	Coordinated Access \$	Total Funding \$
2020	837,176	121,420	958,596
2021	837,176	103,920	941,096
2022	1,009,568	103,920	1,113,488
2023	1,009,568	96,790	1,106,358
2024	1,009,568	96,790	1,106,358
	<u>4,703,056</u>	<u>522,840</u>	<u>5,225,896</u>

Memorandum

PHD-C 3-2020

Subject: COVID-19 Response and Business Continuity in Public Health & Emergency Services
Date: June 4, 2020
To: Public Health & Social Services Committee
From: M. Mustafa Hirji, Medical Officer of Health & Commissioner (Acting)

Current Status as of June 4, 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. Through the month of May, 23 out of 31 days saw only single digit case growth. Excluding the large outbreak on one farm, thusfar June has also seen small, single digit case growth.
- Success continues in managing and preventing long term care and retirement home outbreaks and reducing infections originating in them. In the last month, there have been fewer than 5 infections in these facilities, and as of the date of this memo, only 1 long term care outbreak remains active, and there are zero retirement home outbreaks.
- One large outbreak is currently being managed at a local farm, affecting 60 persons. Several outbreaks on farms have emerged across Ontario in recent weeks, highlighting a new setting in which outbreaks seem to occur.
- 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. It remains critical in the coming weeks to re-emphasize the importance of physical distancing, hand hygiene, and wearing face coverings when one cannot keep distance from others. This protects a person, and the community more widely.
- As the province continues to lift restrictions on the economy and social life, Public Health & Emergency Services is watching closely for signs of increased infection transmission.
- Public Health is increasingly being called by local business and institutions to support their re-opening. Although Public Health wishes to assist, capacity to do

so is limited given the priority for our staff to focus on case and contact management and the several thousand local business and institutions wanting personal attention. We are therefore focusing on operations we normally inspect (e.g. food services, personal services, pools), but for other sectors, providing general advice and pointing to provincial resources with detailed sector-by-sector guidance. [A new page on our web site](#) functions as a one-stop shop for both local and provincial resources for business that are re-opening.

Previous (May 8) 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 86 front line FTE as well as 20 FTE of support staff and 9 supervisory/leadership staff trained to support this, as needed. 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 contract 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 on 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

- Case & Contact Management capacity readied for deployment as cases increase with increased economic and social interactions

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
- inspection 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 born 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

- Continuing with intense inspections of long term care facilities and retirement homes, as well as other congregate living locations (e.g. group homes)
- Additional inspections of local farms and workplaces where transmission is likely.

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

- Initiating 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.

Families in Niagara are burdened now more than ever to try to provide safe and healthy care, environments and opportunities for children. The Family Health division continues to provide essential services for families with a small number of staff. Limited services are provided by phone, live chat and virtual access to nurses through **Niagara Parents** where families can seek support with breastfeeding, parenting, pregnancy, postpartum mental health and child health issues.

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

Home visiting programs for some of our most vulnerable families are also offering virtual support to assist with

- adjusting to life with a new baby,
- addressing parenting concerns,
- promoting healthy child development,
- accessing other supports and services as they are available, and
- assessing for increased risk related to child protection

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

For the period of 16 March 2020 to 18 May 2020:

- Over 800 phone/video “visits” provided to families through HBHC, NFP, ICDS
- Over 150 BF outreach “visits” virtually
- Over 500 interactions with Niagara Parents (phone/chat)
- Nearly 150 new registrants for online prenatal classes

Operational Outlook

1 month

- Continue 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. Paramedics are also assisting with staffing the shelter system.

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 19-2020

Subject: COVID-19 Response and Business Continuity in Community Services**Date:** June 16, 2020**To:** Public Health & 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**Current Status of Operations/Changes**

All eight Regional long-term care (LTC) homes have taken the necessary steps to ensure the timely implementation of all directives issued by the Ministry of Health (MOH), Ministry of Long Term Care and Public Health.

At each LTC home, all risk mitigation strategies put in place at the onset of the pandemic to ensure continued safety for residents and staff are still ongoing. Enhanced staffing levels (largely achieved through staff redeployment) continue to be maintained to ensure optimal infection prevention and control practices, ongoing communication support for residents and families, and continued care and services for residents.

Significant Initiatives or Actions undertaken

- Seniors Services has suspended regular visitation and non-essential services (yet still accommodating for exceptions and end of life visits), into LTC homes as a continued disease transmission prevention measure.
- Active staff screening is ongoing. Staff are screened when entering and leaving a LTC home, including temperature checks.
- At this time, all staff continue to be limited to only working at a single LTC home.
- All staff in an LTC home are required to wear a surgical mask while they are at work. When staff provide care for a resident that is in isolation they wear a mask

(either a surgical mask or an N95 mask depending on the type of care that is required), a gown, gloves, and a face shield. All LTC homes have sufficient supplies of Personal Protective Equipment (PPE) to ensure that staff are well equipped.

- All staff have been provided with training and updates on respiratory outbreak management, hand hygiene, PPE and on all aspects of COVID-19 and related care and risk management implications.
- Regional staff that have been redeployed into LTC homes have been providing a variety of supports including active screening of staff, communication supports, enhanced dietary supports, and housekeeping and laundry supports.
- Residents are given assessments twice daily, including temperature checks. If a resident presents with a symptom of COVID-19 they are isolated and tested.
- If a resident is transferred into a LTC home from either a hospital or from the community, they are isolated for 14 days as a precautionary measure.
- All residents and staff completed the COVID-19 surveillance testing in May and all staff will continue to be tested every two weeks.
- Dining and lounge areas within the LTC homes have been reorganized to support physical distancing.
- Enhanced environmental cleaning continues. More housekeeping shifts have been added to increase the frequency of cleaning and disinfecting of high-touch surfaces.
- Communication plans have been developed to ensure residents have continued interaction with friends and family (through phone calls, Skype or FaceTime).

Operational Outlook

LTC homes are developing recovery plans to support the re-introduction of resident and family visits and to accommodate non-essential services (e.g. foot care services). Homes are also reviewing and revising business continuity plans to ensure preparedness for a potential second wave of COVID-19.

Seniors Services – Outreach Services

Current Status of Operations/Changes

- Seniors Community Programs, largely funded by Ontario Health, continue to provide wellness and outreach supports to vulnerable seniors in the community.
- Services have been reconfigured to support staff to address emerging service needs while ensuring adherence to Public Health guidance and restrictions.
- Assisted living at Deer Park Suites continues to operate following Public Health direction, in addition to adopting many of the LTC home best practices. In

accordance with MOH and Public Health direction, all Regional seniors community programs that require seniors to gather within group settings have been suspended (e.g. Adult Day Programs, wellness programs, community exercise groups). Program staff have been redeployed to the LTC homes and Deer Park Suites Assisted Living. These staff are providing supports to enhance communication between residents and families, as well as mealtime supports.

- Outreach and Respite Services are operating under a modified service delivery model to offer telephone visits as the primary method of service coordination. With Outreach, direct interactive door visits have been made available on an essential need basis, only with appropriate PPE and physical distancing measures in place.

Significant Initiatives or Actions undertaken

- Respite Companion Services have shifted from providing in-home services to telephone supports. Screened and trained respite companions have been leveraged to support wellness checks generated through the 'Niagara, We're In This Together' community campaign to enable rapid mobilization of telephone interactions.
- Outreach and Respite Program staff have been instrumental in two community launches to mitigate the some of the negative impacts of COVID-19 on vulnerable seniors:
 1. 'Niagara, We're in This Together' is a multi-agency community collaboration to address essential needs of vulnerable seniors across Niagara. Community workers are responding to community needs through wellness checks that look for opportunities to connect seniors with new ways of addressing essential needs. This includes on-line grocery orders, grocery delivery services, meal services, essential transportation access and medication access. Additionally, the wellness checks provide reassurance to those seniors who may be feeling isolated due to pandemic restrictions.
 2. The Niagara Gatekeepers program re-launched an awareness campaign highlighting its role and phone number. This phone line has been used more recently to provide supports and connection to at-risk seniors who may face food insecurity, require supports with access to medication and other essential needs, and transportation to essential appointments, as a result of the pandemic.

Operational Outlook

- Seniors Services is looking to mobilize a virtual platform for Healthy, Safe and Strong Exercise programs that will be available for registration in August, with the goal of implementing the program in September.

- Seniors Services is exploring opportunities to introduce a blended model of Adult Day Programs that incorporates both small group direct interaction (with appropriate PPE and physical distancing measures) and virtual support.
- For clients with access to technology, Seniors Services is looking to provide links to wellness topics, exercise, and brain health through distribution of online newsletters.
- For clients without access to technology, Seniors Services is planning to provide phone visits, monthly activity drop off kits, phone check-ins to discuss how activities are going and identify what services and supports clients require.
- Staff are currently planning for a return to in-home visits for the next phase of the pandemic. Currently, Seniors Services are enquiring if clients have interest in opening their homes to direct interactions with staff during the next phase. Seniors Services is also determining the technological capacity to support a blended model that incorporates both direct and indirect (virtual/phone) service provision that allows for observational visits. PPE requirements, availability of PPE supply, and staff guidance documents are being prepared to support safety and well-being of both staff and clients who will be receiving the service.
- Information on safety, infection control, PPE use and training is being documented and made available for staff. This is also to ensure preparedness for a potential second wave of COVID-19.
- Applications for the federal Emergency Community Support Fund (ECSF) are being prepared to support development of virtual service delivery within Seniors Community Programs. The ECSF is intended to support community organizations that are providing services to vulnerable populations during the pandemic. The funding is disbursed through United Way Centraide Canada, the Canadian Red Cross and Community Foundations of Canada.

Homelessness Services & Community Engagement

Current Status of Operations/Changes

- Homelessness Services continues to operate the full emergency shelter system, along with the addition of up to 25 overflow hotel rooms to further support physical distancing and mitigate COVID-19 transmission within the homeless population.
- Additionally, the self-isolation facility, established by Homelessness Services, continues to operate and ensure that all homeless persons who screen with symptoms associated with COVID-19, are provided a space in which to self-isolate and receive testing. As of June 3, 2020, 108 individuals have been referred to the facility and testing results received, to date, have been negative.

- Street outreach services remain enhanced to support those living in encampments or 'living rough', and address the volume of associated requests for services from local area municipalities. Outreach workers continue to ensure that individuals who are living rough are provided with access to services and opportunities based on COVID-19 screening and assessments of health.
- Housing First and Home for Good supportive housing and transitional housing offerings all continue to operate.
- Prevention programs continue to be offered to clients including trusteeship and housing help.
- A mapping tool has been developed to support outreach services in locating encampments and areas where services are required.

Significant Initiatives or Actions undertaken

- The housing focused shelter pilot, for clients accepted into supportive housing programs (Housing First and Home for Good programs), is a new offering to ensure clients have an appropriate environment in which to become housing ready, while also supporting individuals who may otherwise be 'living rough' (e.g., in encampments and within the shelter system). There are up to 14 units being utilized for the housing focused shelter pilot.
- Arrangements have been made with two hotels for shelter overflow to support physical distancing in the shelter system.
- One shelter provider has converted their hotel based shelter service into a program exclusively for clients who are most vulnerable to COVID-19 (e.g., due to age, health condition). This is to ensure these clients have access to a safe space, separate from the regular emergency (congregate facility) shelter system.
- In partnership with Reach Niagara, virtual medical supports to homeless shelters and the self-isolation facility continue and have been enhanced. Currently there are seven facilities receiving medical supports from physicians enrolled in the Niagara family medicine residency program, with oversight from a local physician. This support includes secondary screening for COVID-19, supports with medical needs such as addictions and mental health, health care activities such as access to medication, prescription management and client health checks.

Operational Outlook

- The regular shelter system remained at a high occupancy rate of 98.2% for the months of April and May, even with the additional hotel units. It is anticipated that the

additional shelter capacity created to support the homeless shelter system will need to be retained during the course of the pandemic to ensure physical distancing can be sustained, and support the safety of staff and clients.

- Experience during the H1N1 pandemic and current observation suggests that some clients will continue to choose to 'live rough' during the pandemic due to their desire to avoid the shelter system, and therefore the enhanced outreach services will need to be sustained through the course of the pandemic to provide health screening and access to supports.
- Staff believe that the self-isolation facility will be a necessary resource to the vulnerable homeless population throughout the pandemic to ensure identified individuals have a place to self-isolate, be tested and supported when experiencing COVID-19 symptoms or illness.

Children's Services

Current Status of Operations/Changes

Four of the five Regional child care centres continue to provide emergency child care for essential workers (free of charge), as directed by the provincial government. Niagara's two licensed home child care agencies also continue to operate, with increasing capacity as some contracted home child care providers have reopened their services. One external child care service provider, Church of St. Thomas Day Care, has recently opened as an emergency child care centre.

With the recent announcement that schools will stay closed for the remainder of the school year, more applications for emergency child care have been received. As of June 3, 2020, the overall operational capacity (for both Regional child care centres and home child care) is at 84% of 219 total spaces.

- Children's services has been advised that many local summer day camps will not be operating and this is anticipated to lead to increased pressure on the child care system, as parents returning to work seeking care arrangements, will have limited options.
- To date, the provincial government has not announced the reopening of licensed child care centres for the general public but staff are preparing for the possible opening of licensed child care this summer.
- The number of child care centres that will reopen and the number of families who will utilize child care spaces when the centres open are unknown at this time.

Significant Initiatives or Actions undertaken

- Children's Services has hosted a number of teleconferences with licensed child care service providers, EarlyON Child and Family Centres, special needs agencies and school boards to share information, answer questions, and direct providers to resources.
- Based on the experiences gained from operating emergency child care centres, Children's Services has shared all documents and resources available outlining new procedures, policies and operational guidelines with service providers. This is intended to help service providers begin to prepare plans for reopening operations under new requirements due to COVID-19.
- A new temporary committee with Regional staff was created to specifically address health and safety concerns for service providers. This committee will provide guidance, resources, and seek to address any questions or concerns as the system prepares to re-open.

Operational Outlook

- At the time of this report, Children's Services is waiting for further direction from the Ministry of Education regarding a reopening timeline, and operating guidelines.
- Through its membership with the Ontario Municipal Social Services Association, Children's Services is advocating for additional funding to support the operations of licensed child care during the pandemic. It is anticipated there will be additional requirements and costs for operations (e.g. staff for screening, increased cleaning and disinfecting during the day, PPE costs, reduced child staff ratios, fewer children permitted in child care classrooms). Without additional provincial funding these changes will add increased costs for parents and likely impact their ability to pay increased daily rates, and potentially create more pressures for the child care system as a whole.

Social Assistance & Employment Opportunities (Ontario Works)

Current Status of Operations/Changes

Social Assistance and Employment Opportunities (SAEO) continues to provide essential support to Ontario Works (OW) clients, and process new applications. New applicants have been completing their initial assessment either through an online application or by telephone. Staff members then contact applicants within four business days to complete the eligibility assessment over the telephone as the five SAEO offices

continue to be closed to the public. Monthly income supports to ongoing OW clients have not been impacted by COVID-19 and the provision of holistic case management has continued. This has included:

- Frequent phone contact with clients to complete wellness checks.
- Active offers of benefits, resources and referrals (e.g. mental health, addiction services).
- Ongoing conversations that are related to employment status and employment related activities.

For the month of May 2020, the caseload was at 10,470. This represents a 2.2% increase when compared to May of 2019. Comparing between the periods of January and May of 2019 to January and May of 2020, Ontario Works in Niagara has experienced a 3.7% caseload increase. It is not believed to be as a result of a marked increase in new cases, but rather a reflection that it is more difficult for current clients to find work and exit social assistance.

(Comparing the periods between January and May of 2019 to January and May of 2020, Ontario Works in Niagara has seen an average decrease of -24% in the number of cases that have been terminated).

- SAEO is piloting the use of a phone interpretation service to enhance customer service for clients with limited English speaking ability. The service will allow real-time interpretation between staff and the caller over the phone, in over 250 languages. Program areas in the pilot are staff from Switchboard and Intake, Homelessness and Hostel workers and Newcomer case managers.
- SAEO has redeployed 23 union and non-union staff to support other essential roles within the corporation.

Significant Initiatives or Actions undertaken

- To date, SAEO has successfully transitioned 82% of the caseload to direct deposit into client bank accounts (as opposed to cheque issuances that require in person pick up or mailing). Of the remaining 18% of the caseload, 6% have been successfully transitioned to reloadable benefit payment cards.
- As of May 29, 2020, SAEO has processed 1,825 COVID-19 related benefits.
- In response to the provincial government increasing access to discretionary benefits for social assistance recipients who are in crisis or who are facing an unexpected emergency because of COVID-19, an Online Discretionary Benefits Portal was

launched to respond to increased service demands and enhance client access. The online portal was built to provide clients with a fast, easy and secure way to request Discretionary and Housing Stability benefits and is more convenient for them to access essential health related benefits. Clients can submit their application and supporting documentation online, track their application status, receive automatic email updates, find details about missing information or eligibility decisions and view the contact information for the case manager assigned to the request.

Operational Outlook

- SAEO believes that the temporary financial relief measures put in place by the federal government (e.g. access to the Canada Emergency Response Benefit), will not prevent an increase in anticipated local demand for social assistance in the near future as many businesses that typically hire low income workers may be slow to recover in the next phase of the pandemic (e.g. restaurants, hotels, entertainment venues). In preparation of a potential demand increase, once these federal measures come to an end, staff are working to ensure all current cases are updated, to streamline the intake application process.
- Effective January 1, 2021, a portion of Niagara's OW Program Delivery funding allocation from the Ministry of Children, Community and Social Services will transfer to the Ministry of Labour, Training, and Skills Development to support the integration of employment services. The anticipated funding reduction will require a significant response and plan to ensure the budget for 2021 is inclusive of staffing, administration and cost shared client benefits will reflect the available funding for the year. Staff are currently completing an analysis to determine the best course of action to meet the anticipated demand in service as result of COVID-19 and how to best support clients in accessing a transformed employment system.

Niagara Regional Housing

Current Status of Operations/Changes

Niagara Regional Housing (NRH) wishes to share with Council that it continues to deliver essential services, in all business streams, while taking all the necessary safety precautions and protocols. Tenants continue to receive supports over the phone, in order to meet individual tenant needs, whenever possible.

- NRH is working with the Region on a Business Recovery Plan to safely resume as many on-site services (e.g., unit inspections, programs, events and activities) as possible, once regulations allow for this.
- Staff are also working on plans that will allow varying levels of supports in order to navigate through predicted changes in guidelines.

Significant Initiatives or Actions undertaken

- Additional security patrols have been added to communities that are struggling with social issues and adhering to Public Health guidelines.
- NRH has added regular disinfecting of all high-touch surfaces throughout its buildings.

Operational Outlook

- Community Housing has experienced a dramatic increase in social issues, disruptive behaviours and mental and physical health crises. This is due to tenants feeling the impacts of isolation in small units without access to their usual supports, programs, and activities.
- Constant and clear communication with tenants, staff and stakeholders has become more critical than ever as information changes rapidly and adjustments to services must be mobilized quickly.
- NRH continues to monitor the impact of COVID-19 on NRH rent and arrears balances.

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner

Subject: Niagara Prosperity Initiative 2020 Update

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 16, 2020

Recommendations

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

Key Facts

- Since 2008 (COM 53-2008) Regional Council has authorized staff to invest \$1.5 million annually towards Niagara Prosperity Initiatives (NPI).
- NPI focuses on neighbourhood-based interventions to help build capacity and improve the quality of life for residents living in poverty.
- This report provides information on NPI projects approved in 2020.
- Twenty projects within the three priority areas of need; housing, health and employment, were approved for funding.
- Service impacts and outcomes anticipated include:
 - 6,215 people served
 - 201 jobs created and filled by people who live in poverty
 - \$47,997 in revenue generated from social enterprise projects.

Financial Considerations

Between 2008 and 2019, Niagara Region has provided \$1.5 million in annual funding to the Niagara Prosperity Initiative. Of this amount, \$150,000 is allocated each year to the Convener (Niagara Community Foundation) and Secretariat (United Way Niagara) functions to support administration and stakeholder engagement associated with this initiative. For 2020, responding to a number of critical budget pressures, Council approved a one-year \$250,000 reduction of the funding for NPI, with \$1.25 million allocated for 2020 NPI projects. Additionally, United Way Niagara reported \$104,130 in unspent funding (including interest) from 2019 projects, resulting in a total project allocation of \$1,204,130 in 2020.

Analysis

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

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

Three priority areas of need were used for the 2020 RFP process:

1. **Housing** (outreach, homelessness prevention, enhancing accessibility and improved stability);
2. **Health** (mental health, addictions, emotional health and wellbeing for children, dental needs for adults and sustainable access to healthy food);
3. **Employment** (social enterprises and working with Niagara's businesses to create secure jobs that pay a living wage).

The 2020 RFP was issued February 3rd and closed February 28, 2020. Forty-four applications, with a total funding request of \$5,028,686 were received. Of the 35 agencies that requested funding, twelve had never received NPI funding in the past.

Niagara Region approves funding applications based on the recommendations of an independent Review Committee. Review committee members for 2020 included two Regional Councillors (B. Greenwood, L. Villella); one employee from Niagara's non-profit sector; two Niagara Region employees (Children's Services and Public Health); one Brock University employee; and four members of the public.

The criteria for assessment matched the proposal criteria and scoring, as well as a list of review considerations, which were used to assist in deciding if the proposal was recommended or not recommended.

Assessors reviewed each of their assigned proposals independently, and then the group discussed funding recommendations. Due to the COVID-19 pandemic, discussions took place electronically over two half-day meetings in April 2020.

Consideration of the current urgent needs of Niagara residents living in poverty, as a result of COVID-19, was incorporated into the final approval process.

United Way Niagara finalized contracts based on these recommendations and a list of the approved projects by neighbourhood is attached as Appendix 1.

Twenty projects were approved totaling \$1,204,130 in funding. Below is a distribution summary of investments within the three priority areas. Ten projects are under Housing, seven projects are under Health and three projects are under Employment.

Types of Projects	\$	%	# of Projects
Housing – Outreach	\$184,647	15%	2
Housing – Improved Stability	\$186,149	15%	5
Housing – Homelessness Prevention	\$175,974	15%	3
Health – Mental Health Outreach	\$278,211	23%	3
Health – Healthy Food	\$81,732	7%	3
Health – Dental Needs for Adults	\$139,586	12%	1
Employment – Social Enterprises	\$157,831	13%	3
	\$1,204,130		20

NPI projects can be funded for one or two years. In 2020, all 20 projects will be funded for one year with contracts ending May 31, 2021.

In addition to the existing contract requirements, agencies have been advised that in the event they are unable to execute a project in full or in part, Niagara Region will recover unspent funds as soon as possible to ensure dollars can be redirected to other urgent areas of need as result of COVID-19.

Research Study

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

Brock University has been working on updating a report outlining the state of poverty in Niagara along with recommendations for NPI design and delivery. One of the recommendations being implemented for the 2020 funded projects is the implementation of a modified project evaluation practice, informed by the latest research, on measuring poverty and poverty reduction. The changes are expected to make reporting less cumbersome for service providers and less intrusive for service users while increasing the value, validity and reliability of the project outcome data that is collected.

In response to COVID-19, community consultations planned for the summer and fall may need to be completed in a different setting or modality. There has also been a temporary closure of the Statistics Canada Research Data Centre at McMaster University, which has delayed access to datasets. Brock is committed to adjusting the work plan as required and expects to complete the full report on schedule in early 2021.

Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

Healthy and Vibrant Community. Foster a high quality of life through safe, inclusive neighbourhoods and delivery of quality, affordable and accessible human services.

Other Pertinent Reports

COM 04-2008 A Legacy of Poverty Addressing Cycles of Poverty and the Impact on Child Health in Niagara Region

COM 44-2011 Niagara Prosperity Initiative Update (*Building a New Legacy: Building Prosperity by Improving the Quality of Neighbourhood Life*)

COM 04-2019 Niagara Prosperity Initiative Update and Request for Review Committee Members

COM 2-2020 Niagara Prosperity Initiative Update

Prepared by:

Lori Watson
Director, Social Assistance &
Employment Opportunities
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

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

Appendices

Appendix 1 List of approved 2020 NPI projects and agencies

Appendix 1– 2020 Niagara Prosperity Initiatives

Regional

Agency	Project Name	Project Description	Funding Stream	Contract
Canadian Mental Health Association (CMHA)	Mental Health & Addictions Coach Project	CMHA Niagara and Community Addiction Services Niagara are collaborating with YWCA Niagara shelters to employ full-time Mental Health & Addiction Coaches. The Coaches support individuals in YWCA shelters who are experiencing mental health and addiction issues that interfere with their ability to find and maintain housing and employment, and help them develop a connection to their community.	Health – Mental Health Outreach	\$118,905
Community Care St. Catharines and Thorold	Brushed Aside 2020	This program funds either the dental needs of individuals who are ineligible for publicly funded programs, or the unfunded portion of those who are eligible. Community Care is the lead agency working with five partners across Niagara. The maximum annual allotment per client is \$1000.	Health - Dental	\$139,586
Gateway Residential & Community Support Services	Niagara Outreach Worker	This project will enhance “Assertive Street Outreach” services throughout the Niagara Region with the addition of a “Dual Diagnosis Outreach Specialist” which will enhance current service delivery and will include additional week-end coverage.	Housing - Outreach	\$112,845
Heartland Forest Nature Experience	Employ-Ability Skills for Adults with Disabilities	This project will continue offering structured and goal-oriented work experience programs for adults with intellectual and developmental disabilities. Working with local businesses and community partners these programs will help to develop individual’s employ-ability skills through centre and community based positions and social enterprise positions.	Employment – Social Enterprise	\$48,895
Quest Community	Peer Support in the ED for	Peer Support Workers with lived experience will provide nonclinical and referral assistance to homeless individuals. Positive peer support	Health – Mental	\$91,694

Agency	Project Name	Project Description	Funding Stream	Contract
Health Centre	People Experiencing Homelessness	interactions is expected to reduce social isolation and exclusion, increase referrals to community resources and help counteract negative perceptions of the healthcare system.	Health Outreach	
RAFT	Fresh Paint	This social enterprise project provides at-risk youth opportunities to work with experienced contractors to complete unit turnover preparation for Niagara Regional Housing. This requires youth to clean, repair, and paint units. Youth will be paid competitive wages and gain employment experience/training, while working with Youth Reconnect to ensure healthy life decisions and support to remain housed and connected to their community.	Employment – Social Enterprise	\$67,496

St. Catharines

Agency	Project Name	Project Description	Funding Stream	Contract
Community Care St. Catharines and Thorold	Community Housing Workers	Funding for two Housing Workers that will serve the vulnerable, low-income population through daily walk-ins or at weekly community drop-in sessions. These workers will develop and explore different types of housing supports such as roommate matching, to ultimately maximize efficiencies in the limited housing stock.	Homelessness - Prevention	\$39,165
Links for Greener Learning	The Good Food Box Plus Pop-Up Markets	The Good Food Box project aims to increase the use of fresh food in daily meals. Our priority is to reach communities with barriers to accessing fresh and affordable produce by providing low cost and high value monthly fresh produce boxes to households. Pop-up markets will be implemented in food deserts in partnership with Niagara Public Health.	Health – Food	\$8,804

Agency	Project Name	Project Description	Funding Stream	Contract
Links for Greener Learning	Garden Makers Program	Funding will be used to scale up the 'From Our Garden' social enterprise and skills training program into other municipalities. This project provides socially marginalized people an opportunity to gain practical skills and training through community gardening.	Employment – Social Enterprise	\$10,360
Gillian's Place	Second-Stage Housing and Support Program	Funding for seven affordable transitional housing units in downtown St. Catharines for women and children escaping violence. Women and their children experiencing poverty will receive a full spectrum of wrap-around case-management and group life-skills support programming while residing in these units as they transition from violence to independence.	Housing – Improved Stability	\$46,290
Start Me Up Niagara	The Niagara Rooming House Project	Assisting landlords and tenants with practical support to ensure issues that negatively impact tenancy in single room occupancy dwellings are addressed. By supporting individuals with complex needs and/or mental health concerns, the goal is to reduce evictions and maintain the availability of single room occupancy dwellings as part of housing stock.	Homelessness - Prevention	\$62,645
Start Me Up Niagara	Income Matters	Income Matters helps people experiencing poverty and homelessness improve their financial situation by providing help for them to access finances, budgeting, tax filing, and applications to eligible benefits and credits. This is increasingly critical as government shifts to modernizing to digital systems, creating additional barriers for some people.	Housing – Improved Stability	\$14,050
Westview Christian Fellowship	Westview Centre4Women	Westview Centre4Women opens doors and reduces isolation for women living in poverty through workshops, mentoring, compassion and advocacy. Services include hot meals, pantry access, laundry services, literacy classes, education, employment / housing support, haircuts, hygiene, free clothing, income tax classes, field trips and many other services.	Housing - Outreach	\$71,802

Welland

Agency	Project Name	Project Description	Funding Stream	Contract
Cyber-Seniors: Connecting Generations	Cyber-Seniors Building Self-Reliance	This project will provide low income seniors with access to technology and Wi-Fi within their place of residence and teach them how to acquire information, resources and social supports that lead to greater self-reliance and improved housing stability.	Housing – Improved Stability	\$14,893
The Hope Centre	Return 2 Hope Counselling Program	This project will offer free, high quality counselling service to individuals without access to affordable mental health services. Group and individual counseling sessions will be offered by a registered psychotherapist and is essential to successfully facilitating growth and change to reduce the impact of past trauma and other root causes of homelessness.	Health – Mental Health Outreach	\$67,612
Links for Greener Learning	The Good Food Box Plus Pop-Up Markets	The Good Food Box project aims to increase the use of fresh food in daily meals. Our priority is to reach communities with barriers to accessing fresh and affordable produce by providing low cost and high value monthly fresh produce boxes to households. Pop-up markets will be implemented in food deserts in partnership with Niagara Public Health.	Health – Food	\$8,804
Links for Greener Learning	Garden Makers Program	Funding will be used to scale up the 'From Our Garden' social enterprise and skills training program into other municipalities. This project provides socially marginalized people an opportunity to gain practical skills and training through community gardening.	Employment – Social Enterprise	\$10,360
Open Arms Mission	Service Hours Expansion	This funding will extend service hours for the Welland foodbank in the afternoon to decrease barriers to access healthy food.	Health - Food	\$7,319
Welland Heritage Council and Multicultural Centre	Housing Coordinator	This project will fund a Housing Coordinator position to serve newcomers in the community, and will provide shelter intake support, facilitate the transition of clients into permanent housing, promote self-reliance, and educate newcomers about housing and renting in Canada.	Housing – Improved Stability	\$41,615

Niagara Falls

Agency	Project Name	Project Description	Funding Stream	Contract
Cyber-Seniors: Connecting Generations	Cyber-Seniors Building Self-Reliance	This project will provide low income seniors with access to technology and Wi-Fi within their place of residence and teach them how to acquire information, resources and social supports that lead to greater self-reliance and improved housing stability.	Housing – Improved Stability	\$14,893
Links for Greener Learning	The Good Food Box Plus Pop-Up Markets	The Good Food Box project aims to increase the use of fresh food in daily meals. Our priority is to reach communities with barriers to accessing fresh and affordable produce by providing low cost and high value monthly fresh produce boxes to households. Pop-up markets will be implemented in food deserts in partnership with Niagara Public Health.	Health – Food	\$8,804
Links for Greener Learning	Garden Makers Program	Funding will be used to scale up the ‘From Our Garden’ social enterprise and skills training program into other municipalities. This project provides socially marginalized people an opportunity to gain practical skills and training through community gardening.	Employment – Social Enterprise	\$10,360
Project SHARE of Niagara Falls Inc.	Growing Food Security	This project will provide workshops and events on planting, growing, preparing and preserving produce. Individuals will gain skills that will increase their food security, improve their access to fresh organic produce; and develop healthier eating habits. Funding will be used to double the size of the urban farm at Westlane Secondary allowing a 50% increase in fresh produce.	Health – Food	\$14,270
Project SHARE of Niagara Falls Inc.	Child and Youth Support Program	This project will provide essential supports including diapers and wipes, formula, healthy snacks for children, new running shoes and school supplies and Christmas gifts for teenagers for families living below the low income measure in Niagara Falls.	Housing – Improved Stability	\$25,465

Port Colborne

Agency	Project Name	Project Description	Funding Stream	Contract
Links for Greener Learning	The Good Food Box Plus Pop-Up Markets	The Good Food Box project aims to increase the use of fresh food in daily meals. Our priority is to reach communities with barriers to accessing fresh and affordable produce by providing low cost and high value monthly fresh produce boxes to households. Pop-up markets will be implemented in food deserts in partnership with Niagara Public Health.	Health – Food	\$8,804

Fort Erie

Agency	Project Name	Project Description	Funding Stream	Contract
Links for Greener Learning	The Good Food Box Plus Pop-Up Markets	The Good Food Box project aims to increase the use of fresh food in daily meals. Our priority is to reach communities with barriers to accessing fresh and affordable produce by providing low cost and high value monthly fresh produce boxes to households. Pop-up markets will be implemented in food deserts in partnership with Niagara Public Health.	Health – Food	\$8,804

Thorold

Agency	Project Name	Project Description	Funding Stream	Contract
Community Care St. Catharines and Thorold	Community Housing Workers	Funding for two Housing Workers that will serve the vulnerable, low-income population through daily walk-ins or at weekly community drop-in sessions. These workers will develop and explore different types of housing supports such as roommate matching, to ultimately maximize efficiencies in the limited housing stock.	Homelessness - Prevention	\$39,164
Start Me Up Niagara	Income Matters	Income Matters helps people experiencing poverty and homelessness improve their financial situation by providing help for them to access finances, budgeting, tax filing, and applications to eligible benefits and credits. This is increasingly critical as government shifts to modernizing to digital systems, creating additional barriers for some people.	Housing – Improved Stability	\$14,050

Grimsby

Agency	Project Name	Project Description	Funding Stream	Contract
Cyber-Seniors: Connecting Generations	Cyber-Seniors Building Self-Reliance	This project will provide low income seniors with access to technology and Wi-Fi within their place of residence and teach them how to acquire information, resources and social supports that lead to greater self-reliance and improved housing stability.	Housing – Improved Stability	\$14,893
Grimsby Benevolent Fund	Rental Assistance Service	The Rental Assistance Service provides eligible, low-income households with assistance to help with monthly rent payments in the private market. The program provides one-time rent assistance for people facing eviction and subsidy for people paying more than 30% of their total income on rent.	Homelessness - Prevention	\$35,000

Lincoln

Agency	Project Name	Project Description	Funding Stream	Contract
Links for Greener Learning	Garden Makers Program	Funding will be used to scale up the 'From Our Garden' social enterprise and skills training program into other municipalities. This project provides socially marginalized people an opportunity to gain practical skills and training through community gardening.	Employment – Social Enterprise	\$10,360

Wainfleet

Agency	Project Name	Project Description	Funding Stream	Contract
Open Arms Mission	Service Hours Expansion	This funding will extend service hours for the Welland foodbank in the afternoon to decrease barriers to access healthy food.	Health - Food	\$7,319

West Lincoln

Agency	Project Name	Project Description	Funding Stream	Contract
Links for Greener Learning	The Good Food Box Plus Pop-Up Markets	The Good Food Box project aims to increase the use of fresh food in daily meals. Our priority is to reach communities with barriers to accessing fresh and affordable produce by providing low cost and high value monthly fresh produce boxes to households. Pop-up markets will be implemented in food deserts in partnership with Niagara Public Health.	Health – Food	\$8,804

Subject: Seniors Services Quality Improvement Report – January to March 2020

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 16, 2020

Recommendations

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

Key Facts

- The purpose of this report is to provide Committee and Council with highlights of quality initiatives and outcomes in the first quarter of 2020 for Seniors Services. Areas of focus in this quality update include:
 - Resident Satisfaction Survey Results
 - COVID-19 Seniors Services- Long Term Care
 - COVID-19 Seniors Services – Community Programs

Financial Considerations

The activities highlighted in this report were funded within the 2020 approved operating budgets. The Ministry of Long-Term Care (MLTC) and Ontario Health West are the primary sources of funding for the Seniors Services division. Other funding sources include user fees and levy.

Analysis

Resident Satisfaction Survey Results

The *Long-Term Care Homes Act, 2007* requires long-term care (LTC) homes across Ontario to administer an annual survey to measure resident / family satisfaction. To meet this requirement, and as part of the division's Continuous Quality Improvement program, Seniors Services issued an annual survey to residents and families in the fall of 2019.

The survey tool used incorporates a number of questions that are consistent across municipal LTC homes. The data collected is shared with the Municipal Benchmarking

Network Canada (MBN) to support benchmarking performance outcomes with other municipal long-term care homes

Residents and families were provided the option to complete the survey in hard copy or electronically. In total, 351 surveys were completed, 23% of responses were by residents and 77% of responses were by families.

The average overall satisfaction score across the eight homes was 94% for the first quarter of 2020. The overall satisfaction has been relatively consistent over the last four years, with a slight decrease this year from the 2019 outcome of 95%. The MBN average for municipal LTC homes for 2019 was 93%.

The three questions on the survey that generated the highest average scores across the eight homes were as follows:

Survey Question	Response Score
Staff treat me with compassion and respect.	98%
Do you get a good impression as you enter the home?	97%
Do you feel safe in the home?	97%

The two questions on the survey that generated the lowest average scores across the eight homes were as follows:

Survey Question	Response Score
I am satisfied with the quality of food and snacks.	82%
The physician responds in a timely manner regarding my medical care.	86%

Each individual home develops an action plan for any specific response area that falls below 80%. Action plans are developed in collaboration with families and residents and shared among the eight homes. Homes post the results of the Resident and Family Satisfaction Survey and the Action Plan on the Resident Information Board as well as on the Family Information Board. The results are also shared with Residents' Council and Family Council.

A number of improvement initiatives have been implemented to address the areas with lower outcomes. For example, in an effort to improve resident satisfaction with food, homes have improved the quality of protein products, especially breaded products, and homes are in the process of finalizing a new summer menu based on resident input. To

improve attending physician satisfaction some homes have started to book appointments between attending physicians and families to provide an opportunity to discuss concerns as families are not always in the home when physicians are scheduled to complete their rounds.

To augment the Satisfaction Survey, the LTC homes issue a number of 'point-in-time' surveys throughout the year. For example, meal surveys are completed with residents a number of times per year at the time of dining and immediately after a program or special event to ensure that audit results incorporate feedback from residents with potential memory deficits.

Staff will be initiating a review of the Satisfaction Survey Tool and survey process in collaboration with the Resident Family Advisory Council this summer to identify opportunities to improve survey response rates.

COVID-19 Seniors Services: Long-Term Care Homes

COVID-19 poses a significant threat to the residents of LTC homes who are older and more medically complex than the general population, and therefore are more susceptible to infection from COVID-19. A number of risk mitigation measures have been put in place across the Region's long-term care homes in line with Ministry of Health, Ministry of Long-Term Care and Public Health direction to support the safety of residents and staff. The Seniors Services safety and risk mitigation strategy is based on an underlying principle of ensuring an abundance of caution, often above minimum requirements.

Measures that have been implemented to support the prevention of COVID-19 in Q1 and into Q2 include:

- All homes are closed to visitors at this time (with the exception of end-of-life compassionate visits).
- All staff are actively screened when they come into the home at the beginning of their shift and when they leave the home at the end of their shift. The active screening includes, in person interviews, and taking each employee's temperature. Staff who have a symptom or who have been exposed to someone with COVID-19 are tested and go into self-isolation. All staff are also self-monitoring throughout their shift and if they begin to feel unwell or develop a symptom are required to immediately leave and contact Public Health for testing.
- All staff are working only at a single home at this time.

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- Each employee in the home wears a surgical mask at all times when they are at work. When staff provide care for a resident in isolation they wear a mask (surgical or N95 depending on the type of care), a gown, gloves and a face shield. Regional homes have sufficient supplies of Personal Protective Equipment (PPE) to ensure that staff have the necessary products available for them at all times.
 - All residents are screened twice daily for symptoms, in addition to ongoing heightened surveillance of residents throughout all shifts. If a resident has a symptom associated with COVID 19, they are isolated and tested. If a resident is transferred from hospital, they are tested prior to transfer, only transferred if test results are negative and within 24 hours of the negative test result. A negative result does not rule out the potential for incubating illness and as such all new and returning residents must remain in isolation under Droplet and Contact Precautions for the 14-day period following arrival.
 - Dining areas and lounges have been reorganized to support social distancing. Furniture such as sofas have been removed (where required) and replaced with chairs that are placed at an appropriate distance apart. Dining areas have been reconfigured to ensure social distancing. Residents who are in isolation but prone to wandering have been assigned one-to-one support to ensure that if they wander from their room they are maintaining physical distancing at all times.
 - Enhanced environmental cleaning continues with additional housekeeping shifts and with increased frequency of cleaning and disinfecting 'high touch' surfaces.
 - All food and product deliveries are dropped off in an identified area in the parking lot and all deliveries are disinfected prior to being brought into the homes.
 - Communication plans have been implemented to support resident interaction with families through means such as phone calls, Skype or FaceTime. Recreation and social work staff are focused on ensuring residents have access to the supports they need through these challenging times.
 - All staff have had refresher training and updates on respiratory outbreak management, hand hygiene, appropriate use of personal protective equipment and on all aspects of COVID-19, and related care and risk management implications.
 - Extra staffing hours have been added to ensure residents receive the care they require.
 - Redeployed Regional staff are providing support with screening of staff and essential visitors, as well as providing support with dietary, housekeeping and laundry services.
 - Joint Occupational Health and Safety Co-Chairs complete a daily COVID-19 Spot Check Report.

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- Joint Occupational Health and Safety Co-Chairs reviewed and signed off on a COVID-19 specific Risk Assessment that details health and safety control measures by category including engineering controls, administrative controls and PPE with corresponding measures to mitigate transmission of infection in each domain.
 - Daily calls with the leadership teams and daily written summaries detail the updated implementation requirements for new and / or revised directives and orders from Ontario Health, the Ministry of Long-Term Care, the Ministry of Health, the Ministry of Labour, Public Health Ontario and Niagara Region Public Health.

Next Steps

Into Q2 Seniors Services will be continuing precautionary safety measures as well as initiating a recovery plan and preparation for a possible second wave of COVID-19 in the fall.

COVID-19 Seniors Services: Community Programs

In March, the Adult Day Program and Wellness programs were suspended and impacted staff were redeployed to the long-term care homes and Deer Park Suites Assisted Living. The redeployed staff are supporting communication between residents and families (FaceTime, Skype, phone calls) as well as mealtime assistance.

Respite companions have been redeployed and are providing telephone support to clients and families in the community. The phone calls enable a check in with isolated or vulnerable seniors in the community to make sure they are safe and well and provide a social connection to mitigate feelings of loneliness.

Outreach and Respite Program staff have been redeployed to support two community launches in an effort to mitigate risk for vulnerable seniors:

- **Niagara, we're in this together** is a multi-agency, community collaboration to address essential needs of vulnerable older adults across Niagara. Through this program, community workers complete wellness checks and assist seniors to secure essential needs including on-line grocery ordering, grocery delivery services, meal services, essential transportation access, and medication access.
- **Niagara Gatekeepers** launched an awareness campaign to advertise the number to call when supports are needed to connect seniors with food access programs, medication access, other essential needs, and transportation to essential appointments.

Next Steps

Into Q2 Community Programs staff will continue to focus on supporting vulnerable seniors in the community and developing programs in response to the anticipated 'new normal' of the pandemic and potential second wave of COVID-19 in the fall.

Alternatives Reviewed

Not Applicable.

Relationship to Council Strategic Priorities

Healthy and Vibrant Community.

Other Pertinent Reports

None.

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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 Carol Rudel Administrator Seniors Community Programs and reviewed by Henri Koning, Director, Seniors Services.

Appendices

Appendix 1 Seniors Services Report Card

Appendix 1

Seniors Services Report Card 2020

Measures	Definition	2019 Q2	2019 Q3	2019 Q4	2020 Q1
Seniors Long Term Care Home Metrics					
Resident Satisfaction Survey	This metric provides a measure of resident perception of services and overall rating of a great place to live. The survey is issued annually. In 2019 the average for the eight Niagara Region LTC Homes was 95%. The 2019 MBN average for upper-tier municipalities was 93%.				94
Pressure Ulcers	This is a measure of the number of residents with worsened stage 2-4 pressure ulcers (i.e. the stage of pressure ulcer is greater on the target assessment than on the prior assessment) (prov. avg. 2.6%).	3.73	3.25	2.96	2.91
Outbreaks	The resident home area may be declared in outbreak by Public Health if two or more residents residing in the same resident home area have two or more consistent infectious symptoms (In 2019 the total number of outbreaks was 16). ⁱ	2	4	3	6
% of Resident who have fallen in the last 30 days	This is a measure of the % of residents who sustained a fall in the last 30 days recorded on their target assessment. (prov. avg. 16.40%)	18.25	17.0	16.65	17.01
% of Residents with New Fractures	This is a measure of the % of residents who sustained a fracture during this quarter on their most recent assessment. The goal is to minimize all fractures. (prov. avg. 1.4%)	0.79	1.64	1.075	1.36

Measures	Definition	2019 Q2	2019 Q3	2019 Q4	2020 Q1
Seniors Community Programs					
Number of unique individuals served in 2019-2020	Individual is counted once in a calendar year regardless of the number of services one individual may be accessing.	1698	1748	1614	1611
% satisfied with overall services	Average across all Seniors Community Programs.				98
# of complex case consultations	Multi-agency collaboration is required to support the diverse needs of the individual in developing a community plan of support/care.	7	23	4	11

ⁱ In the event of COVID-19, Public Health will declare an outbreak if a single resident or staff test positive for COVID-19. One of the six outbreaks in Q1 was a COVID-19 outbreak. One employee developed symptoms and tested positive for COVID-19. There was no spread of the virus to residents or staff in the home.

Subject: Homelessness Services Report 2019
Report to: Public Health and Social Services Committee
Report date: Tuesday, June 16, 2020

Recommendations

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

Key Facts

- This report provides information regarding Homelessness Services activities and metrics for 2019 and planned activities for 2020.
- Niagara was successful in its application to join Built for Zero Canada, a movement dedicated to helping communities work toward an end to chronic and high-acuity homelessness.
- In 2019, 35 spaces were added to the Housing First and Home for Good supportive housing programs, bringing the total capacity at the end of the year to 200 and 58, respectively.
- Niagara implemented a shelter diversion pilot to support individuals presenting to shelter in finding other options to stabilize their housing situation.
- Negotiated Requests for Proposal were issued in late 2019 to procure Emergency Shelter, Assertive Street Outreach, Prevention, Transitional Housing, and Housing with Supports (Housing First and Home for Good) services, including a Request for Pre-Qualification for the Niagara Emergency Energy Fund.

Financial Considerations

The activities highlighted in this report were provided within the 2019 approved operating budget. As per the 2019 approved budget, Homelessness Services is primarily funded by the Ministry of Municipal Affairs and Housing (MMAH) (\$8,286,923 - 76.0% (which includes Community Homelessness Prevention Initiative (CHPI) and Home for Good funding), and also by the federal Reaching Home program (\$897,623 - 8.2%), as well as Regional levy (\$1,713,561 – 15.7%).

Analysis

Community Services operationalizes the Region's provincially mandated responsibilities as the Consolidated Municipal Service Manager (CMSM) for the homeless-serving system in Niagara. Its key responsibility is service system planning and administration for the homeless-serving system, and it operates under rules established by the MMAH and by Employment and Social Development Canada (ESDC). Niagara Region also receives federal funding under the Reaching Home program and is identified as the local Community Entity for this funding.

Homelessness services were delivered by 22 community agencies through purchase of service contracts with Niagara Region in 2019. The types of homelessness services align with the Council approved priorities of assertive outreach, supported transitional housing, Housing First and Home for Good supportive housing, emergency shelters, and homelessness prevention. In 2020, homelessness services will be delivered by 18 community agencies following the procurement of services through a Negotiated Request for Proposals (NRFP) process.

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

Homelessness Services Metrics

Initiative	2017	2018	2019
Emergency Shelter			
Number of unique individuals accessing shelter	1949	2156	2141
Average length of stay (in days per admission)	24.3	25.0	20.9
Average nightly bed occupancy rate	107.6%	104.5%	107.3%
Prevention			
Number of unique households that received a Niagara Emergency Energy Fund (NEEF) issuance	950	826	802
Average value of NEEF issuances	\$574	\$681	\$703
Number of unique households that received a Housing Stability Plan benefit	3306	3615	3675
Average value of Housing Stability Plan benefits issued (e.g., rent arrears, last month's rent deposit)	\$705	\$738	\$782

Initiative	2017	2018	2019
Housing with Related Supports			
Number of unique (new) individuals placed in Housing First	85	68	63
Number of unique (new) individuals placed in Home for Good	N/A	33	9

Homelessness Services Activities

The following are activities undertaken in 2019 to support continuous improvement within the homeless-serving system and drive outcomes related to the reduction of local homelessness.

- The Housing and Homelessness Action Plan was updated after completion of a five-year review and was subsequently approved by MMAH.
- The 'Homeless Individuals and Families Information System' (HIFIS) became the primary data collection tool for Homelessness Services. HIFIS is a web-based homeless management information system created by the federal government and available at no cost to Niagara Region (for the software). This system captures client information including demographics, housing histories, case management interactions and goal achievement. With a few exceptions, most client information in HIFIS is shared across providers within Niagara's homeless-serving system, facilitating better coordination of services between staff/providers at different community agencies, as well as with Regional staff.
- Niagara joined the Built for Zero Canada (BFZ-C) movement to end chronic homelessness. A Coordinated Access program analyst position was added to the Homelessness Services team and the BFZ-C Home Team was formed as the working group leading Niagara's participation in Built for Zero Canada and support the achievement of a By-Name List (BNL) and Coordinated Access, which are best practices that will assist Niagara to end chronic homelessness (also Reaching Home requirements).
- Niagara's BFZ-C team lead (Coordinated Access program analyst) and data lead (program evaluation and data advisor) worked with the information and analytics senior architect from the Region's IT department to develop a BNL report, as well as BFZ-C performance tracking reports, that draw directly from the data entered into HIFIS by the homeless-serving system.
- In late 2019, Coordinated Access principles were tested in selecting individuals for newly available Home for Good spaces. Clients referred to the program were

prioritized utilizing specific criteria (e.g., Indigenous identity, youth) and were selected at a meeting of frontline stakeholders based on the prioritization process.

Niagara Region's Housing First supportive housing program, operating since 2014, continued to provide housing placement services, case management supports and rent supplements to support individuals experiencing chronic and/or episodic homelessness to achieve housing stability long-term. At their six-month milestone, 82% of clients were housed and active in the program, or had successfully exited Housing First. At 12 months, this rate was 79%. **These results are considered quite positive within the Housing First model.**

HF Program Status	Outcome		At 6 Months		At 12 Months	
Active	Still housed	Original placement	189	68%	129	52%
		Subsequent placement	25	9%	41	17%
	Waiting for subsequent placement		23	8%	13	5%
Discharged	Exited to homelessness		7	3%	8	3%
	Exited successfully		15	5%	26	10%
	Exited for other reasons		18	7%	31	13%
Total			277	100%	248	100%

- Through a partnership with Niagara Regional Housing (NRH), 17 units in a newly constructed NRH apartment building were added to the Housing First program, along with office space for an on-site Housing First case manager.
- Gateway Residential and Community Support Services' new Home for Good build in Port Colborne neared completion, with anticipated occupancy in early 2020. This will add eight purpose-built units to the Home for Good supportive housing program.
- Another 10 community-based Home for Good units were added in late 2019. In Home for Good, clients receive similar but enhanced case management supports, as in Housing First, with a reduced caseload ratio for support workers due to more complex needs, as well as the provision of mental health services, addiction services, and occupational therapy, as needed.

In April 2019, The RAFT launched a youth shelter diversion program, in which a shelter diversion worker meets with individuals seeking emergency shelter at The RAFT. Through completion of a structured shelter diversion tool and process, based on the Region of Waterloo's model, other options are explored to stabilize the individual's housing situation. In the first six months of the program, over 40% of youth were successfully diverted to other housing options within 48 hours of presenting. Building upon this success, The RAFT and Southridge Shelter partnered in November 2019 so

that The RAFT performs shelter diversion for all youth (age 16-24) at both emergency shelters and Southridge adopted the same model of structured shelter diversion in their emergency shelter for individuals age 25+. In 2019 and into 2020, the rate of successful diversion from The RAFT youth shelter remained over 40%. For youth first-time shelter users, the rate of successful diversion was over 50%. Successful diversion rates are significantly lower among adults, although the practice is still effective, and especially worthwhile among adult first-time shelter users. Shelter diversion was included in the 2020 NRFP for Prevention and awarded to ensure this best practice will be implemented across the shelter system.

Successful Diversion	The RAFT All Youth	The RAFT New to Shelter System
No	58.6%	42.6%
Yes	41.4%	57.4%
Total	100.0%	100.0%

- Consultations regarding outreach services and possible enhancement to this category of programming occurred resulting in a final report and the creation of Assertive Street Outreach Guidelines. This work formed the basis for procurement of redesigned Assertive Street Outreach services through a NRFP process.
- The NRFPs issued in late 2019 reflected the large scale homeless-serving system transformation work that has been taking place to support Niagara's movement towards the System 2.0 model and the System 3.0 model. These models and associated activities were outlined in Niagara Region's Homelessness Services System Review (e.g. sharing the Housing-Focused Shelter Framework, including program and system Key Performance Indicators in procurement documents, welcoming a lead-agency model for proponents in the procurement process, etc.).

In December 2019, Niagara Region hosted a presentation by Iain De Jong to nearly 300 attendees, including elected officials, service providers and other stakeholders. 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.

Other Planned Enhancements

Enhancements planned or started for 2020 (excluding efforts associated with COVID-19):

- Award new Homelessness Services contracts
 - Consolidation of Housing First and Home for Good provision
 - Assertive Street Outreach team approach
- Expand Shelter Diversion services
- Formalize a training calendar for homeless-serving system staff
- Implement human trafficking safe house pilot
- Achieve a Quality By-Name List (aligned with federal Reaching Home requirements)
 - Implement common assessment tool across homeless-serving system
- Continue work on Coordinated Access system (aligned with federal Reaching Home requirements)
- Measure progress toward program and system KPIs
- Begin Housing-Focused Shelter and Bridge Housing pilots
- Implement mapping software for Assertive Street Outreach team

Alternatives Reviewed

Not Applicable

Relationship to Council Strategic Priorities

Homelessness services support the Healthy and Vibrant Community Council Priority.

Other Pertinent Reports

- COM 08-2020 HHAP Update 2019
- COM 01-2020 CHPI Investment Plan 2020-21
- COM 40-2019 Five-Year Review of Niagara's 10-Year HHAP
- COM 26-2019 Homelessness Services Report 2018
- COM 23-2019 Niagara Region Application for Built for Zero Canada
- COM 10-2019 Homelessness Services System Review
- COM 01-2019 CHPI Investment Plan 2019-20
- COM 16-2018 Homelessness Point-in-Time Count Report
- COM 08-2018 Homelessness Services Report 2017

Prepared by:

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Program Evaluation and Data Advisor
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.

Acting Chief Administrative Officer

This report was prepared in consultation with Stephanie Muhic, Program Financial Specialist, and reviewed by Maggie Penca, Manager, Homelessness Services and Cathy Cousins, Director, Homelessness Services and Community Engagement.



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May 15, 2020

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

Dear Ms. Norio,

At their May 15, 2020 meeting, the Niagara Regional Housing Board of Directors, passed the following motion as recommended in attached report NRH 7-2020:

That Niagara Regional Housing Quarterly Report January 1 to March 31, 2020 be APPROVED and FORWARDED to the Public Health and Social Services Committee and subsequently to Regional and Municipal Councils for information.

Your assistance is requested in moving report NRH 7-2020 through proper channels to Regional Council.

Sincerely,

Councillor Walter Sendzik
Chair



Q1 (January 1 to March 31, 2020) to Board of Directors

Recommendation:

That Niagara Regional Housing Quarterly Report January 1 to March 31, 2020 be APPROVED and FORWARDED to the Public Health and Social Services Committee and subsequently to Regional and Municipal Councils for information.

Submitted by:

Approved by:

Donna Woiceshyn
Chief Executive Officer

Walter Sendzik
Chair

Directors:

Walter Sendzik, Chair
Regional Councillor
St. Catharines

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

Tom Insinna
Regional Councillor
Fort Erie

James Hyatt, Vice-Chair
Community Director
St. Catharines

Betty Ann Baker
Community Director
St. Catharines

Betty Lou Souter
Community Director
St. Catharines

Karen Blackley, Secretary
Community Director
Thorold

Barbara Butters
Regional Councillor
Port Colborne

Leanne Villella
Regional Councillor
Welland

HIGHLIGHTS:**Application Activity**

678 received & processed

**Work Orders**

2,575 issued

**Capital Program**

42 purchase orders issued
1 public tender closed
1 project ongoing

**Rent Arrears**

= \$71,135.25

or

5.46% of the monthly rent charges

**Community Resources & Partnerships**

offered supports to

327

new referrals



43

partners

Non-Profit Housing Programs

62% deemed HEALTHY

**Rent Supplement / Housing Allowance**

1,457 units

**Niagara Renovates**

- Inspections on hold due to COVID-19
- 8 homeowners approved for funding

Welcome Home Niagara

4 homeowners received assistance
1 was an NRH tenant

**Housing First Project**

13
Individuals / families housed

**Appeals**

= **11** 7 upheld
4 overturned

**New Development**

Hawkins/Dell

- Demolition complete
- Construction - spring 2020 but may be delayed due to COVID-19



***V**ISION*

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

***M**ISSION*

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

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

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



Definitions can be found in the attached Reference Sheet.

1. Public Housing (NRH Owned Units)

DAY-TO-DAY MAINTENANCE:

In Q1, **2,575 work orders** were issued, representing \$905,371.35. \$39,965.18 of this amount was charged back to tenants who were held responsible for damages.

	2019-Q1	2019-Q2	2019-Q3	2019-Q4	2020-Q1
# of work orders issued	2,500	3,084	3,111	3,675	2,575

CAPITAL PROGRAM:

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

In Q1, 42 purchase orders were issued, 1 public tender closed and purchase orders issued \$1,569,627.

The Capital Program was responsible for one capital project and 41 purchase orders valued at \$1,569,627:

- one project - replacement of balconies and railings
- 41 RFPs and RFQs - various investigations, health and safety repairs, structural repairs and pavement retrofits

As of March 31, 2020, \$ 1,569,627 of the \$11.7 budgeted (excluding emergency) has been committed and or actually spent (13.41%).

TENANT MOVE OUTS:

Move Outs By Reason

Health	3	NRH Transfer	14
Long Term Care Facility	12	Moved to Coop or Non-Profit	2
Deceased	12	Bought a House	1
Private Rental	4	Left Without Notice	1
Voluntarily Left Under Notice	1	Other/None Given	10
Eviction – Tribunal	2	Cease to Qualify	0
		TOTAL	62

In Q1, there were **62 move outs**. Two involved eviction orders granted under the Ontario Landlord Tenant Board (LTB) – Arrears (one), Disturbances N5 (one). One of the evictions was enforced by the Sherriff.

	2019-Q1	2019-Q2	2019-Q3	2019-Q4	2020-Q1
# of move outs	51	86	57	71	62

ARREARS:

NRH Housing Operations actively works to reduce rent arrears but saw an increase in 2020-Q1 due to COVID-19 and tenant job loss while they await provincial benefits.

	Mar 31, 2019	Jun 30, 2019	Sept 30, 2019	Dec 31, 2019	Mar 31, 2020
Rent charges for the month	\$1,203,317.00	\$1,257,090.00	\$1,267,460.00	\$1,286,793.00	\$1,302,721.00
Accumulated rent arrears	\$35,736.89	\$34,004.39	\$35,549.21	\$36,134.21	\$71,135.25
Arrears %	2.97%	2.71%	2.80%	2.81%	5.46%

INSURANCE:

In Q1, there were four property damage claims awaiting final costs with payout pending.

COMMUNITY RESOURCES AND PARTNERSHIPS:

In Q1, we had partnerships with **43 community agencies** across Niagara. As a result of these partnerships, more than 200 support and enrichment activities were offered to tenants at NRH sites. Each partnership contributes to tenant lives and, in turn, the success of the Public Housing community as a whole:

- NRH began working with local partners to bring the Ontario Seniors Dental Care Program to eligible low-income seniors in NRH communities. Quest Health Centres, Centre De Sante and Bridges Health Centre facilitated presentations and applications for the program, which will provide dental benefits to seniors who do not have access through other government programs such as Ontario Disability Support Program (ODSP), Ontario Works (OW) or Non-Insured Health Benefits (NIHB).

Also during Q1, NRH Community Programs Coordinators (CPCs) offered support to **327 new referrals of tenants in need of assistance**. Of those new referrals, **59% were considered medium-high need**, (e.g. child safety concerns, eviction, social issues, cognitive concerns). In particular, there was an increase in the number of tenants needing help with supports and referrals to other agencies.

2. Non-Profit Housing Programs

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

	2019-Q1	2019-Q2	2019-Q3	2019-Q4	2020-Q1
Healthy	40	40	40	39	37
Routine Monitoring	18	17	17	18	21
Intensive Monitoring	0	1	1	1	0
Pre-PID (Project in Difficulty)	1	1	1	1	1
PID (Project in Difficulty)	1	1	1	1	1
TOTAL	60	60	60	60	60

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

3. Rent Supplement Program

In Q1, there were **1,457 Rent Supplement/Housing Allowance units** across Niagara. In the Rent Supplement program, tenants pay 30% of their gross monthly income directly to the private landlord and NRH subsidizes the difference up to the market rent for the unit. The Housing Allowance program is a short-term program that provides a set allowance to help applicants on the wait list.

	2019-Q1	2019-Q2	2019-Q3	2019-Q4	2020-Q1
Fort Erie	26	32	32	30	32
Grimsby	34	26	24	22	18
Lincoln (Beamsville)	11	11	11	13	14
Niagara Falls	235	239	240	239	237
Niagara-on-the-Lake	4	5	5	5	5
Pelham	20	19	19	19	17
Port Colborne	67	62	65	64	67
St. Catharines	741	780	773	778	798
Thorold	57	61	56	57	61
Welland	209	203	200	198	192
West Lincoln	15	15	15	16	16
TOTAL	1,419	1,453	1,440	1,441	1,457

Variance in the Rent Supplement program are a reflection of fluctuation between agreements ending and new agreements taken up with landlords.

An **In-Situ Rent Supplement Program** has been developed to engage new landlords and offer applicants on the Centralized Waiting List an opportunity to receive Rent-Geared-to-Income assistance where they currently live. This removes the need for moving related expenses and broadens the network of landlords in business with NRH.

In Q1, NRH initiated new agreements with **nine new landlords**.

4. Affordable Housing Program

NIAGARA RENOVATES PROGRAM:

The Niagara Renovates program provides assistance to low-to-moderate income homeowners for home repairs, accessibility modifications and the creation of secondary suites in single family homes.

Niagara Renovates inspections for new applicants for the 2020-2021 funding cycle have been placed on hold due to COVID-19. Inspections of completed work are being verified by homeowner photographs and formal inspections will take place as soon as possible and will include all areas inside and outside of the home to ensure compliance with program guidelines. Issues will be identified and a detailed Inspection Report provided to the homeowner.

NRH received \$545,920 through the Ontario Priorities Housing Initiative (OPHI) for all three streams of the program (Homeowner, Secondary Suite and Multi-Unit).

Eight homeowners have been approved for funding at this time and NRH is working toward re-opening these programs as we become more proficient at working under the COVID-19 rules.

HOMEOWNERSHIP PROGRAM – “WELCOME HOME NIAGARA”:

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

NRH received \$200,000 through the Ontario Priorities Housing Initiative (OPHI) program in September 2019 to be committed by March 2020.

In Q1, **four homeowners** received assistance through Welcome Home Niagara. **One of these was an NRH tenant.**

	2019-Q1	2019-Q2	2019-Q3	2019-Q4	2020-Q1
# of homeowners assisted	0	4	6	7	4

HOUSING FIRST PROGRAM:

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

In Q1, **13 individuals/families** were housed through the Housing First program. Since 2012, Housing First has helped 451 individuals/families.

	2019-Q1	2019-Q2	2019-Q3	2019-Q4	2020-Q1
# of individuals/families housed	10	23	15	16	13
# of Housing First units (at quarter end)	189	198	197	202	199

17 of these Housing First units were created with NRH's new development at 527 Carlton Street in St. Catharines.

RENTAL HOUSING (NEW DEVELOPMENT):

NRH New Development

Hawkins Street/Dell Avenue, Niagara Falls		
Ontario Priorities Housing Initiative (OPHI)	\$3,000,000	20
Regional Development Charges / NRH Reserves	\$17,090,000	53
TOTAL	\$20,090,000	73

Hawkins Street/Dell Avenue

- Demolition of 12 houses complete
- Updated Topographical Survey complete
- Pre-qualification Tender of General Contractors closed on February 20 – 16 submitted proposals, seven were pre-qualified, six are predicted to tender
- Class B Cost Report was completed and issued on March 2
- Development Committee Meeting held on March 12
- Drawings and specifications completed on March 16
- Permit Application submitted on March 24
- Site Plan Agreement approved then registered by the City of Niagara Falls on March 30
- Investigating receipt of building permit prior to April 4
- Construction Tender Package issued on March 16 and will close on April 21
- Nine addendums issued thus far
- Tender Committee Meeting to be determined and pending review, construction contract recommendation to the NRH board
- Construction scheduled to start in late May or early June but may be delayed due to COVID-19 and provincial restrictions

AFFORDABLE HOUSING UNIT #'S BY MUNICIPALITY:

Fort Erie		Grimsby		Lincoln (Beamsville)		Niagara Falls	
NRH Owned	116	NRH Owned	55	NRH Owned	61	NRH Owned	884
Housing Providers	389	Housing Providers	0	Housing Providers	41	Housing Providers	828
Rent Supplement	31	Rent Supplement	22	Rent Supplement	12	Rent Supplement	239
New Development	0	New Development	0	New Development	0	New Development	140
NOTL		Pelham		Port Colborne		St. Catharines	
NRH Owned	40	NRH Owned	0	NRH Owned	88	NRH Owned	1,017
Housing Providers	0	Housing Providers	0	Housing Providers	139	Housing Providers	1,666
Rent Supplement	5	Rent Supplement	19	Rent Supplement	64	Rent Supplement	775
New Development	0	New Development	0	New Development	35	New Development	346
Thorold		Welland		West Lincoln (Smithville)		Region-wide	
NRH Owned	29	NRH Owned	394	NRH Owned	0	NRH Owned	2,684
Housing Providers	85	Housing Providers	425	Housing Providers	86	Housing Providers	3,659
Rent Supplement	57	Rent Supplement	194	Rent Supplement	15	Rent Supplement	1,433
New Development	46	New Development	167	New Development	0	New Development	734

* There are no affordable housing units in Wainfleet

December 31, 2019

5. Service Manager Responsibilities

APPEALS:

In Q1, **11 appeals** were heard (one more than in 2019-Q1). Three appeals had to be postponed in March due to COVID-19 restrictions.

- Four related to ongoing RGI eligibility for failure to provide information (one with illegal occupants) – one UPHELD, three OVERTURNED (two with conditions)
- Two related to review of rent charge – both UPHELD
- Five for Urgent Status decisions made by Housing Access – four UPHELD, one OVERTURNED

	2019-Q1	2019-Q2	2019-Q3	2019-Q4	2020-Q1
# of appeals	10	12	10	11	11

INVESTMENTS:

See Appendix A – Investment Report

6. Housing Access Centre & Centralized Waiting List

APPLICATION ACTIVITY:

# of Applications Received & Processed	678	# of Eligible Applications	656
# of Special Provincial Priority Status Applications	85	# of Ineligible Applications	22
# of Urgent Status Applications	103	# of Cancelled Applications	216
# of Homeless Status Applications	150	# of Applicants Housed	119

In Q1, **216 households were removed** from the Centralized Waiting List because they were no longer eligible, they found alternate housing or we were unable to make contact.

CENTRALIZED WAITING LIST:

		2019- Q1	2019- Q2	2019- Q3	2019- Q4	2020- Q1
		# of households				
A	Rent-Geared-to-Income (RGI) waiting list:					
	Niagara resident RGI waiting list	4,715	4,926	5,012	5,154	5,322
	Applicants from outside of Niagara	793	849	897	977	1,045
TOTAL RGI waiting list:		5,508	5,775	5,909	6,131	6,367
	Housing Allowance: a set allowance to help applicants on the waiting list with affordability in the private market until housed in an RGI unit	704	742	747	742	739
A1	RGI waiting list demographics:					
	Seniors	2,257	2,344	2,362	2,455	2,514
	Adults no dependents	1,805	1,881	1,922	1,979	2,041
	Adults with dependents	1,446	1,550	1,625	1,697	1,812
A2	RGI list further segmented (#'s included in A & A1):					
	SPP – Special Provincial Priority (Ministry Priority): helps victims of violence separate permanently from their abuser	128	148	165	148	146
	URG – Urgent (Local Priority): for applicants with mobility barriers and/or extreme hardship where their current accommodation puts them at extreme risk and/or causes hardship	117	109	130	142	152
	HML – Homeless (Local Priority): provides increased opportunity for placement to homeless households	971	1,012	1,007	1,075	1145
	SUP – Supportive/Transitional: provides targeted, provisional services to assist individuals to transition beyond basic needs to more permanent housing	15	11	12	16	23
B	In addition, NRH manages:					
	Overhoused: households who are living in subsidized accommodation with more bedrooms than they are eligible for	180	176	181	174	176
	Transfer: households who are currently living in subsidized accommodation and have requested a transfer to another provider	564	573	603	613	635
TOTAL RGI households on waiting list managed by NRH:		6,252	6,524	6,693	6,918	7,178
C	NRH maintains a waiting list for market rent units (62 Non-Profit Housing Programs):					
	Market: applicants who have applied for a market rent unit in the Non-Profit Housing Programs portfolio	667	723	752	784	810
TOTAL households on waiting list managed by NRH:		6,919	7,274	7,445	7,702	7,988
TOTAL individuals on waiting list managed by NRH:		11,884	12,577	13,059	13,587	14,197

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

ESTIMATED WAIT TIMES:

CITY	SENIORS Age 55 and older		SINGLES Age 16-54		HOUSEHOLDS WITH DEPENDENTS			
	Bachelor	1 Bed	Bachelor	1 Bed	2 Bed	3 Bed	4 Bed	5 Bed
	Y E A R S							
Fort Erie	-	10	3	10	2	2	5	-
Grimsby	-	5	-	-	-	-	-	-
Lincoln	-	4	-	9	10	9	-	-
Niagara Falls	5	6	-	17	8	3	11	15
Niagara-on-the-Lake	-	5.5	-	-	-	-	-	-
Pelham	-	10	-	-	-	-	-	-
Port Colborne	-	5	-	11	4	4	3	-
St. Catharines	-	6.5	9	13	3.5	4	10	11
Thorold	-	9	-	11	6	10	-	-
Welland	-	5.5	6	15	7	2.5	7	6
West Lincoln	-	4.5	-	-	7	5	-	-

- no units of this size available in this community

January 2019

Please note:

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

MEMORANDUM**COM-C 17-2020**

Subject: Long-Term Care Home Redevelopment Status Updates
Date: June 16, 2020
To: Public Health and Social Services Committee
From: Adrienne Jugley, Commissioner, Community Services

Further to a request from Corporate Services Committee, the following provides an update on the Long Term Care (LTC) redevelopment project. Work on the redevelopment project has been proceeding throughout the pandemic with no delays to the design schedule. The Ministry of Long-Term Care has however extended the completion deadline for Linhaven, due to the pandemic, and the project schedule has been updated accordingly. The information below provides an update on the project status as well as an overview of how design planning for the new buildings has incorporated a focus on optimizing infection prevention and control in support of resident and staff safety.

Project Status Update

- Design meetings with the architects have been taking place on a regular bi-weekly basis, remotely, through GoToMeeting.
- Long-term care staff continue to be involved in design meetings and provide input to ensure the design supports operational needs and the project schedule is maintained.
- The Schematic Design for Linhaven has been completed.
- The Development Agreement and the Preliminary Plan Submission for Linhaven were submitted to the Ministry of Long-Term Care on May 8, 2020. Comments from the Ministry in response to the submission are expected within four to six weeks.
- The Gilmore Lodge Schematic Design is underway and is anticipated be completed more quickly than the Linhaven design as both projects share many common programmatic and design elements (based on best practice design considerations and to optimize project efficiencies).

Project Schedule

- Further to the challenges associated with the pandemic, the Ministry of Long-Term Care has extended the deadline for the Linhaven project to December 31, 2023.
- The schedule has been updated with a 30-month construction timeline for Linhaven and a 26-month construction timeline for Gilmore Lodge.
- The Gilmore Lodge project schedule is staggered approximately two months behind the Linhaven project, but due to a shorter construction schedule, will be completed essentially in parallel.

Milestone	Linhaven	Gilmore Lodge
Detailed Design Phase	July, 2020	September, 2020
Contract Document Phase	December, 2020	February, 2021
Tender Issue	December 2020	February, 2021
MLTC Approval of Tender Award	February 2021	April 2021
Construction Start Date	March 2021	June 2021
Resident Move In	August 2023	October, 2023

Upcoming Project Objectives

- Issue 'Commissioning Consultant' Request for Proposals (RFP) for both sites
- Issue Request for Prequalification of 'General Contractors' for both sites in July 2020
- Advance Design Development drawings for Linhaven
- Finalize Schematic Design drawings for Gilmore Lodge
- Submit Development Agreement and Preliminary Plan Submission for Gilmore Lodge to the Ministry of Long-Term Care

Infection Prevention and Control Related Design Considerations Incorporated Into the Two Projects

From the early stages of design, and prior to the emergence of the global pandemic, the design team and staff have proactively been working on developing a design with

overarching goals of safety, efficiency, resident comfort and optimal infection prevention and control practices in mind.

Design features developed support optimal infection prevention and control approaches, and exceed current Ministry of Long-Term Care requirements. Some examples include:

- Restorative spaces on each floor can be repurposed as staff rooms during an outbreak, thereby reducing staff movement (and potential transmission) through the home.
- Resident Home Areas are made up of 32-bed units that can be subdivided into two independently functioning 16-bed units in the event of an outbreak, minimizing the number of residents impacted by an outbreak. Each 16-bed unit has the necessary features to fully isolate the sub-unit if required, including a tub and shower room, 'clean utility room' and 'dirty utility room', and 'disinfectant'.
- All residents will have single bedrooms to mitigate risks related to infection transmission, as well as risks related to responsive behaviours.
- Rooms with a shared ensuite have two sinks – thereby providing enhanced infection prevention capacity.
- All resident rooms will be equipped with an overhead track lift system, eliminating the need to move portable lifts from room to room and mitigating infection transmission.
- Built-in Personal Protective Equipment (PPE) storage space outside each resident's room, allows for ease of PPE access.
- Dining rooms are built such that tables can be moved farther apart as needed, to support physical distancing capacity in a dining room.
- Storage capacity for pandemic supplies ensures ready access to supplies when homes are in need of surge capacity.
- A decentralized HVAC strategy is being implemented in the homes such that each resident room will have a dedicated HVAC unit with direct fresh air intake and exhaust, eliminating the requirement for common supply and return ductwork to resident rooms.
- Dedicated service elevators will reduce contact between staff, residents, and service equipment.
- Laundry and waste chutes have been incorporated into the design, eliminating the transport of waste and soiled linens through the building. Building layout has been optimized to minimize or eliminate clean supplies entering the building crossing paths with waste exiting the building.

- There is an ability to completely separate LTC from the Wellness Centre in the event of an outbreak, to support business continuity in the event of an outbreak.

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner

This memo was prepared by, Mislav Koren, Senior Project Manager, Facilities, Corporate Services, Henri Koning, Director, Seniors Services.

MEMORANDUM

COM-C 18-2020

Subject: Activities related to Niagara's 10-Year Housing and Homelessness Action Plan for March, April and May 2020

Date: June 16, 2020

To: Public Health and Social Services Committee

From: Jeffrey Sinclair, Homelessness Action Plan Advisor and Adrienne Jugley, Commissioner, Community Services

Further to council direction in October (COM 40-2019), staff will provide regular updates about activities, local targets, outcomes and challenges related to Niagara's 10-Year Housing and Homelessness Action Plan (HHAP), as new information is available.

The following, highlights activities related to the HHAP in March, April and May 2020:

- In March 2020, the Ministry of Municipal Affairs and Housing confirmed that they had reviewed Niagara's updated housing and homelessness action plan. The five-year review and updated plan was approved by Regional Council in October 2019 and submitted to the Ministry prior to the end of 2019.
- Niagara Region was preparing to conduct a point-in-time count of homelessness at the end of March 2020 to measure the extent of homelessness and enhance data and demographics on this population to support service planning. This is also a requirement of the Region's Reaching Home federal funding. Recognizing risks and resource challenges related to COVID-19, the federal government gave communities the flexibility to postpone their counts. Niagara's count has been postponed and is set to take place in March 2021. This will allow a full year to monitor the local implications of the pandemic and maintain the comparability with previous counts that have all taken place late March/early April.
- In April, Homelessness Services executed its new contracts for the homelessness system with 18 local providers, as a result of a formal procurement process.

- Under the new contracts, the Assertive Street Outreach Team was expanded in size with enhanced coverage for Niagara's 12 local area municipalities, and improved coordination through the introduction of a lead agency model.
- Transitions of Housing First and Home for Good caseloads, to the newly contracted provider, are on track for successful completion by end of June 2020. These programs have moved from 8 providers to a lead agency model (created to support fidelity to best practice and seamless client transitions between programs). Clients are being transferred to caseloads at the newly assigned agency.
- Homelessness Services launched a 6-week Housing-Focused Shelter pilot in May. The pilot supports up to 20 individuals and families facing chronic homelessness, to access a low-barrier emergency shelter and referral to permanent housing and case management supports. The pilot continues Niagara's efforts related to Built for Zero Canada by introducing the use of a By-Name Priority list to coordinate access to Niagara's Housing First program.
- In April, Niagara Regional Housing (NRH) began offering the Canada-Ontario Housing Benefit (COHB) pilot program, which increases the affordability of rental housing by providing an income-tested, portable housing benefit, directly to households that are on or are eligible to be on, the centralized waiting list. A portion of COHB funds has been allocated to the Housing First program to support clients with affordability issues and who are ready to graduate to independent living.
- The development of the new Niagara Official Plan is well underway. As of Q2 2020, the majority of the priority background studies are substantially complete and the development of options and draft policies has commenced. Further public consultations are anticipated in summer and fall 2020, with a greater emphasis on virtual engagement methods due to COVID-19.
- The affordable housing component of the new Niagara Official Plan will be informed by the Housing and Homelessness Action Plan and will include affordable housing targets and strategies to achieve those targets. The cross-departmental background

work relating to affordable housing has advanced substantially to enable policy drafting to begin for the new Official Plan.

- NRH is developing a Request for Proposals (RFP) for development of an Affordable Housing Master Plan.
- NRH's project planning for new development and infill on owned land continues, and will be reflected in the anticipated Affordable Housing Master Plan.
- NRH continues to assist housing providers across the Region, by providing formal project management services in a consulting capacity during all phases of new development. NRH is currently working with organizations in Fort Erie, Smithville and Port Colborne to complete front-end planning activities, while also performing on-site inspection / construction review for an ongoing 24-unit build in St. Catharines.
- Working in collaboration with various Regional departments, including Community Services, NRH has also become a primary contact and resource for private developers interested in creating affordable housing across Niagara. From March to May NRH has been in consultation with developers regarding multi-unit projects proposed for St. Catharines, Welland, Niagara Falls, Smithville and Fort Erie representing a potential 600+ new affordable and market units for the Region.

Respectfully submitted and signed by

Jeffrey Sinclair, BBA
Homelessness Action Plan Advisor

Adrienne Jugley, MSW, RSW, CHE
Commissioner