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

PHSSC 6-2020

Tuesday, July 14, 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

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Pages

1. CALL TO ORDER

2. DISCLOSURES OF PECUNIARY INTEREST

3. PRESENTATIONS

4. DELEGATIONS

5. ITEMS FOR CONSIDERATION

6. CONSENT ITEMS FOR INFORMATION

6.2 PHD-C 5-2020 — 71 - 84
COVID-19 Response and Business Continuity in Public Health & Emergency Services

6.3 PHD 5-2020 — 85 - 106
COVID-19 Impact on Niagara Emergency Medical Services

A presentation will precede the discussion of this item.

6.4 PHD-C 4-2020 — 107 - 109
Further Details on Order to Wear Masks in Wellington-Dufferin-Guelph

6.5 COM 15-2020 — 110 - 118
Affordable Housing Strategy Update (and **BE CIRCULATED** to the Local Area Municipalities)

6.6 COM-C 21-2020 — *119 - 120*
Letter from Aidan Johnson, Niagara Poverty Reduction Network Chair, dated July 6, 2020, supporting Basic Income for Income Security

7. OTHER BUSINESS

8. NEXT MEETING

The next meeting will be held on Tuesday, August 4, 2020 at 1:00 p.m.

9. ADJOURNMENT

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

Subject: Approval of 2020 Public Health Program Audits

Report to: Public Health and Social Services Committee

Report date: Tuesday, July 14, 2020

Recommendations

1. That the draft audited schedule of revenue and expenses and the annual reconciliation return for the Public Health General Programs for the year ended December 31, 2019 (Appendix 1 and 2), **BE APPROVED**;
2. That the draft audited schedule of revenue and expenses for the Infant & Child Development Services ("ICDS") program for the year ended March 31, 2020 (Appendix 3) **BE APPROVED**;
3. That the draft audited schedule of revenue and expenses and questionnaire for the Healthy Babies, Healthy Children ("HBHC") program for the year ended March 31, 2020 (Appendix 4 and 5) **BE APPROVED**;
4. That staff **BE DIRECTED** to co-ordinate with the auditor to finalize the statements as presented; and
5. That report PHD 04-2020 **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 and annual reconciliation return in accordance with the provincial requirements.
- In previous years, the ICDS and HBHC programs financial results had been reported to the Ministry using a December 31 year end (for each year). The current year schedule of revenue and expenses ("financial schedule") and the annual reconciliation return have been reported as of March 31 in order to align with the reporting date of the respective Ministry, as per Ministry direction in 2019.
- As a result of the reporting date change, the HBHC and ICDS financial schedules as of March 31, 2020 contain 15 months of financial data (January 1, 2019 to March 31, 2020). For both programs, subsequent financial schedules will contain 12 months of data with the fiscal year running April 1 to March 31 (in alignment with the Ministry).
- 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") and annual reconciliation returns 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, annual reconciliation return and questionnaire for the periods ended December 31, 2019 and March 31, 2020 are attached as Appendix 1-5.

The financial schedules are prepared specifically for the purposes of meeting the requirements as outlined in the service agreements with the respective 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 Department are a Ministry requirement as noted in the audit reports for each of the respective programs as follows:

Public Health General Programs:

"The schedule is prepared to assist the Regional Municipality of Niagara in complying with the financial reporting provisions of the Guidelines (Public Health Accountability Agreement effective January 1, 2019 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."

Infant & Child Development Services:

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

Healthy Babies, Healthy Children:

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

Analysis

The program audits 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:

- Public Health General Programs – the program has no funds returnable for the reporting period ended December 31, 2019 as the Region has expended all allocated funding. The grant receivable of $344,798 is a result of timing of cash flow from the Ministry and should be received from the Ministry once the program results are reviewed.
- Infant & Child Development Services – the program has no funds returnable for the reporting period ended March 31, 2020 as the Region has expended all allocated funding.
- Healthy Babies, Healthy Children – the program has no funds returnable for the reporting period ended March 31, 2020 as the Region has expended all allocated funding.

These financial 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 Beth Brens, CPA, CA, Manager, Program Financial Support.

Appendices

Appendix 1 - Public Health General Programs – Schedule of Revenue and Expenses

Appendix 2 - Public Health General Programs – Annual Reconciliation Return

Appendix 3 - Infant & Child Development Services – Schedule of Revenue and Expenses

Appendix 4 - Healthy Babies, Healthy Children – Schedule of Revenues and Expenses

Appendix 5 – Healthy Babies, Healthy Children - Questionnaire

Schedule of revenue, expenses and grant receivable/repayable

The Regional Municipality of Niagara Public Health Department

General Programs

December 31, 2019

The Regional Municipality of Niagara
Public Health Department

General Programs
December 31, 2019

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Deloitte LLP
25 Corporate Park Drive
3rd Floor
St. Catharines ON L2S 3W2
Canada

Tel: 905-323-6000
Fax: 905-323-6001
www.deloitte.ca

Independent Auditor's Report

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

Opinion

We have audited the accompanying schedule of revenue, expenses and grant receivable/payable of The Regional Municipality of Niagara Public Health Department – General Programs (the "Program" or "Region") for the year ended December 31, 2019 and notes to the schedule (collectively referred to as the "schedule").

In our opinion, the accompanying schedule of the Program for the year ended December 31, 2019, is prepared, in all material respects, in accordance with the Public Health Accountability Agreement effective January 1, 2019 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 the fact that the schedule has been prepared in accordance with the Guidelines. The schedule is prepared to assist Regional Municipality of Niagara in complying with the financial reporting provisions of the Guidelines. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedule

Management is responsible for the preparation and fair presentation of the schedule in accordance with the basis of accounting as described in Note 1, and for such internal control as management determines is necessary to enable the preparation of the schedule that is free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Schedule

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants
July 23, 2020

The Regional Municipality of Niagara
Public Health Department

General Programs

Schedule of revenue, expenses and grant receivable/repayable
year ended December 31, 2019

	Revenue Budget	Revenue Actual	Expense Budget	Expense Actual	Surplus (deficit) Actual	Add back: ineligible expenses	Add back: eligible expenses (revenues) in excess of Ministry funding (deficit)	Grant repayable (receivable)
	$	$	$	$	$	$	$	$
Province of Ontario								
Mandatory Programs MOHLTC (75%)	20,473,200	20,473,200	31,796,788	31,472,549	(10,999,349)	1,320,278	9,679,071	-
Chief Nursing Officer Support	121,500	121,500	121,500	121,500	-	-	-	-
Infection Control Program	90,100	90,100	90,100	90,100	-	-	-	-
Social Determinants of Health Nurses	180,500	180,500	180,500	180,500	-	-	-	-
Food Safety - Farm to Fork	78,400	78,400	78,400	78,400	-	-	-	-
Harm Reduction Program	250,000	250,000	250,000	250,000	-	-	-	-
Healthy Smiles Ontario (HSO)	1,250,900	1,250,900	1,250,900	1,250,900	-	-	-	-
Infectious Disease Control	611,200	611,200	611,200	611,200	-	-	-	-
Needle Exchange Program Initiative	192,000	192,000	192,000	192,000	-	-	-	-
Physician Services Agreement (Medical Officer of Health)	340,000	173,323	340,000	201,255	(27,932)	-	-	(27,932)
Safe Water Program	35,300	35,300	35,300	35,300	-	-	-	-
Smoke Free Ontario Strategy Program	668,600	668,600	673,599	669,190	(590)	-	590	-
Youth Tobacco Use Prevention	80,000	80,000	80,000	80,000	-	-	-	-
Ontario Seniors Dental Care Program (OSDCP)	1,602,750	805,010	1,602,750	993,050	(188,040)	-	-	(188,040)
One-time								
Business Intelligence Framework (2018-19)	-	159,153	-	159,153	-	-	-	-
New Purpose Built Vaccine Refrigerators (2019-20)	85,000	63,750	-	81,972	(18,222)	-	-	(18,222)
Needle Exchange Program Initiative One time (2019-20)	90,000	67,500	-	54,127	13,373	-	(13,373)	-
OSDCP Dental Clinic Upgrades (2019-20 Capital Funding)	331,800	-	-	-	-	-	-	-
Universal Influenza (UIPP)	-	-	-	56,416	(56,416)	-	44,166	(12,250)
Meningococcal C	-	-	-	102,158	(102,158)	-	62,743	(39,415)
Human Papillomavirus	-	-	-	153,041	(153,041)	-	94,102	(58,939)
	26,481,250	25,300,436	37,303,037	36,832,811	(11,532,375)	1,320,278	9,867,299	(344,798)
Region grant and other income								
The Regional Municipality of Niagara levy	10,411,773	10,776,311	-	-	10,776,311			
Other income	410,014	411,266	-	-	411,266			
	10,821,787	11,187,577	-	-	11,187,577			
Total	37,303,037	36,488,013	37,303,037	36,832,811	(344,798)			

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

The Regional Municipality of Niagara
Public Health Department

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

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

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

The Regional Municipality of Niagara
Public Health Department

General Programs
Notes to the schedule
December 31, 2019

1. Significant accounting policies

The schedule has been prepared for the Ontario Ministry of Health and Long Term Care in accordance with the Public Health Accountability Agreement effective January 1, 2019 between the Ontario Ministry of Health and Long Term Care and the Regional Municipality of Niagara and the 2017 Program-Based Grants User Guide (the "guidelines"). The agreement requires the schedule to be prepared in a manner consistent with the generally accepted accounting principles ("GAAP"). Management of the Regional Municipality of Niagara has interpreted GAAP to be recognition and measurement principles in accordance with Canadian Public Sector Accounting Standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Management has further interpreted that GAAP does not include the presentation principles and note disclosure required by GAAP for a complete set of financial statements. The financial results for the Community Mental Health Program is not included in the schedule of revenue, expenses and grant receivable/repayable for the year ended December 31, 2019.

Significant accounting policies are as follows:

(i) Revenues are reported on the cash basis of accounting.

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

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

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

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

(vi) Total expenses are reported on the schedule of revenue, expenses and grant receivable/repayable in order to understand the full cost of the program. Ineligible expenses as per the funding agreement have been removed for the purpose of determining the grant repayable/receivable.

2. Grant receivable

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

	2019	2018
	$	$
Grant receivable, beginning of year	**95,377**	346,814
Amounts recovered during the year	**(164,216)**	(347,053)
Amounts repaid during the year	**136,223**	158
Adjustment to prior year balances*	**(67,382)**	1,881
Grant receivable current year	**344,796**	93,577
Grant receivable, end of year	**344,798**	95,377

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

The Regional Municipality of Niagara
Public Health Department

General Programs
Notes to the schedule
December 31, 2019

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.

Annual Reconciliation Report

The Regional Municipality of Niagara Public Health Department

General Programs

December 31, 2019

The Regional Municipality of Niagara
Public Health Department

December 31, 2019

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Deloitte LLP
25 Corporate Park Drive
3rd Floor
St. Catharines ON L2S 3W2
Canada

Tel: 905-323-6000
Fax: 905-323-6001
www.deloitte.ca

Independent Auditor's Report

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

Opinion

We have audited the accompanying schedules of the annual reconciliation report of The Regional Municipality of Niagara Public Health Department – General Programs (the "Program" or "Region") for the year ended December 31, 2019 and notes to the report, including a summary of significant accounting policies (collectively referred to as the "schedules").

In our opinion, the accompanying schedules of the Program as at December 31, 2019 is prepared, in all material respects, in accordance with the Public Health Accountability Agreement effective January 1, 2019 between the Ontario Ministry of Health and Long Term Care and The Regional Municipality of Niagara and the Instructions for completing the 2019 Annual Report and Attestation (the "Guidelines").

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

We draw attention to the Note to the schedules, which describes the basis of accounting. The schedules are prepared to assist the Region in complying with the Guidelines. As a result, the schedules may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedules

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

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

Auditor's Responsibilities for the Audit of the Schedules

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants
July 23, 2020

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2019 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Niagara Region Public Health (The Regional Municipality of Niagara)**

Section 1: Base Funding (January 1, 2019 to December 31, 2019)
- Programs Funded at 75%
- Programs Funded at 100%

Section 2: 2018 One-Time Funding Approved to March 31, 2019
- One-Time Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100%

Section 3: 2019 One-Time Funding Approved to March 31, 2020 (To be settled in 2020)
- One-Time Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Section 1 Base Funding (January 1, 2019 to December 31, 2019)	Programs Funded at 75%	Mandatory Programs	20,473,200	20,473,200	30,345,224	(411,523)	22,450,276	20,473,200	-
		Sub-Total Programs Funded at 75%	**20,473,200**	**20,473,200**	**30,345,224**	**(411,523)**	**22,450,276**	**20,473,200**	**-**
	Programs Funded at 100%	Healthy Smiles Ontario	1,250,900	1,250,900	1,251,826	(926)	1,250,900	1,250,900	-
		Ontario Seniors Dental Care Program	1,602,750	805,010	993,050	-	993,050	993,050	(188,040)
		Enhanced Food Safety - Haines Initiative	78,400	78,400	78,400	-	78,400	78,400	-
		Enhanced Safe Water Initiative	35,300	35,300	35,300	-	35,300	35,300	-
		Harm Reduction Program Enhancement	250,000	250,000	250,000	-	250,000	250,000	-
		Infectious Diseases Control Initiative	611,200	611,200	611,200	-	611,200	611,200	-
		Needle Exchange Program Initiative	192,000	192,000	192,000	-	192,000	192,000	-
		Nursing Initiatives	392,100	392,100	392,100	-	392,100	392,100	-
		Smoke-Free Ontario Strategy	748,600	748,600	748,600	-	748,600	748,600	-
		Physician Services Agreement Initiative	340,000	173,323	201,255	-	201,255	201,255	(27,932)
		Sub-Total Programs Funded at 100%	**5,501,250**	**4,536,833**	**4,753,731**	**(926)**	**4,752,805**	**4,752,805**	**(215,972)**
Total Section 1 Base Funding (January 1, 2019 to December 31, 2019)			**25,974,450**	**25,010,033**	**35,098,955**	**(412,449)**	**27,203,081**	**25,226,005**	**(215,972)**
Section 2 2018 One-Time Funding Approved to March 31, 2019	One-Time Projects / Initiatives Funded at 100%	Mandatory Programs: Business Intelligence Framework (100%)	159,154	159,154	159,154	-	159,154	159,154	-
		Sub-Total One-Time Projects / Initiatives Funded at 100%	**159,154**	**159,154**	**159,154**	**-**	**159,154**	**159,154**	**-**
Total Section 2: 2018 One-Time Funding Approved to March 31, 2019			**159,154**	**159,154**	**159,154**	**-**	**159,154**	**159,154**	**-**
Grand Total 2019 Settlement (Section 1) + (Section 2)			**26,133,604**	**25,169,187**	**35,258,109**	**(412,449)**	**27,362,235**	**25,385,159**	**(215,972)**

Section 3 2019 One-Time Funding Approved to March 31, 2020 (To be settled in 2020)	One-Time Projects / Initiatives Funded at 100%	Needle Exchange Program Initiative (100%)	90,000	67,500	54,127		54,127	54,127	13,373
		New Purpose-Built Vaccine Refridgerators (100%)	85,000	63,750	81,972		81,972	81,972	(18,222)
		OSDCP: Fort Erie Upgrades (100%)	75,300	-	-		-	-	-
		OSDCP: Centre de Sante Communiautaire Upgrades (100%)	122,000	-	-		-	-	-
		OSDCP: Niagara Falls Community Health Centre Upgrades (100%)	134,500	-	-		-	-	-
		Sub-Total One-Time Projects / Initiatives Funded at 100%	**506,800**	**131,250**	**136,099**	**-**	**136,099**	**136,099**	**(4,849)**
Total Section 3 - 2019 One-Time Funding Approved to March 31, 2020 (To be settled in 2020)			**506,800**	**131,250**	**136,099**	**-**	**136,099**	**136,099**	**(4,849)**
Grand Total 2019 Settlement (Section 1) + (Section 2)			**26,133,604**	**25,169,187**	**35,258,109**	**(412,449)**	**27,362,235**	**25,385,159**	**(215,972)**

Having the authority to bind the Board of Health for the Public Health Unit:

We certify that the Financials shown in the Annual Reconciliation Report and the supporting schedule are complete and accurate and are in accordance with Transfer Payment Agreements and Reports filed with the appropriate Municipal Council.

Date _____ **Signature** _____
Medical Officer of Health / Chief Executive Officer

Date _____ **Signature** _____
Chair of the Board of Health / Authorized Officer

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2019 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Niagara Region Public Health (The Regional Municipality of Niagara)**

SCHEDULE 1: Schedule of Offset Revenues

Mandatory Programs	Line #	Reference	Actual $	Ministry Use Only
Interest Income	L 1		-	
Universal Influenza Immunization Program clinic reimbursement	L 2		(12,685)	
Meningococcal C Program clinic reimbursement	L 3		(39,814)	
Human Papilloma Virus Program reimbursement	L 4		(59,645)	
Other (Specify):	L 5		(294,748)	
By-law related product and service, expense reimbursement and miscellaneous revenue	L 6		(4,631)	
2019 Total Offset Revenues	**L 11**	**To Summary Page Cell G15 - Offset (Revenue)**	**(411,523)**	

Healthy Smiles Ontario	Line #	Reference	Actual $	Ministry Use Only
Interest Income	L 12		-	
Revenues Generated from Other Government Dental Program:	L 13			
Ontario Works (OW)	L 14			
Ontario Disability Support Program (ODSP)	L 15			
Other government dental programs (please specify):	L 16			
By-law related product and service, expense reimbursement and miscellaneous revenue	L 17		(926)	
2019 Total Offset Revenues	**L 20**	**To Summary Page Cell G19 - Offset (Revenue)**	**(926)**	
Ontario Seniors Dental Care Program	**Line #**	**Reference**	**Actual $**	**Ministry Use Only**
Interest Income	L 21			
Client Co-Payments	L 22			
Revenues Generated from Other Government Dental Program:	L 23			
Ontario Works (OW)	L 24			
Ontario Disability Support Program (ODSP)	L 25			
Other government dental programs (please specify):	L 26			
2019 Total Offset Revenues	**L 30**	**To Summary Page Cell G20 - Offset (Revenue)**	**-**	

The Regional Municipality of Niagara
Public Health Department

General Programs
Note to the schedules
December 31, 2019

1. Significant accounting policies

The report has been prepared for the Ontario Ministry of Health and Long Term Care in accordance with the Public Health Accountability Agreement effective January 1, 2019 between the Ontario Ministry of Health and Long Term Care and the Regional Municipality of Niagara and the Instructions for completing the 2019 Annual Report and Attestation (the "Guidelines"). The agreement requires the report to be prepared in a manner consistent with the generally accepted accounting principles ("GAAP"). Management of the Regional Municipality of Niagara has interpreted GAAP to be recognition and measurement principles in accordance with Canadian Public Sector Accounting Standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Management has further interpreted that GAAP does not include the presentation principles and note disclosure required by GAAP for a complete set of financial statements.

Significant accounting policies are as follows:

Revenue and expenses

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

Capital assets

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

Employee future benefits

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

Use of estimates

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

Schedule of revenue and expenses

The Regional Municipality of Niagara Public Health Department

Infant and Child Development Services

March 31, 2020

The Regional Municipality of Niagara
Public Health Department

Infant and Child Development Services
March 31, 2020

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Deloitte LLP
25 Corporate Park Drive
3rd Floor
St. Catharines ON L2S 3W2
Canada

Tel: 905-323-6000
Fax: 905-323-6001
www.deloitte.ca

Independent Auditor's Report

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

Opinion

We have audited the accompanying schedule of revenue and expenses of the Regional Municipality of Niagara Public Health Department – Infant and Child Development Services (the "Program") for the 15 month period 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 15 month period ended March 31, 2020 is prepared, in all material respects, in accordance with the financial reporting provisions of the agreement between the Ontario Ministries of Children and Youth Services and Community and Social Services and the Regional Municipality of Niagara.

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management and Those Charged with Governance for the Schedule

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

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

Auditor's Responsibilities for the Audit of the Schedule

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants
July 23, 2020

The Regional Municipality of Niagara
Public Health Department

Infant and Child Development Services
Schedule of revenue and expenses
15 month period ended March 31, 2020

	2019-20 Budget (15 months)	**2019-20 Actual (15 months)**	2018 Actual (12 months)
	$	**$**	$
Revenue			
Province of Ontario - Service Contract	710,530	**710,530**	568,428
One-time grant	-	**-**	3,749
	710,530	**710,530**	572,177
Expenses			
Salaries	529,809	**546,345**	416,223
Benefits	130,134	**133,264**	102,186
	659,943	**679,609**	518,409
Other service costs			
Administration costs (Note 3)	43,240	**36,180**	49,331
Staff travel	27,000	**20,910**	16,237
Audit services	3,307	**3,333**	2,690
Utilities and taxes	2,500	**1,998**	1,792
Supplies	7,250	**1,845**	22,059
IT licenses and support	2,875	**1,668**	2,035
Staff training	3,625	**726**	8,168
Purchased services	1,970	**225**	472
Fees and dues	375	**221**	315
	92,142	**67,106**	103,099
Total expenses	752,085	**746,715**	621,508
Deficiency of revenue over expenses	(41,555)	**(36,185)**	(49,331)

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

The Regional Municipality of Niagara
Public Health Department

Infant and Child Development Services
Notes to the schedule of revenues and expenses
March 31, 2020

1. Significant accounting policies

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

Significant accounting policies are as follows

Revenue and expenses

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

The accrual basis of accounting recognizes revenues are 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

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

Employee future benefits

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

2. Grant repayable

	2019-20	2018
	$	$
Grant repayable beginning of period	**-**	-
Excess of expenditures over revenue	**36,185**	49,331
Expenditures in excess of the budget	**(36,185)**	(49,331)
Grant repayable, end of period	**-**	-

The Regional Municipality of Niagara
Public Health Department

Infant and Child Development Services
Notes to the schedule of revenues and expenses
March 31, 2020

3. Administration costs

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

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

Administration costs are comprised of the following charges:

	2019-20 Budget (15 months)	**2019-20 Actual (15 months)**	2018 Actual (12 months)
	$	**$**	$
Accounting services	1,693	**1,213**	1,443
Payroll services	13,702	**9,404**	12,280
Human resources services	7,842	**7,271**	13,704
IT program support services	14,630	**13,277**	14,830
Insurance costs	259	**270**	298
Printing costs	1,357	**1,081**	535
Capital financing	3,757	**3,664**	6,241
	43,240	**36,180**	49,331

4. Budget data

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

Schedule of revenue and expenses

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

March 31, 2020

The Regional Municipality of Niagara
Public Health Department

Healthy Babies, Healthy Children Program

March 31, 2020

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Deloitte LLP
25 Corporate Park Drive
3rd Floor
St. Catharines ON L2S 3W2
Canada

Tel: 905-323-6000
Fax: 905-323-6001
www.deloitte.ca

Independent Auditor's Report

To the Members of Council of the Regional Municipality of Niagara and Ontario Ministry of Children, Community and Social Services

Opinion

We have audited the accompanying schedule of revenue and expenses of the Regional Municipality of Niagara Public Health Department – Healthy Babies, Healthy Children Program (the "Program") for the 15-months 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 15-months ended March 31, 2020 is prepared, in all material respects, in accordance with the financial reporting provisions of the agreement dated January 1, 2018, and the amending agreement dated August 1, 2019, between the Ontario Ministry of Children, Community and Social Services 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 dated January 1, 2018, and the amending agreement dated August 1, 2019, between the Ontario Ministry of Children, Community and Social Services and the Regional Municipality of Niagara. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedule

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

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

Auditor's Responsibilities for the Audit of the Schedule

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

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

- Identify and assess the risks of material misstatement of the schedule, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal contdrol.
- 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
July 23, 2020

The Regional Municipality of Niagara
Public Health Department

Healthy Babies, Healthy Children Program
Schedule of revenue and expenses
15-months ended March 31, 2020

	2019-20 Budget (15 months)	**2019-20 Actual (15 months)**	2018 Actual (12 months)
	$	**$**	$
Revenue			
Ministry of Children, Community and Social Services Funding	3,084,194	**3,084,194**	2,365,130
Other revenue	-	**2,296**	388
	3,084,194	**3,086,490**	2,365,518
Expenses			
Salaries and wages: unionized			
Public health nurses	1,461,513	**1,454,834**	1,118,187
Employee benefits	502,251	**463,795**	357,011
Lay home visitors	371,976	**402,972**	319,076
Clerical	129,534	**129,588**	99,946
WSIB	-	**56**	417
Salaries and wages: non-unionized			
Management	272,887	**284,428**	210,352
Administration ISCIS	78,764	**85,348**	60,764
Employee benefits	76,874	**83,059**	58,737
	2,893,799	**2,904,080**	2,224,490
Operating costs			
Administration costs (Note 3)	150,787	**141,693**	151,290
Professional development	93,231	**100,213**	39,835
Travel - mileage	75,500	**66,222**	57,863
Telephone and communications	10,000	**10,132**	11,431
Program supplies/resources	1,250	**8,738**	18,325
Audit fees	7,126	**7,149**	5,795
Office supplies	2,663	**5,982**	7,289
Cleaning allowance	625	**760**	490
	341,182	**340,889**	292,318
Total expenses	3,234,981	**3,244,969**	2,516,808
Deficiency of revenue over eligible expenses	(150,787)	**(158,479)**	(151,290)

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

The Regional Municipality of Niagara
Public Health Department

Healthy Babies, Healthy Children Program
Notes to the schedule of revenue and expenses
March 31, 2020

1. Summary of significant accounting policies

Basis of accounting

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

Revenue and expenses

Revenue is reported on the accrual basis of accounting.

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

Capital assets

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

Employee future benefits

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

Use of estimates

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

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

2. Grant receivable/repayable

The grant receivable/repayable to the Province of Ontario is subject to audit verification by the Ontario Ministry of Children, Community and Social Services. The grant receivable/repayable is non-interest bearing and is normally recovered in the subsequent year. The surplus repayable to the Province of Ontario for the 15-months ended March 31, 2020 is $nil (2018 - $nil).

	2019-20	2018
	$	$
Grant receivable, beginning of period	**-**	-
Excess of expenditures over revenue	**(158,479)**	(151,290)
Expenditures in excess of the budget	**158,479**	151,290
Grant receivable, end of period	**-**	-

The Regional Municipality of Niagara
Public Health Department

Healthy Babies, Healthy Children Program
Notes to the schedule of revenue and expenses
March 31, 2020

3. Administration costs

	2019-20 Budget (15 months)	**2019-20 Actual (15 months)**	2018 Actual (12 months)
	$	**$**	$
Accounting services	4,479	**2,506**	2,644
Payroll services	47,345	**36,908**	42,599
Human resources services	28,549	**30,290**	16,592
IT program support services	52,361	**55,696**	61,034
Insurance costs	894	**933**	1,126
Printing costs	3,848	**1,808**	3,569
Capital financing allocation	13,311	**13,552**	23,726
	150,787	**141,693**	151,290

4. Budget data

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

Deloitte.

Deloitte LLP
25 Corporate Park Drive
3rd Floor
St. Catharines ON L2S 3W2
Canada

Tel: 905-323-6000
Fax: 905-323-6001
www.deloitte.ca

Accountant's Report

In connection with the 15 month period-end settlement forms
March 31, 2020

To the Members of Council of the Regional Municipality of Niagara and Ontario Ministry of Children, Community and Social Services:

As requested by the Regional Municipality of Niagara Public Health Services (the "Region") on July 14, 2020, we have performed the following procedures related to the Ministry of Children, Community and Social Services (the "Ministry") Auditor's Questionnaire in connection with the Healthy Babies Healthy Children Program (the "Program") 15 Months Period-End Settlement Forms as at March 31, 2020 (the "Settlement Forms"):

1. We verified that the attached Settlement Forms, which reports total revenue of $3,103,275 and total expenditures of $3,103,275, agrees with the books of the Region for the 15 months ended March 31, 2020.
2. We have agreed the expenses and revenues as reported on the Settlement Forms with those as shown in the Audited Financial Statements for the 15 Month Settlement Period ended March 31, 2020.
3. We familiarized ourselves with the applicable Provincial legislation as represented by the Ontario Transfer Payment Agreement dated January 1, 2018, and the amending agreement dated August 1, 2019, between the Ministry and the Region, insofar as they pertain to financial and accounting matters, and insofar as they relate to the Program on whose financial statements we have reported.
4. We read the "Explanatory Notes and Instructions" for the preparation of the Settlement Forms as required by the Ministry.
5. We read all minutes of the following bodies of the Region up to July 14, 2020 as provided by the Region, and have satisfied ourselves that proper recognition was given to all items recorded therein which affected the financial position of the Program.
   a. Public Health and Social Services Committee
   b. Audit Committee
   c. Regional Municipality of Niagara Council
6. We read the correspondence during the period between the Ministry and the Region which has been provided to us by the Region and is likely to have a direct bearing on its financial position.
7. We verified that there were no funds flowed by the Ministry in excess of current requirements that were invested to earn additional revenue.
8. We confirmed that the Program has fidelity insurance coverage. We have also reviewed other insurance coverage.
9. We have inquired of management as to whether the Region has complied with previous audit recommendations resulting from the completion of these period-end procedures, to which management responded that there have been no previous audit recommendations regarding the Program.

As a result of applying the above procedures, we found no exceptions. However, these procedures do not constitute an audit with the objective of expressing a separate opinion regarding the subject financial information and accordingly, we do not express an opinion on such information.

This report is intended solely for your use in connection with the Program 15 Month Period-End Settlement Forms referred to in our engagement letter dated July 29, 2019, and is not to be referred to or distributed to parties other than the Ministry or the Region.

Chartered Professional Accountants
Licensed Public Accountants
July 23, 2020

Subject: Basic Income for Income Security

Report to: Public Health and Social Services Committee

Report date: Tuesday, July 14, 2020

Recommendations

1. That Regional Council **ACKNOWLEDGE** the inequitable impacts of the COVID-19 pandemic on Niagara residents, including the disproportionate burden of both illness and economic harm borne by those of lower income or in poverty;
2. That Regional Council **CALL UPON** the federal and provincial government to prioritize measures to reduce poverty and income inequality in our society as one of the changes that should be initiated by this pandemic;
3. That Regional Council **RECOMMEND** that the federal and provincial governments engaged in pilot projects to study policy innovations that can address poverty and income inequality, including study of basic income guarantee projects;
4. That Regional Council particularly **RECOMMEND** that the federal government carefully study the Canadian Emergency Response Benefit (CERB) for its impact on health and poverty of recipients as lessons that could be applied to a basic income guarantee pilot, or as a platform for instituting a basic income guarantee; and
5. That Regional Council **DIRECT** the Regional Chair to communicate these calls and recommendations to the federal and provincial governments.

Key Facts

- Up to 50% of health outcomes can be attributed to socio-economic conditions. Individuals living in poverty are more likely to have poor health.
- Reducing poverty, for example through improved and guaranteed income levels, has the potential to improve the physical and mental health of recipients and reduce their demands on other programs.
- Basic Income Guarantee (BIG) is an umbrella term for a group of heterogeneous policies trying to address a complex issue.
- The current research on basic income programs has limitations, so it is challenging to understand the impacts of a basic income program in the Canadian context.
- Policy makers must decide how to best apply BIG so that recipients are not worse off due to lost services or claw backs of other sources of income or support.

Financial Considerations

There are no financial considerations for Council to consider as a consequence of this report.

Analysis

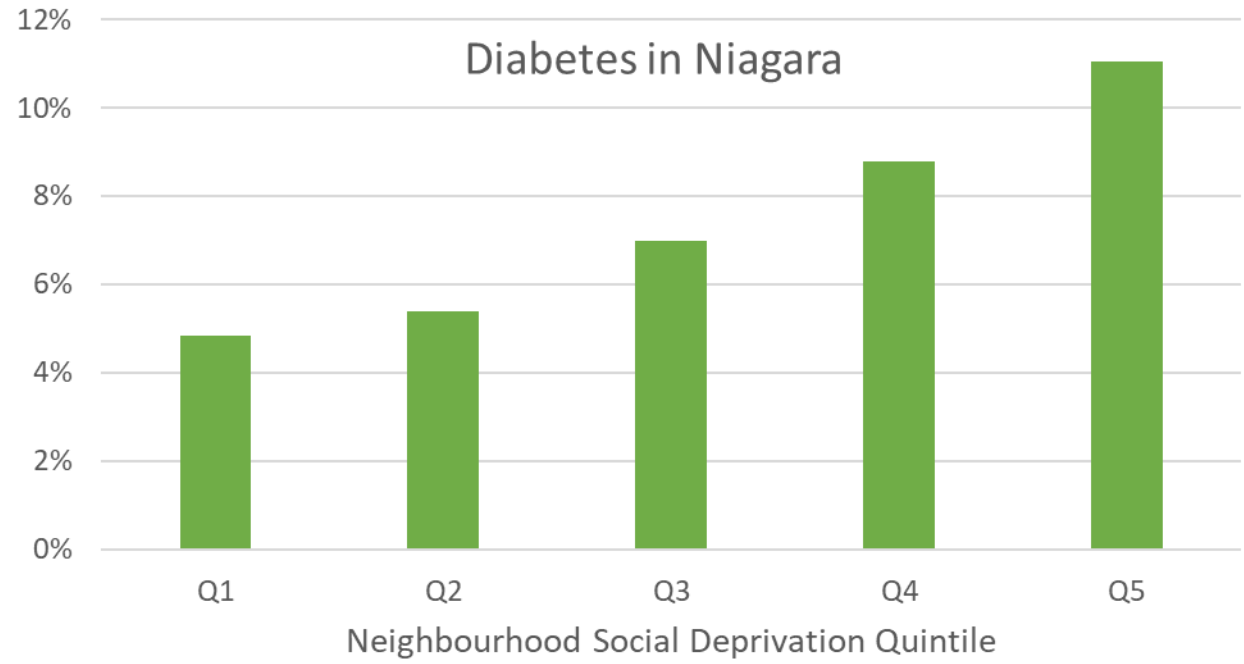
Social Determinants of Health

Health starts in our homes, schools and communities; evidence indicates up to 50% of health outcomes can be attributed to socio-economic conditions—often referred to as the social determinants of health.[1] Income, a socio-economic condition, contributes to health disparities seen across the world and in Niagara. Lower life expectancy, higher incidence of chronic disease and infant mortality are health conditions experienced by Canadians that are living in poverty.[2]

In Niagara, this can be illustrated by looking at how many of our residents have diabetes: in the top socioeconomic quintile, fewer than 5% of people have diabetes; but in the most socially-deprived quintile amongst us, over 11% of people have diabetes—more than double.[3]

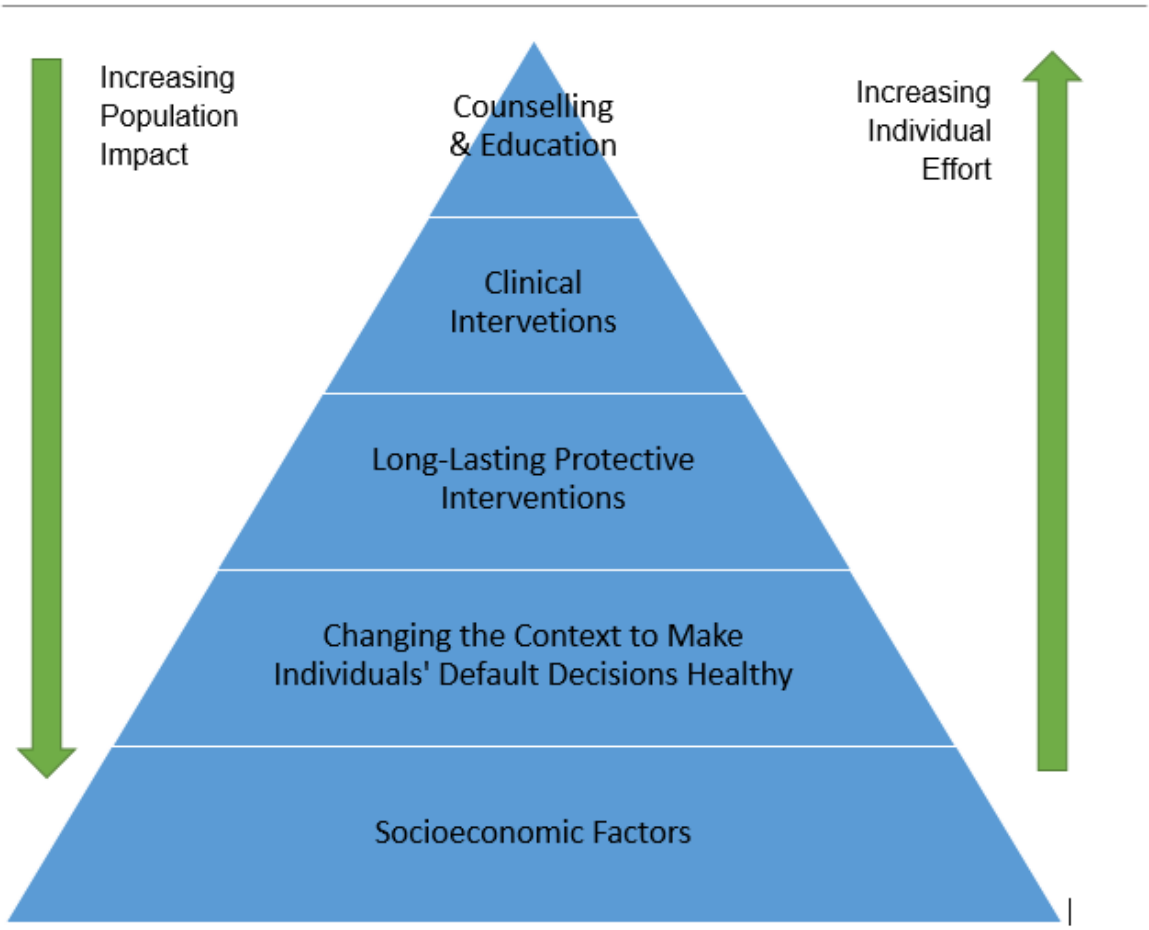
[1] Canadian Medical Association. Infographic: What makes Canadians sick? Health Care Transformation, June 25, 2013.
[2] Graham H, Kelly M. Developing the evidence base for tackling health Inequalities and differential effects. Swindon: Economic and Social Research Council. [date unknown]. [cited 2013-01-12] Available from: World Health Organization Social Determinants of Health ((http:/www.who.int/social_determinants/resources/esrc_document.pdf)

[3] M. Tenenbaum. *Advancing Health Equity in Niagara: A Health Status Report*. Niagara Region. 2016



Reducing the difference in health outcomes between the most and least healthy—reducing health inequity—holds promise to make the greatest improvement in the health of our population. To close the health gap and make an impact on health and health equity, a comprehensive evidence-informed approach is needed. The health impact pyramid outlines and provides guidance to public health professionals and policy makers as to impact potential of proposed and/or actualized interventions.[4]

[4] Frieden, T. R. A Framework for Public Health Action: The Health Impact Pyramid. American Journal of Public Health. 2010. April; 100(4): 590–595.



At the foundation of the pyramid are socioeconomic conditions, noting that changes to the populations' socioeconomic conditions will have the greatest impact on health. An intervention, such as BIG that has the potential to impact socioeconomic conditions, is a policy option that has significant potential health benefits.

COM 5-2020 entitled, "Local Considerations to Inform the Development of the next Ontario Poverty Reduction Strategy" provides a recent overview of poverty data in Niagara.

Current Income Security Programs

In Ontario, a range of income security programs are available to eligible individuals and families. Income security programs are part of a complex system with multiple programs that are funded, overseen and delivered by different levels of government. The programs vary considerably in their specific form and purpose, target groups, eligibility

rules, delivery methods and amounts of support.[5] Some programs available include the following:

- Employment Insurance (EI) and Canada Pension Plan (CPP)
- Old Age Security (OAS), Guaranteed Income Supplement (GIS), Canadian Child Benefit (CCB), and Canada Workers Benefit (CWB)
- Ontario Works (OW), Ontario Disability Support Program (ODSP), Guaranteed Annual Income System (GAINS), Ontario Child Benefit (OCB)
- Child care fee subsidies, Rent-Geared-to-Income Housing, Ontario Drug Benefit program and Healthy Smiles Ontario
- Other low income tax credits and transfers (e.g., Ontario Trillium Benefit)

Through provincial income security programs like OW and ODSP, eligible individuals and families also receive income and employment supports, and a range of benefits that assist with the costs of basic and health related needs.

For more details on the various benefits please refer to the following:

- Ontario Government Tax credits and benefits for People (https://www.ontario.ca/page/tax-credits-and-benefits-people#section-0)
- Government of Canada Benefits
- (https://www.canada.ca/en/services/benefits.html)
- Ontario Government Ministry of Children, Community and Social Services – About Social Assistance in Ontario (https://www.mcss.gov.on.ca/en/mcss/programs/social/)

Although investments have been made to enhance the broad income security system, it has not allowed the system to adequately meet the needs of many people.[6] Often, benefits are based on the assumption that people have access to long-term, well paid employment.[7] However, many people still face long-standing barriers to employment and are also impacted by the changing landscape of employment (e.g. more low-paying

[5] Government of Ontario. Income Security: A Roadmap for Change (2017). Available from: (https://www.ontario.ca/page/income-security-roadmap-change)
[6] Government of Ontario. Income Security: A Roadmap for Change (2017). Available from: (https://www.ontario.ca/page/income-security-roadmap-change)
[7] Government of Ontario. Income Security: A Roadmap for Change (2017). Available from: (https://www.ontario.ca/page/income-security-roadmap-change)

work and part-time work that is limited in duration).[8] The complexity of the income security system and the rules associated with income security programs also make it difficult for many people to navigate and access some programs.[9] Income security programs can also seem inequitable because they provide varying levels of financial support to people.[10] For example, the monthly benefit for an individual that is receiving EI could be much higher than the monthly benefit that an individual on OW might receive.[11] In many cases, the amount of the benefit (for example through OW or ODSP) that is provided to an individual may also be insufficient to purchase necessities (e.g. housing, food, transit) if it is expected to be long-term sustainable income.

It is important to note that benefits like OAS, GIS, and CCB, incorporate elements of a basic income guarantee.[12] These benefits are targeted towards certain demographics, but are not conditional transfers.

Continued investments in the income security system, through the coordination of different levels of government, are required to ensure that the needs of people accessing income security programs are adequately addressed.

Basic Income Guarantee

Basic Income Guarantee is a payment to eligible families or individuals that ensures a minimum income level regardless of employment status. The stability that basic income provides can help recipients move to better paying employment, pursue more schooling or educational training programs to improve their future employability, and allow them to play a fuller role as citizens in society.[13]

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[8] Government of Ontario. Income Security: A Roadmap for Change (2017). Available from: (https://www.ontario.ca/page/income-security-roadmap-change)
[9] Government of Ontario. Income Security: A Roadmap for Change (2017). Available from: (https://www.ontario.ca/page/income-security-roadmap-change)
[10] Government of Ontario. Income Security: A Roadmap for Change (2017). Available from: (https://www.ontario.ca/page/income-security-roadmap-change)
[11] Government of Ontario. Income Security: A Roadmap for Change (2017). Available from: (https://www.ontario.ca/page/income-security-roadmap-change)
[12] Zon, N. Would a universal basic income reduce poverty? Maytree. (2016). Available from: (https://maytree.com/publications/universal-basic-income-reduce-poverty)
[13] Ferdosi, M., McDowell, T., Lewchuk, W., Ross, S., Southern Ontario's Basic Income Experience. Available from: (https://labourstudies.mcmaster.ca/documents/southern-ontarios-basic-income-experience.pdf)

Hugh Segal, former Conservative Canadian Senator and long-standing advocate for the implementation of BIG in Canada, was commissioned by the previous Government of Ontario for a discussion paper that provided advice on how to design, deliver, and evaluate a basic income pilot. The discussion paper "Finding a Better Way: A Basic Income Pilot Project for Ontario," was used as the basis for the Ontario basic income pilot in 2017. In the discussion paper, Segal outlines that Ontario's pilot could be used to further explore how BIG could interact with, and potentially replace, income support measures administered by the federal government (like non-refundable tax credits to individuals and families) as well as provincial social assistance programs like OW and ODSP.[14] This understanding of BIG and its interaction with other income support measures is generally accepted by those on the right of the political spectrum. Those on the political right hope to consolidate income support programs, like OW and ODSP, into a BIG in order to streamline existing programs, reduce administrative overhead, and maximize funds that go to individuals needing support.

Those on left of the political spectrum are also calling for BIG for all Canadians. The calls are for a universal BIG that supplements and strengthens existing social programs (e.g. programs that provide supports for health care, child care, education, etc.) rather than replacing existing services with a blanket measure for BIG.[15]

The various levels of support and understanding around the implementation of BIG, across the political spectrum, necessitates further research on how BIG would be best implemented, the likely outcomes of BIG, and how BIG would interact with other social programs. If BIG is not connected to the cost of living, and critical health and system navigation services are not maintained, it is doubtful that BIG will result in increased positive outcomes.[16]

Some of the challenges of measuring the impact of BIG are due to the varying policies under the umbrella term of Basic Income Guarantee. BIG can be applied in many different ways. Some factors to consider include

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[14] Segal, H. Finding a Better Way: A Basic Income Pilot Project for Ontario. (2016). Available from: (https://www.ontario.ca/page/finding-better-way-basic-income-pilot-project-ontario#foot-37)
[15] Hyndman, B., and Simon, L. Basic Income Guarantee Backgrounder. (2017). Ontario Public Health Association. Available from: (https://opha.on.ca/getmedia/bf22640d-120c-46db-ac69-315fb9aa3c7c/alPHa-OPHA-HEWG-Basic-Income-Backgrounder-Final-Oct-2015.pdf.aspx?ext=.pdf)

[16] City of Toronto. The City's Position on Provincial Income Security Reform and Basic Income. (2017). Available from: (https://www.toronto.ca/legdocs/mmis/2017/cd/bgrd/backgroundfile-102437.pdf)

- How individuals or households are enrolled in BIG
- What are the eligibility criteria
- What type of basic income intervention is provided (e.g. universal basic income (UBI), Negative Income Tax (NIT), partial basic income)
- Would it supplement or replace existing programs
- If a recipient has some level of income, how the BIG payment would be clawed back
- Will the income be taxed
- How large would be the basic income provided
- Is it supported by the province like social assistance or federally like the Canadian Emergency Response Benefit (CERB)

Basic Income programs cannot replace all the supports required by those living in poverty (e.g. supports for child care, health care, employment, education). In addition to providing a secure income, sometimes those living in poverty also have differential needs for other services such as housing, childcare, and mental health supports. Case management to support individuals through service systems, with employment and education training are essential to complement income. Policy makers would also need to decide if other tax-delivered benefits to low-income individuals and families would be eliminated (e.g., the Ontario Trillium Benefit, the OCB, housing subsidies, and child care subsidies). No one should be worse off as a result of participating in BIG.

As noted above addressing income insecurity has significant potential health implications, as such, advocating for policy to address income insecurity has been an action taken by multiple boards of health in Ontario.

- March 25, 2020 the Kingston, Frontenac Lennox and Addington Board of Health passed a motion requesting that the federal government provide a basic income support to all Canadians and that the federal government legislate banks to provide mortgage deferral with no penalties and compound interest.[17]
- May 20, 2020 the Simcoe Muskoka District Health unit issued correspondence to the federal government entitled, “Basic Income for Income Security during COVID-19 Pandemic and Beyond”. The letter states, “…we strongly recommend your government take swift and immediate action on the evolution of the CERB Benefit into legislation for basic income as an effective long-term response to the problems

[17] The Kingston Whig Standard, (https://www.thewhig.com/news/local-news/kfla-board-of-health-calls-for-guaranteed-basic-income-during-pandemic)

of income insecurity, persistent poverty and household food insecurity, as well as a response to the economic impact of the COVID-19 pandemic".

- June 3, 2020, Timiskaming Board of Health supported the correspondence of Simcoe Muskoka District Health Unit, dated, May 20, 2020.

In recent past, there is also a history of boards of health and municipal governments advocating for income security be discussed at the federal and provincial levels. February 4, 2016 Niagara Region Council following a delegation from Niagara Poverty Reduction Network, supported and endorsed the resolution from the City of Kingston respecting a national discussion of a BIG for all Canadians.

Canadian Emergency Response Benefit

Early evidence internationally, in Canada, and in Ontario indicates that COVID-19 is disproportionately impacting those with low-income in several ways:[18]

- increased risk of exposure to COVID-19;
- increased risk of infections of COVID-19 and
- Increased risk of severe outcomes from COVID-19 due to higher prevalence of underlying medical conditions and/or less access to health care.

Physical distancing, a public health measure instituted to slow the spread of COVID-19, may be more challenging for low-income earning populations who cannot work remotely given the manual labour or service nature of their work. Work conditions such as front-line essential service occupations, jobs that are unable to be done from home, and crowded living arrangements are all more likely among low-income earning populations thus increasing potential risk of exposure.

The CERB provides temporary income support to workers who have stopped working due to COVID-19. CERB was put in place federally to ensure Canadians had timely financial support. CERB provides $500 per week for a maximum of 24 weeks for those that qualify.[19] The popularity of CERB has resulted in many advocating for it to become the basis for a broader income support program and making it permanent and available

[18] Public Health Ontario, 2020. (https://www.publichealthontario.ca/-/media/documents/ncov/covid-wwksf/2020/05/what-we-know-social-determinants-health.pdf?la=en)
[19] Government of Canada, 2020. (https://www.canada.ca/en/services/benefits/ei/cerb-application/questions.html)

more universally. [20] There are renewed calls to the Government of Canada to transition CERB into a BIG.

In April of 2020, there were 1.4 million jobless Canadians without any income support from EI or CERB, up from 895,000 in March of 2020.[21] Although the federal government was able to get financial support into the hands of many Canadians, CERB has not been without challenges. Only those unemployed after March 15 can receive CERB, and CERB does not support those who had an annual income of less than $5,000 before they lost their job.[22] Concerns remain that some individuals have received CERB who were not eligible and will be required to pay it back.

CERB is different from BIG in that CERB is not universal. It has pre-requisites such as a minimum income level (i.e. is not a guarantee), and it is clawed back as an all-or-none deal, meaning if you earn more than the allowed $1000 maximum income by a few cents, you lose all your CERB benefit.[23] Most BIG policies would claw back monthly entitlements very gradually to ensure stronger incentive to transition to employment and to have it be truly "guaranteed". Finally, CERB also provides a much higher level of income than most BIG proposals. For example, as noted above, CERB provides $500/week, whereas the Ontario Basic Income pilot provided $327/week.[24]

Basic Income Pilot Research

In 2017, the Province of Ontario launched a BIG pilot to test whether a basic income can better support vulnerable workers, improve health and education outcomes for people on low incomes, and help ensure that everyone shares in Ontario's economic growth. The BIG model implemented for the pilot was a Negative Income Tax (NIT)

[20] Green, D., Rhys-Kesselman, and J., Tedds, L. A basic income is not as simple as you might think. Institute for Research on Public Policy. (2020). Available from: (https://policyoptions.irpp.org/magazines/may-2020/a-basic-income-is-not-as-simple-as-you-might-think/)
[21] Macdonald, D. 1.4 million jobless Canadians getting no income support in April. Behind the Numbers. (2020) Available from: (http://behindthenumbers.ca/2020/04/23/1-4-million-jobless-canadians-getting-no-income-support-in-april/)
[22] Macdonald, D. 1.4 million jobless Canadians getting no income support in April. Behind the Numbers. (2020) Available from: (http://behindthenumbers.ca/2020/04/23/1-4-million-jobless-canadians-getting-no-income-support-in-april/)
[23] Government of Canada, 2020. (https://www.canada.ca/en/services/benefits/ei/cerb-application/questions.html)
[24] Government of Ontario. Ontario Basic Income Pilot. (2017). Available from: (https://www.ontario.ca/page/ontario-basic-income-pilot)

model. Using a NIT model, unconditional periodic cash payments were provided by the government to the household, not each individual in a household; the amount provided was determined by the household's income.[25] Payments in the pilot were based on 75% of the Low Income Measure (LIM) which meant that $16,989 was provided for a single person per year, less 50% of any earned income, and $24,027 was provided per year for a couple, less 50% of any earned income. People with a disability also received up to $500 per month in addition. Participants continued to receive benefits such as the CCB and the OCB. Participants that were receiving EI or CPP payments had their monthly basic income payment reduced dollar for dollar. Participants that were receiving social assistance supports had to withdraw from OW or ODSP in order to receive basic income, however, they continued to receive drug and dental benefits.[26] The planned three year pilot was just more than a year old when it was cut short, with the change of Government.

Outcomes of the shortened basic income pilot for recipients in Hamilton, Brantford and Brant County, were gathered through an online survey and multiple qualitative interviews. The results were based on self-reported outcomes. A total of 215 former recipients participated in the online survey, and 40 individuals participated in qualitative interviews. Half of qualitative interview participants were between the ages of 25 and 44 and nearly 55% were accessing OW and ODSP before and/or after the pilot[27].

In terms of physical health, a significant number of survey participants reported better overall well-being, increased physical activity, less frequent tiredness and pain, less use of tobacco and alcohol, and enhanced child well-being. Many survey respondents indicated less frequent visits to health practitioners and hospital emergency rooms, as well as easier access to dental care, drug store medicines, and professional counselling services. In terms of food security, most survey respondents reported a better diet. Housing security improved in terms of greater affordability of household items and essential clothing and better overall living accommodations.

[25] Mendelson, M. Lesson's from Ontario's Basic Income Pilot. (2019). Available from: (https://maytree.com/publications/lessons-from-ontarios-basic-income-pilot/)
[26] Government of Ontario. Ontario Basic Income Pilot. (2017). Available from: (https://www.ontario.ca/page/ontario-basic-income-pilot)
[27] Ferdosi, M., McDowell, T., Lewchuk, W., Ross, S., Southern Ontario's Basic Income Experience. Available from: (https://labourstudies.mcmaster.ca/documents/southern-ontarios-basic-income-experience.pdf)

In terms of mental health indicators, most of the survey respondents reported better mental well-being, less frequent stress/anxiety, less depression and anger, greater self-confidence, and a more positive outlook on life. Respondents reported more time being spent with loved ones, better relations with family members, and more frequent participation in extracurricular activities.

Financial well-being of survey respondents improved by greater ease in repaying debt, getting around the city or region, less frequent use of payday loans, better financial emergency preparedness, and less reliance on family or friends for financial support. Participants who were working both before and during the pilot reported improvements to their rate of pay, working conditions, and job security.

- Over half of survey respondents indicated working before and during the pilot
- Less than a quarter were unemployed before and during the pilot
- Slightly less than one-fifth were employed before but unemployed during the pilot
- An even smaller number reported not working before but finding work during the pilot
- Under half of those who stopped working during the pilot returned to school to improve their future employability

Unfortunately, the opportunity to understand the full and longer term impacts of the pilot were lost when it was cancelled. There have been no other longitudinal studies in Ontario to show the long term impacts of BIG.

Many countries around the world are considering implementing some form of basic income. These basic income pilots, as in Italy and Brazil, are at very early stages of implementation so no outcomes have been analyzed. Other countries, such as Spain, are considering BIG as a result of the COVID-19 pandemic.[28]

Finland conducted a basic income pilot between 2017 and 2018 with 2,000 randomly selected unemployed persons. Each received a monthly payment of €560, and were compared to a control group that was not selected for the experiment. The model chosen for the pilot was a partial basic income model that incorporated the monthly amount of basic unemployment allowance and labour market subsidy provided by Finland.[29] Results from the Finland pilot showed that days in employment increased by

[28] Sigal, S. Everywhere basic income has been tried, in one map (2020). Available from: (https://www.vox.com/future-perfect/2020/2/19/21112570/universal-basic-income-ubi-map)
[29] The Social Insurance Institution of Finland: Basic income experiment (2020) Available from: (https://www.kela.fi/web/en/basic-income-experiment)

a greater number of days in the group that received basic income than in the control group, with the most change in the second year of the study. Basic income recipients reported better well-being: less stress and symptoms of depression, and better cognitive functioning than the control group. They also experienced higher confidence in their future possibilities[30].

In Kenya, a basic income experiment is ongoing. Through the initiative GiveDirectly, $30 million US dollars were given to fund universal basic income (UBI) to about 20,000 Kenyans. 295 villages (14,474 residences) were randomly selected, and divided into four groups: a control group that do not receive payments; a long-term group that will receive $22 a month for 12 years; a short-term group receiving the same amount for 2 years; and lump sum group receiving two payments of $500 each[31,32]

Those involved in the experiment have been receiving funds since 2018 and were interviewed in 2019. They will continue to be interviewed every 3 to 5 years. So far, the recipients have been able to work more intensely and productively. They were able to acquire better working equipment, such as tools, motorcycles to transport people or make deliveries, fishing equipment, land purchasing for vegetable and fruit trees planting, etc. These activities directly increased their income. This experiment is ongoing and outcomes will need further evaluation.

In India, a pilot was carried out in the state of Madhya Pradesh between 2011 and 2012, where basic income was given to 6,000 Indians. The project was coordinated by the Self-Employed Women's Association and funded by UNICEF. Results showed significant improvements in living conditions, nutrition, health and education. Many people used some of the money they received to improve their housing, adding more space, and improving and repairing. Significant improvement was reported in the self-perceived ability of those who received the basic income to cover food necessities, and on spending for education, especially for girls. While the evaluation found a slight decrease in overall wage labour, this was mainly because women shifted from low paid wage labour away from the home to working in their own fields.[33]

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[30] The Social Insurance Institution of Finland: Basic income experiment (2020) Available from: (https://www.kela.fi/web/en/basic-income-experiment)

[31] Suplicy, E. M., Dallari, M. A Critical Poverty Eradication Experiment in Kenya. BIEN: Basic Income Earth Network (2019) Available from: (https://basicincome.org/news/2019/04/a-critical-poverty-eradication-experiment-in-kenya/)

[32] Suri,T., Niehaus, P., Krueger, A., Faye, M., Banerjee, A. The Effects of a Universal Basic Income in Kenya. Innovations for Poverty Action. Available from: (https://www.poverty-action.org/printpdf/32296)

[33] Schjoedt, R. India's Basic Income Experiment. Pathways' Perspectives on Social Policy in International Development (2016) Available from: (https://socialprotection-humanrights.org/wp-content/uploads/2016/04/Indias-Basic-Income-Experiment-PP21.pdf)

It is important to recognize that basic income outcomes in different jurisdictions cannot necessarily be applicable to the Canadian context given differences in existing social assistance systems, differences in economies and economic opportunities, differences in education systems and training for the workforce, as well as differences in culture.

Conclusion

Niagara Region's Community Services and Public Health and Emergency Services departments are committed to meeting the needs of all Niagara residents. Reducing poverty, for example through improved and guaranteed income levels, has the potential to improve the physical and mental health of recipients and reduce their demands on other programs. However, there is a dearth of research validating that this potential would be realized in a North American context. There are also many variables regarding the design of a BIG policy that need to be studied to determine the optimal design for such a program. Given the enormous fiscal cost of a basic income program (e.g. The Office of the Parliamentary Budget Officer estimated that a national basic income program could cost more than $76 billion dollars a year)[34], a decision to implement BIG in Canada would be premature at this time. Further research is recommended to design and validate that BIG would be the best policy for Canada to reduce poverty.

Nonetheless, the COVID-19 pandemic has revealed many inequities in our society and shown a light on the urgent need to combat poverty. Research and policy innovation to address poverty needs to be accelerated and governments should prioritize and invest in such policy development work.

Alternatives Reviewed

No other alternatives are being presented as a part of this report.

Relationship to Council Strategic Priorities

This report supports Council Strategic Priority of Health and Vibrant Community.

[34] The Canadian Press. Budget watchdog says a national basic income program would cost $76B a year. (2018). Available from: (https://www.cbc.ca/news/politics/national-income-budget-officer-report-1.4623084)

Other Pertinent Reports

- COM 5-2020 Local Considerations to Inform the Development of the next Ontario Poverty Reduction Strategy

Recommended by:
M. Mustafa Hirji, MD, MPH, RCPC
Acting Medical Officer of Health
Public Health and Emergency 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 by P. Abeysekara, Integrated Planning and Policy Advisor, Community Services, S.Dupuis, Manager of Compliance and Community Engagement, Community Services, Renata Faber, Manager, Chronic Disease and Injury Prevention, Public Health and Emergency Services, and Lindsay Garofalo, Manager, Chronic Disease and Injury Prevention, Public Health and Emergency Services and reviewed by David Lorenzo, Associate Director, Chronic Disease and Injury Prevention, Public Health and Emergency Services

Community Services
1815 Sir Isaac Brock Way, Thorold, ON L2V 4T7
905-980-6000 Toll-free: 1-800-263-7215

MEMORANDUM **COM C 20-2020**

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

Date: July 14, 2020

To: Public Health & Social Services Committee

From: Adrienne Jugley, Commissioner, Community Services

This memo provides updates on 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. Detailed information pertaining to business continuity measures is available in COM C 19-2020 (Appendix 1).

Seniors Services – Long-Term Care

Outdoor visits have been introduced at long-term care (LTC) homes, according to requirements outlined in provincial directives. The Regional homes have:

- Developed an outdoor visiting policy
- Provided communication and educational materials to families
- Developed an appropriate outdoor space for family visits
- Established outdoor screening stations
- Implemented a process to schedule visits

Families participating in scheduled outdoor visits must:

- Complete a COVID-19 test with a negative test results within 14 days of the visit
- Undergo active screening, including a temperature check, upon arrival, wear a mask and must maintain physical distancing

For families not participating in outdoor visits, communication plans are maintained to ensure continued interaction with residents through their preferred method of communication (e.g. phone calls, Skype, FaceTime or window visits).

While LTC homes are maintaining virtual services, outside services are gradually being re-introduced. For service providers who must come into the homes, they are part of bi-weekly COVID-19 testing, are actively screened, and adhere to PPE requirements. Residents seen by these providers also wear masks, eye protection, and other forms of PPE as required and appropriate.

Occupancy thresholds have been waived and homes have been asked to maintain some vacant private rooms to support effective isolation of residents moving into shared rooms, for a 14 day period. These rooms are being used as isolation transition rooms.

LTC homes have developed plans to support the eventual reintroduction of indoor visits and non-essential services (e.g. foot care services). Staff continue to review and revise business continuity plans to ensure preparedness for a potential second wave of COVID-19.

Seniors Services – Outreach Services

Deer Park Suites Assisted Living has implemented an outdoor visiting program and policy closely aligned to the measures implemented in LTC homes. Residents continue to be offered supported communication through FaceTime, Skype and phone calls.

Adult Day Programs and the Respite Companion Program are transitioning to blended models of service. Adult Day Programs will incorporate both small group direct interaction (with appropriate PPE and physical distancing measures) and virtual programming support. The Respite Companion Program will implement a gradual return to in-home visits (modified in duration) and include health and safety controls to support safe social interaction. The program will continue with regular telephone visits while working on the introduction of virtual visits.

In the Supporting Independent Living Program, Seniors Community Programs and Mental Health continue to conduct home visits based on the priority needs of a client, and with the use of appropriate PPE and physical distancing measures. Additional wellness checks are also being carried out over the phone.

The Client Intervention and Assistance Program is mobilizing in-home visits. Home visits will be carried out based on the priority needs of a client, and with the use of appropriate PPE and physical distancing measures. Initial assessment work is completed through the phone with a follow up home visit for persons without phone access and/or if service planning requires home visits for better client outcomes.

Staff are looking to mobilize a virtual Healthy, Safe and Strong Exercise Programs pilot in late July.

The Wellness Supportive Living Program, offered in Niagara Regional Housing (NRH) buildings, is waiting for plans around reopening common spaces. Services will be provided once a week in four NRH buildings, on a scheduled basis.

The South Niagara Wellness Program is waiting for provincial guidance regarding the provision of congregate programs within schools settings (e.g. Niagara College campus location - group ambulatory rehab program).

The application for federal funding has been approved in the amount of $23,000 and will be issued by United Way through the COVID-19 Emergency Community Support Fund. The funding will go towards the 'Calls for Connection' initiative, which is looking to re-purpose existing Respite Companions who are trained to provide one-to-one interaction with people who are living with dementia. Part of their training includes being able to identify potential risks and to notify the support team when they occur. During the COVID-19 recovery period, Respite Companions will provide both a well-being screener and social connection calls on a weekly basis (or more frequently if deemed necessary) for all consenting clients / care partners who have been identified as being 'at risk'.

Homelessness Services & Community Engagement

Homelessness Services continues to operate the full emergency shelter system, overflow hotel rooms, and the self-isolation facility. This facility provides homeless individuals a space in which to self-isolate and receive testing. As of June 29, 2020, 119 individuals have been referred with testing results, to date, negative.

Street outreach services remain enhanced to support those living in encampments or 'living rough', and address the volume of requests from local area municipalities. Outreach workers are ensuring that individuals who are living rough are provided with access to services based on COVID-19 screening and assessments of health. Additional primary care supports are being developed in partnership with Reach Niagara to provide services to those living rough.

The Government of Ontario announced all licensed child care centres were permitted to open on June 12, 2020. With the opening of child care centres, the province also indicated that emergency child care would wind down effective June 26, 2020.

Children's Services provided emergency child care for essential workers through four of the five regionally operated child care centres, as directed by the provincial government. Niagara's two licensed home child care agencies also operated, and one external child care service provider, Church of St. Thomas Day Care, opened as an emergency child care centre. This emergency child care has now wound down and all child care programs will be returning to "regular" business operations, with new safety requirements, as of June 17, 2020.

The fifth regional child care centre (Port Colborne) opened as of June 29, 2020. Thirty-five external service providers have indicated they will be opening at various times in the month of July. Below is the status of licensed child care in Niagara as of July 2, 2020.

- Number of licenced child care space pre-pandemic – 12,000*
  (including centres and home based). **This also includes before and after school care spaces which run according to the school year*.
- Number of licenced child care spaces at July 2 – 409
  (including centres and home based). This represents 3% of our pre-pandemic operating capacity.
- Number of licensed sites operating pre-pandemic - approx. 250
  (including centres and home based).
- Number of licensed sites operating at July 2 – approx 40
  (including centres and home based). This represents 16% of our pre-pandemic operating capacity.[1]

The above numbers represent Niagara Region licensed sites only. Our understanding is there are a number of unlicensed operations that are also experiencing re-opening

[1] Based on the Ministry of Education's "Operational Guidance During Covid-19 Outbreak Child Care Re-Opening" document issued in June, child care placement is prioritized for the following: returning children served through emergency child care to their original placement and continuity of service for these families; care for families where parent must return to work and that work outside of the home; families with special circumstances that would benefit from children returning to care, such as children with special needs; and other local circumstances.

issues, however these are not governed through Niagara Region nor the provincial government.

Licensed child care operations are gradually starting up, due to the additional safety and operational requirements set out by the Ministry of Education. Service providers required time to return to their centres, bring staff on site, develop new health and safety policies and processes, and conduct training related to new operational practices. They were also required to reorganize their centres and determine how they would meet specific mandated requirements regarding cohorting children and staff in groups of 10 individuals per room, with increased staffing for screening and cleaning.

Due to additional staffing requirements, some service providers have merged some of their centres to accommodate staffing pressures over the summer. Children's Services will review potential system-wide operational pressures for the month of September, based on cohorting changes directed by the Ministry of Education.

Social Assistance & Employment Opportunities (Ontario Works)

SAEO has developed a comprehensive contingency plan to respond to a potential increase in demand for social assistance, once the federal CERB has ended. SAEO is also developing a recovery plan that will ensure essential supports are delivered through the phases of recovery and reopening of the province.

Niagara Regional Housing (NRH)

NRH continues to develop recovery plans to support the re-introduction of all services. In June, staff called more than 1,000 tenants offering to connect them with supports and services. A number of these tenants (160) had been identified as particularly vulnerable and were offered additional supports.

Fewer tenants have moved out of NRH units since the beginning of the pandemic, but this started to increase in June as Phase Two opened up access to more services. Applications for housing have increased, although the number of applications are not back to pre-pandemic levels. The decrease in applications during April and May might be due to fewer support services available to assist with applications.

Adrienne Jugley, MSW, RSW, CHE
Commissioner

Appendix 1 COM C 19-2020 COVID-19 Response and Business Continuity in Community Services

Community Services
1815 Sir Isaac Brock Way, Thorold, ON L2V 4T7
905-980-6000 Toll-free: 1-800-263-7215

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, theCanadian 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 is it 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

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Adrienne Jugley, MSW, RSW, CHE
Commissioner

Public Health & Emergency Services
1815 Sir Isaac Brock Way, Thorold, ON L2V 4T7
905-980-6000 Toll-free: 1-800-263-7215

MEMORANDUM **PHD-C 5-2020**

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

Date: July 14, 2020

To: Public Health & Social Services Committee

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

Current Status as of July 3, 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. In the last 30 days, Niagara has had only 55 cases, averaging fewer than 2 cases per day. This compares to 183 cases in the 30 days prior (123 cases if one large agricultural outbreak is excluded).
- The large agricultural outbreak that occurred last month has ended, and infection transmission was swiftly contained after it was discovered.
- In Emergency Services, call volumes are starting to slowly increase as normal business and life resumes. Fortunately, due to reduced hospital offload delays, Emergency Services is meeting all system performance metrics under the new Mobile Integrated Health model.
- 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, wearing face coverings when one cannot keep distance from others, and being very mindful of one's own health so one can get tested if any symptoms develop. All of these measures protect a person, and the community more widely.
- As Niagara progresses through Stage 2 of the provincial reopening framework, Public Health & Emergency Services is watching closely for signs of increased infection transmission so that they can be addressed and not limit Niagara's progress into Stage 3.

- Public Health has been fielding many inquiries regarding permission to reopen. It is important to note that the provincial government makes these decisions, and local public health is neither consulted on the decisions, nor has the ability to permit anything beyond what the province has permitted. Similarly, interpretation of restrictions is by the provincial government, and enforcement is by bylaw officers and the police; Public Health is not empowered to interpret provincial restrictions nor rules. Nonetheless, Public Health does provide advice to businesses or institutions who wish to have the input of infection control experts into the measures they are putting into place.
- In parallel to the province permitting business to reopen, Public Health & Emergency Services continue to work with the broader corporation on resuming services where possible. Priorities for resumption include
    - Vaccination clinics in the community and support of primary care vaccination efforts
    - Expanded volume in sexual health clinics
    - Dental fluoride varnish administration in young children
    - Dental clinics for children
    - Breastfeeding clinics
    - Harm reduction efforts to reduce opioid overdoses and blood borne infection transmission
    - Expanded collaborative efforts with community partners on chronic disease prevention
    - Additional workshops for tobacco cessation
    - Implementation of the substance use prevention strategy in concert with community partners
- In addition to the above, Public Health inspection work has resumed as businesses that are normally inspected have resumed operations.
- Finally, Pubic Health & Emergency Services is hoping to leverage changes in society to help advance health goals, such as
    - Working with Niagara Health to entrench improvements in offload delays thereby optimizing EMS performance and reducing the need for potential future budget increases to deal with offload delays.
    - Working with local area municipalities to improve physical activity and healthy living, centred around streets that have been closed to enable food services establishments to resume operations with outdoor dining.

Previous (May 4) 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 contact COVID-19. Public Health has been working with the sector to advise and support protocols that will minimize risk of infection to both clients and staff. We are also helping health care providers acquire personal protective equipment and testing materials.

   An additional role around supporting the health care system has been to enable Niagara Health to maximize the capacity of its COVID-19 assessment centres. Public Health has been temporarily assessing and prioritizing persons concerned about COVID-19 for testing at the assessment centres. Public Health is in the process of transitioning this effort to primary care provides 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 15 media requests 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

- Return of staff to vaccination and sexual health programs to scale up operations in these areas.

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. 2 staff are likely to be returned to Mental Health in the coming weeks.

Environmental Health

Current State of Operations

Several lines of inspection that were discontinued due to closures of certain sectors (e.g. food services, personal services, recreational pools) have resumed as those sectors reopen. In addition, other sectors of inspection remain more important than ever (e.g. infection control inspections of long term care homes and retirement homes). Approximately 8 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 reopened food premises
- Inspection of housing and infection prevention amongst temporary foreign workers

- Support and advice to private drinking water and small drinking water system operators
- Inspection of reopened recreational water establishments
- Inspection of reopened personal services settings
- 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
- Reduction of personal services inspections where services remain prohibited
- ~~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.
- Loosening of social restrictions has necessitated resumption of inspections of food services, personal services, beaches, and other areas, and this will only increase.

3 month & 6 month

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response.

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

- Continuing new initiatives
- Working with partners on new opportunities enabled by the pandemic

3 month & 6 month

- Resumption of workshops for smoking cessation
- Roll-out of major suicide-prevention initiatives
- 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 15 June 2020:

- 184 registrants for online prenatal education
- 800 HBHC postpartum screens and assessments completed by PHN
- 696 HBHC home visits
- 248 Nurse Family Partnership visits
- 130 Infant Child Development service visits
- 247 Breastfeeding outreach visits
- 664 interactions with Niagara Parents (phone, live chat, and email)
- 62 moms received support and skill building through our cognitive behavioural therapy post-partum depression group
- 36 families received support and skill building through our Triple P Individualized Parent Coaching

Operational Outlook

1 month

- Continue some school health work through virtual connection with students and parents
- Resume breastfeeding clinics

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.

- Resumption of dental clinics and fluoride varnish administration is also being planned for the fall.

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

- The Pandemic Plan for response prioritization remains in place in case there is a resurgence of cases in Niagara. 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 Services hopes to undertake its regular recruitment this fall for new paramedics.

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

COVID-19 Impacts on Niagara Emergency Medical Services

Public Health & Social Services Committee
PHD-05-2020

July 14, 2020

Kevin Smith, Chief/ Director

Niagara Emergency Medical Services

COVID-19 Impacts on Niagara EMS

PHD-05-2020 For Information Only

Business Continuity

- uninterrupted provision of all EMS services since the onset of COVID-19

Enhanced Role in COVID Response

- NEMS continues to assume unconventional roles in response to the pandemic

System Demand

- call volume for NEMS has decreased by 9.2% compared to YTD 2019
- a decrease of ambulance offload delays by 81%

System Performance

- system performance normalized with a positive impact on response times

Business Continuity

Enhanced Role in COVID Response

Community COVID-19 Assessment and Testing (CCAT)

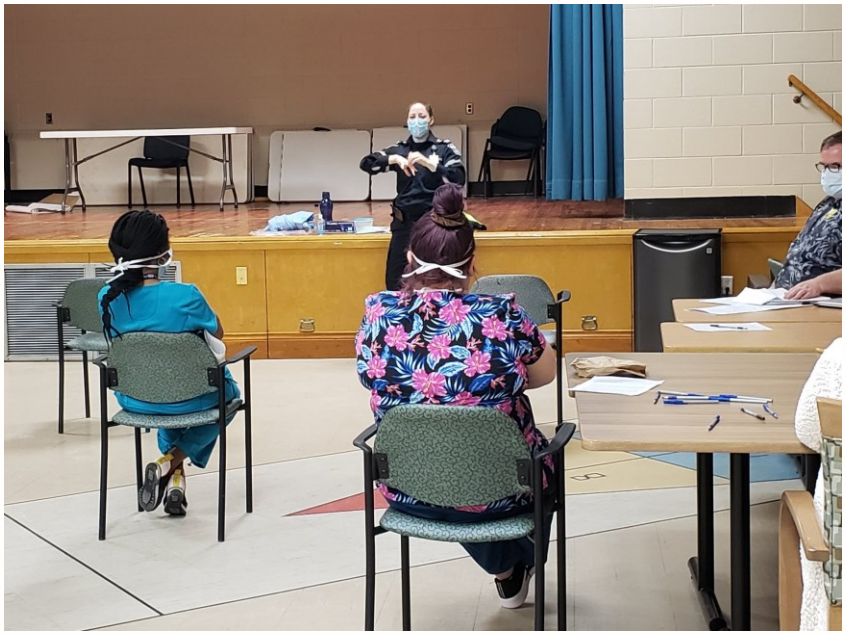
- a team of paramedics that provide community specimen collection (swabbing) for people who are homebound and unable to attend an Assessment Centre or their own physician
- Specialized PPE to reduce consumption of disposable supplies
- over **500** tests completed

Enhanced Role in COVID Response

Infection Prevention & Control (IPAC) Coaching & Support

- created after Public Health's observation that some long term care home and retirement home outbreaks exacerbated by improper PPE usage

- a team of paramedics training on appropriate PPE usage procedures to LTC facilities, retirement homes, Public Health Inspectors and local area municipality employees



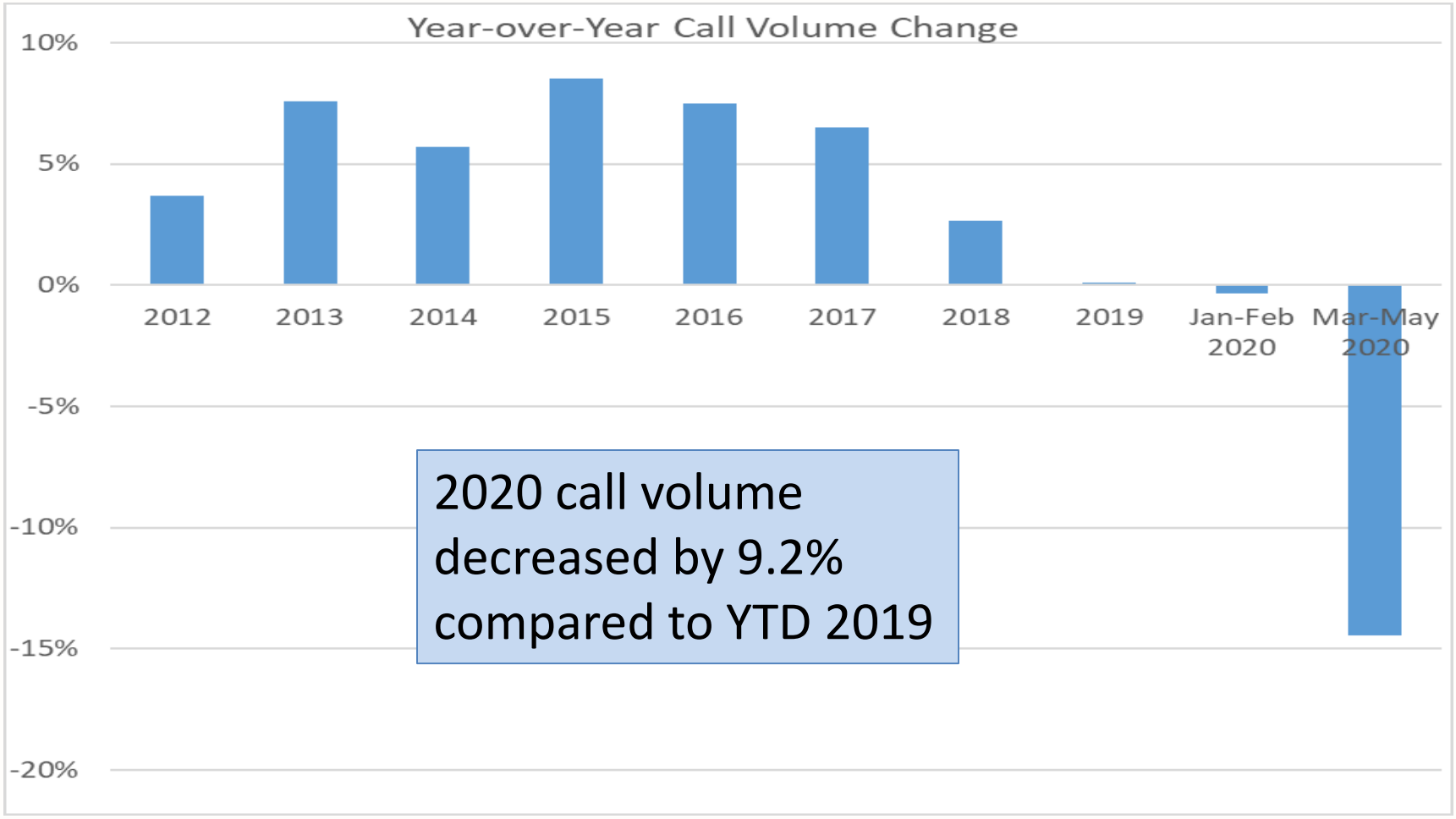
- Over **500** trained to date

Enhanced Role in COVID Response

Pandemic Response Plan

- a modification to the allocation of EMS resources in preparation for a possible response to 911 call volume increases and/or hospital overcapacity challenges
- included the use of NEMS Emergency Call Nurses (ECN) to provide enhanced telephone triage for 911 callers under a specific Pandemic Protocol
- reduction of tiered response calls for municipal fire services from approximately 10% of all EMS calls to 3%

System Demand



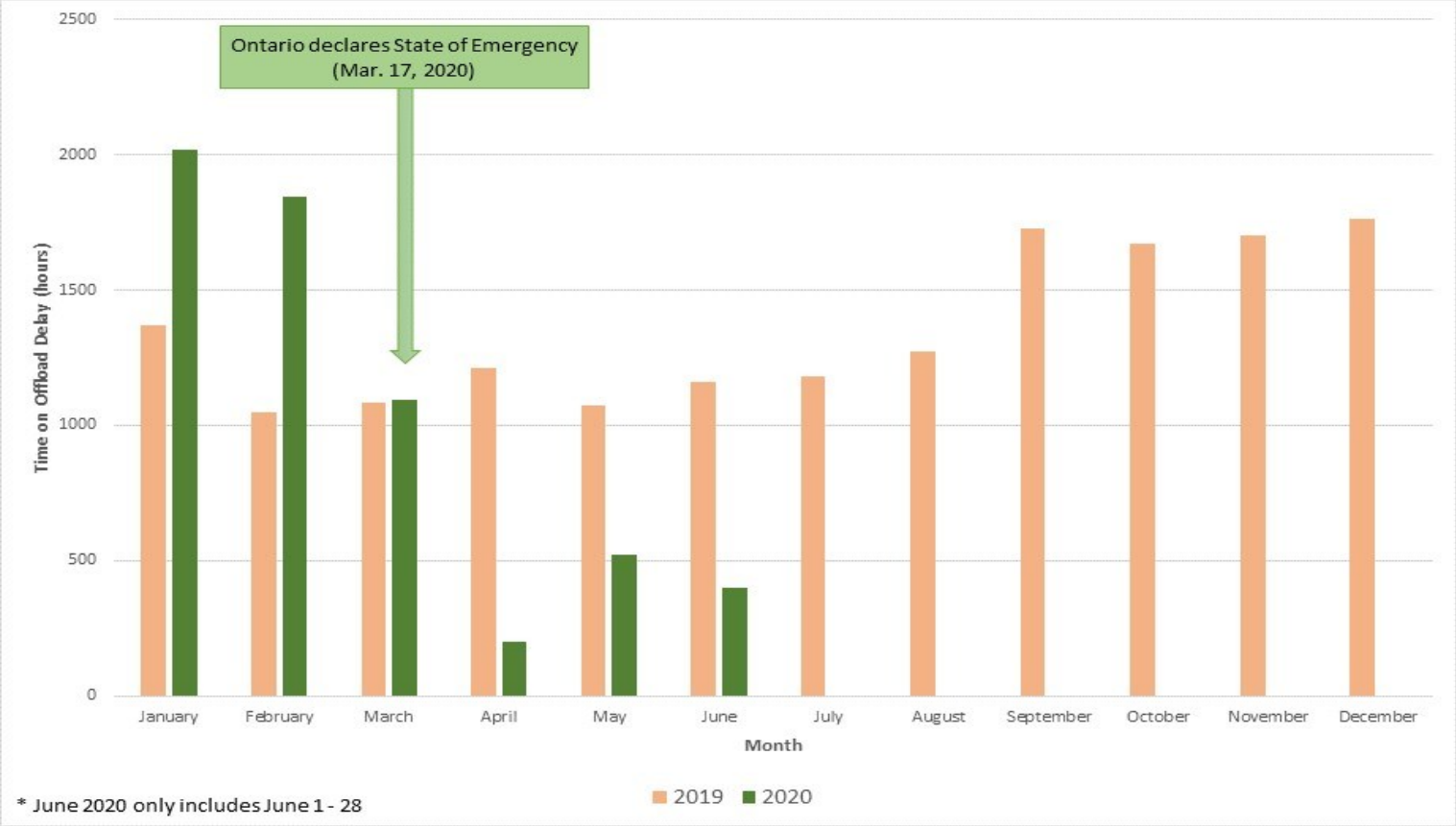
System Demand

Call Volumes by Initial Clinical Presentation

EMS Call Type (MPDS)	EMS Calls 2019 n(%)	EMS Calls 2020 n(%)	Change 2020	2020 compared to previous 4 year average
Assault/ Sexual Assault	629 (2.58)	682 (3.07)	8.4%	0.85%
Cardiac Arrest	336 (1.38)	385 (1.73)	14.6%	20.22%
Chest Pain	2007 (8.22)	1790 (8.06)	-10.8%	-6.36%
Overdose/ Poisoning	865 (3.54)	928 (4.18)	7.3%	59.18%
Psychiatric/ Abnormal Behaviour	1588 (6.50)	1426 (6.42)	-10.2%	-2.79%
Stab/Gunshot	36 (0.15)	42 (0.19)	16.7%	35.48%
Stroke	690 (2.83)	717 (3.23)	3.9%	8.19%
Total	24,424	22,212	-9.1%	-3.73%

System Demand

EMS Offload Hours per Month, 2019-2020



- First **12** weeks 2020 offload delay was **4853** hours
- Following **11** weeks since pandemic onset reduced to **909** hours

System Performance

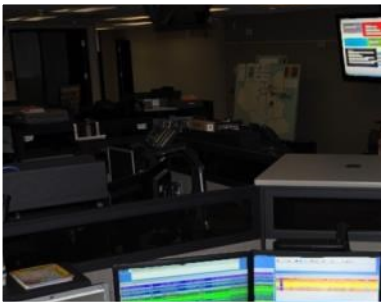
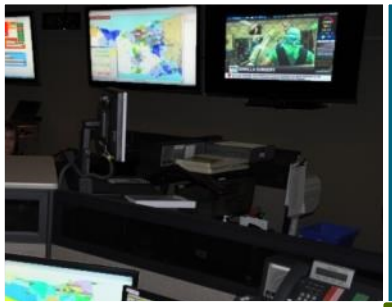
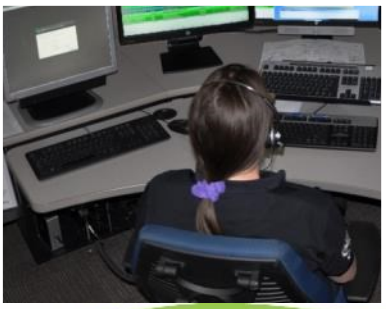
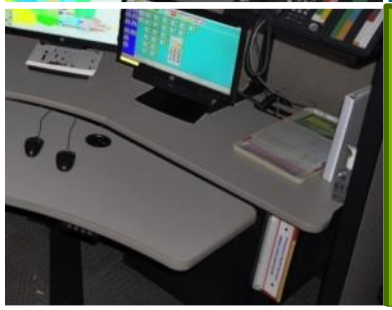
Response time comparison for the time period pre COVID-19 and current

CTAS	Jan 1-Mar 15 (pre COVID-19) AVG	Mar 15-May 31 AVG	CHANGE	Jan 1-Mar 15 (pre COVID-19) 90th	Mar 15-May 31 90th	CHANGE	Response Time Target 90th except as shown
Sudden Cardiac Arrest	6:36	6:05	-0:31	10:55	9:16	-1:39	6:00 55th
1	6:56	6:10	-0:46	11:45	9:31	-2:14	8:00 80th
2	8:57	8:31	-0:26	14:47	13:54	-0:53	15:00
3	17:43	15:32	-2:11	33:06	27:18	-5:48	30:00
4	22:31	18:28	-4:03	45:52	33:53	-7:59	60:00
5	24:20	18:58	-5:22	49:19	35:41	-13:38	120:00

With the significant reduction in offload delays, decreased call volumes and recovery of these emergency resources, for the first time since the implementation of the system transformation in Q3 of 2019, response time performance targets are able to be achieved

COVID-19 Impacts on Niagara EMS Summary

- staffing levels remain consistent for full business continuity
- ability to continue to provide specialized support services specific to COVID-19 response
- benefits of transformation to mobile integrated health model being realized – resource rationalization
- strong collaboration ongoing with Niagara Health to avoid the resumption of lengthy offloads

Thank you

STAR CARE
Begins with me




@NiagaraEMS

Subject: COVID-19 Impact on Niagara Emergency Medical Services

Report to: Public Health & Social Services Committee

Report date: Tuesday, July 14, 2020

Recommendations

1. That Regional Council **RECEIVE** this report for information.

Key Facts

- Niagara Emergency Medical Services (NEMS) has continued uninterrupted provision of core 911 Mobile Integrated Health (MIH) services, including land ambulance services, for the duration of the COVID-19 pandemic
- As a key component of the broader health care system, NEMS has been called upon to play various unconventional roles in response to the pandemic
- During the period of January 1–May 31, 911 call volume for NEMS decreased by 9.2% compared to YTD 2019
- For the same time period there was a decrease in the number of patients transported to the hospital of 16.8%
- Reductions in calls, patient transports and overall hospital utilization resulted in a decrease of ambulance offload delays by 81%
- The recovery of emergency ambulance resources otherwise spent in offload delay has normalized system performance, demonstrating that response time performance targets can be achieved.

Financial Considerations

There are no financial considerations directly associated with this report. The recovery of lost productivity from the reduction of hospital offload delay time is represented in ‘hours’ of restored service which has an associated cost value but does not represent actual cost savings.

Lost productivity due to offload delay at hospitals for the first 12 weeks of 2020 was reduced from 3944 hours (an average of 404 hrs/week) to 909 hours (an average of 83 hrs/week) in the latter 11 weeks. This represents a total recovery of the equivalent of 3944 hours of available service that was no longer diverted away from their intended

function; to respond to community emergencies. The value of this previous loss of productivity is the equivalent of $366,607 in resources over these 12 weeks.

Analysis

COVID-19 has significantly affected all areas of service delivery by the Niagara Region, including essential services such as Niagara EMS. As a key component of the broader health care system including emergency care, primary care and public health, Niagara EMS has been called upon to play various unconventional roles in the response to the pandemic. This includes:

Community COVID-19 Assessment and Testing (CCAT): a team of paramedics that provide community specimen collection (swabbing) for people who are homebound and unable to attend an Assessment Centre or their own physician - over 500 tests completed.

Infection Prevention and Control (IPAC) Coaching and Support: a team of paramedics providing training and education on appropriate personal protective equipment (PPE) usage procedures to long term care (LTC) facilities, retirement homes, Public Health Inspectors and local area municipality employees - over 1300 people trained to date. This team was created after Public Health's observation that some long term care home and retirement home outbreaks were being exacerbated by improper PPE usage.

Pandemic Response Plan: a modification to the allocation of EMS resources in preparation for a possible response to 911 call volume increases and/or hospital overcapacity challenges. This included the use of NEMS Emergency Call Nurses (ECN) to provide enhanced telephone triage for 911 callers under a specific Pandemic Protocol. This also resulted in a reduction of tiered response calls for municipal fire services from approximately 10% of all EMS calls to 3%. This reduced risk of exposure for fire service employees, risk of disease transmission to patients and families, preserved scarce PPE, and ensured fire resources were available for fire-specific calls as required. There have been no identifiable adverse impacts to patient outcomes as a result.

NEMS has continued to deliver its core service of responding to 911 calls. Prior to the outbreak of COVID-19 in Niagara, the service had just completed a major system transformation to a service delivery model of Mobile Integrated Health. A more fulsome

update on these changes will be provided in a future report. For the purpose of this report, it is important to note that the transformation to MIH has proven advantageous as the service was better positioned to adjust to changes brought on by the pandemic and was able to quickly provide the enhanced services and alterations as noted above. The MIH model allows for optimal access to appropriate health resources to meet the needs of people calling 911. This has resulted in fewer ambulance responses, decreasing risk of exposure to paramedics as well as elimination of many unnecessary transports to an emergency department.

Impact on Call Volume and Patient Acuity

During the period of January 1 - May 31, 2020, 911 call volume for NEMS decreased by 9.2% compared to YTD 2019 (Figure 1). It should be noted that some portion of this decrease is likely consistent with system transformation activities already undertaken by NEMS. The majority of the decrease was seen in low acuity (less severe) types of patient presentations, with a slight increase in patients triaged on the Canadian Triage and Acuity Scale (CTAS) as a level 1, requiring immediate resuscitation (Figure 2). Changes in specific types of patient presentations as assessed upon phone triage is shown in Table 1 below.

Figure 1 *Call Volume Change Year over Year to May 31 2020. Jan–Feb and March–May are shown separately.*

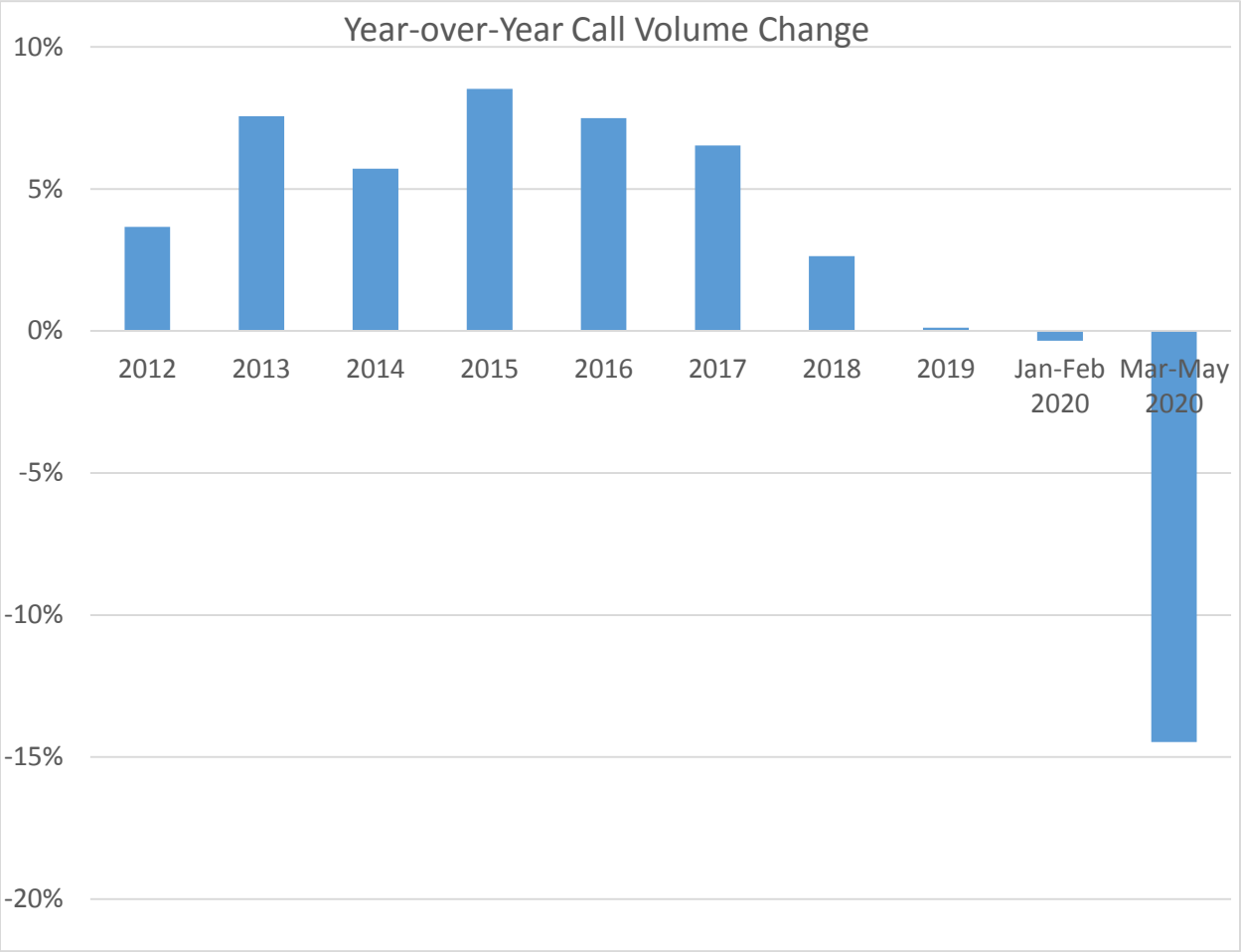


Figure 2 *EMS Acuity (CTAS) on Initial Patient Contact as % of Call Volume, Jan 1-May 31, by Year.*

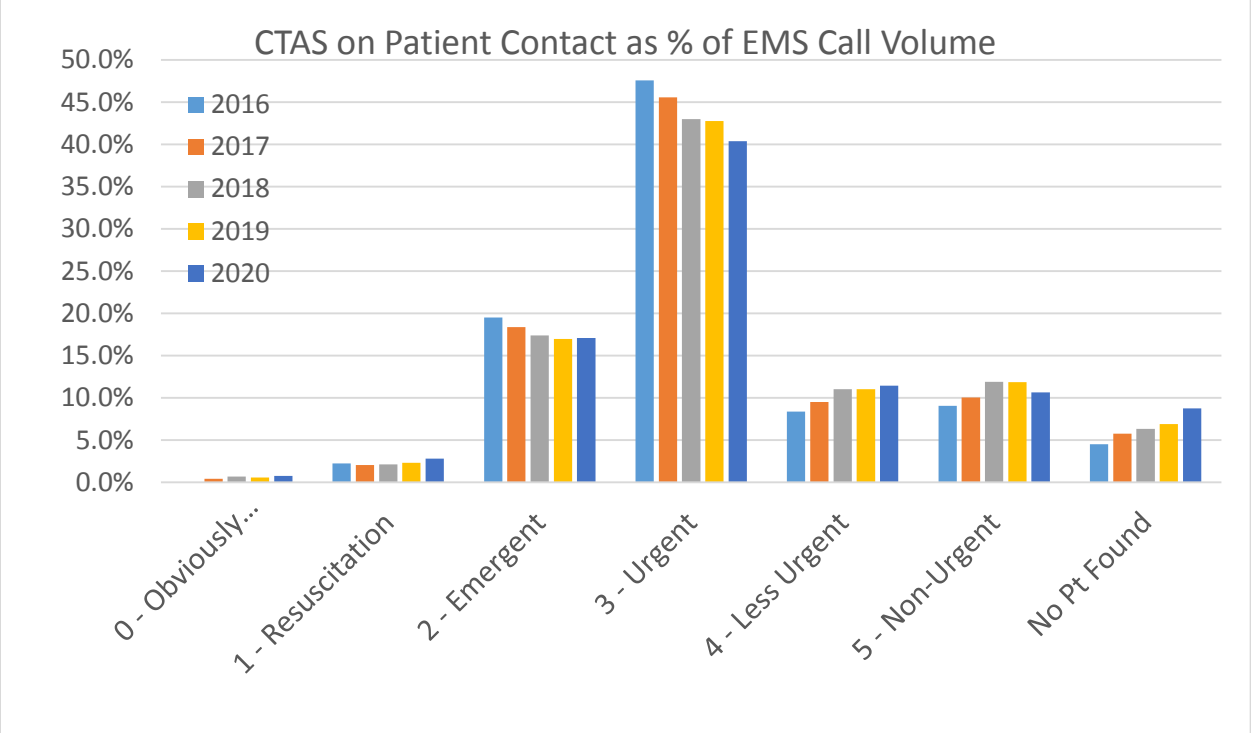


Table 1 *Call volumes by Medical Priority Dispatch System (MPDS) protocol classification. January 1, 2020-May 31, 2020. Note: 'Pandemic Protocol' is a newly added protocol activated April 30, designed to manage low acuity calls for breathing problems, chest pain and 'sick person'. Therefore, these protocols will appear slightly lower.*

EMS Call Type (MPDS)	EMS Calls 2019 n(%)	EMS Calls 2020 n(%)	Change 2020	2020 compared to previous 4 year average
Assault/ Sexual Assault	629 (2.58)	682 (3.07)	8.4%	0.85%
Cardiac Arrest	336 (1.38)	385 (1.73)	14.6%	20.22%
Chest Pain	2007 (8.22)	1790 (8.06)	-10.8%	-6.36%
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Psychiatric/ Abnormal Behaviour	1588 (6.50)	1426 (6.42)	-10.2%	-2.79%
Stab/Gunshot	36 (0.15)	42 (0.19)	16.7%	35.48%

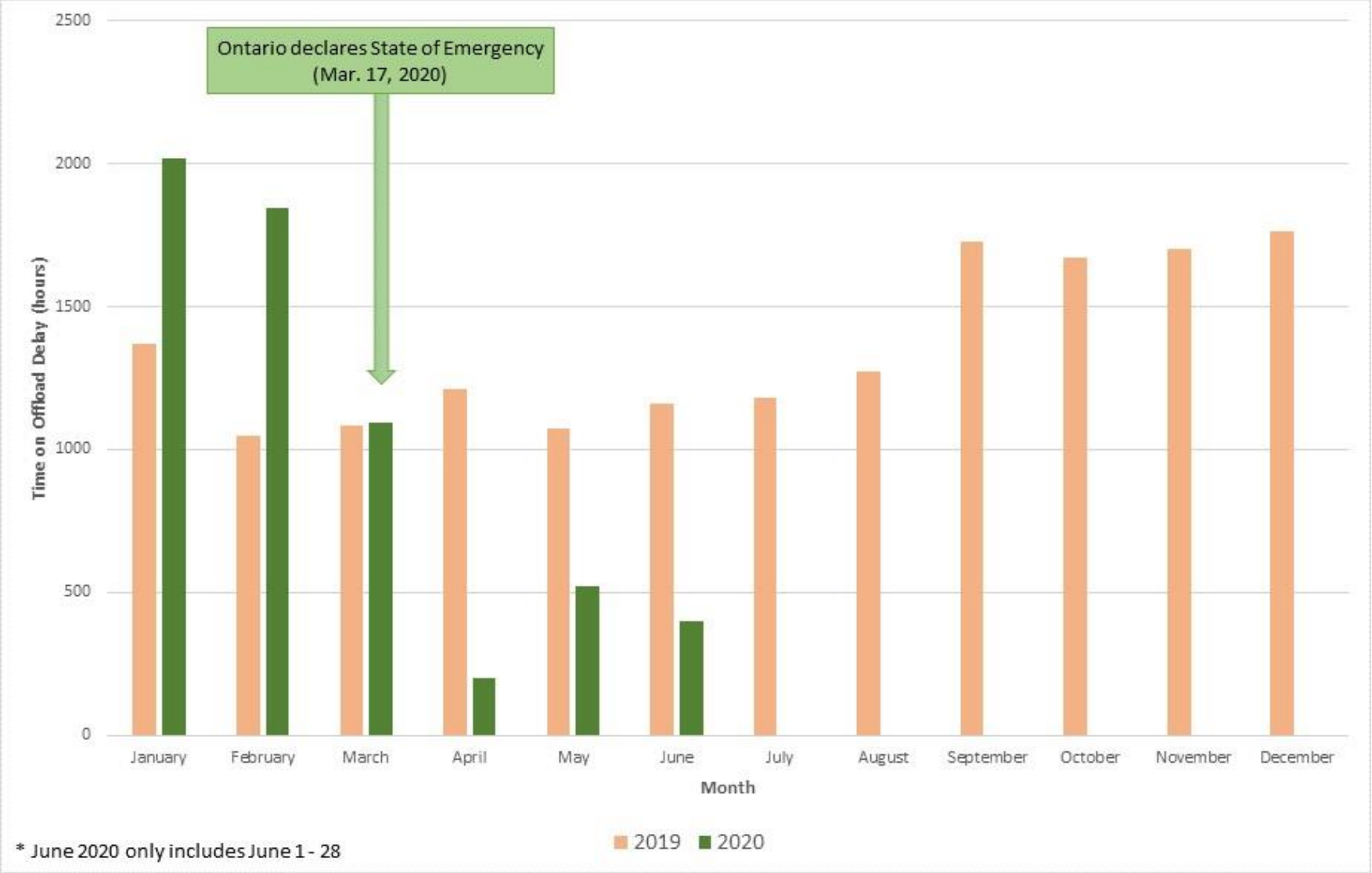
EMS Call Type (MPDS)	EMS Calls 2019 n(%)	EMS Calls 2020 n(%)	Change 2020	2020 compared to previous 4 year average
Stroke	690 (2.83)	717 (3.23)	3.9%	8.19%
Total	24,424	22,212	-9.1%	-3.73%

There has been speculation in various media reports that the health of people may have suffered due to delays in accessing health care out of fear of COVID-19. Our data indicates that this is possible. Incidents of stroke have risen by 8.2%, which could be indicative of delayed care. More significantly, cardiac arrest calls have increased 14.6% (20% against the previous four-year average), potentially indicating delayed attempts to access care. It is possible that the reduction in responses to ‘chest pain’ may reflect fewer people seeking care for cardiac issues that then progress to cardiac arrest and stroke. However, it is difficult to say what the true impact on responses for ‘chest pain’ may be due to changes in how some calls were processed as part of pandemic planning. While incidents processed for psychiatric/abnormal behaviour (including attempted suicide) have decreased slightly, a considerable increase of 7.3% in overdose responses (59.18% against the 4-year average) was observed. It is also possible that some overdose responses were processed as cardiac arrests and are reflected in those numbers. Responses for assault/sexual assault and stab/gunshot have notable increases as well. What is evident is that more analysis is required on this data to best understand the full impact COVID-19 has had on the acute health of our communities as it relates to the use of 911.

Impact on System Performance

With a decrease in call volume of 9.2%, there was a subsequent decrease in the number of patients transported to the hospital of 16.8%. These decreases, combined with hospital efforts to realign resources as part of pandemic planning and fewer people self-presenting at local emergency departments, led to greater hospital capacity to manage patients. This resulted in the reduction of ambulance offload delays by 81% (Figure 3).

Figure 3 *EMS Offload Hours per Month, 2019-2020. State of Emergency declared by Province March 17.*



In the 12 week period prior to the declaration of COVID-19, the time paramedics were required to wait to transfer care of a patient to the hospital (offload delay) was 4853 hours. In the approximately 11 weeks since the onset of the pandemic, this lost time had been reduced to 909 hours. The recovery of these resources otherwise lost to hospital turn around time represent an additional 3944 hours that were no longer diverted away from their intended function to respond to emergencies in our community. While no actual cost savings arise from this recovery, the cost value is equivalent to $366,607 worth of frontline resources not being lost over these 12 weeks.

With the significant reduction in offload delays and the recovery of these emergency resources, for the first time since the implementation of the system transformation in the Q3 of 2019, response time performance targets are being achieved (Table 2). It is apparent that if not for the loss of these resources to hospital wait times as a key contributor to resource availability, Niagara EMS would meet the performance metrics on an ongoing basis.

Table 2 *Response time comparison for the time period pre COVID-19 and current. Measures are reported as average (AVG) and the 90th percentile (90th).*

CTAS	Jan 1-Mar 15 (pre COVID-19) AVG	Mar 15-May 31 AVG	Change	Jan 1-Mar 15 (pre COVID-19) 90th	Mar 15-May 31 90th	Change	Response Time Target 90th except as shown
Sudden Cardiac Arrest	6:36	6:05	-0:31	10:55	9:16	-1:39	6:00 55th
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CTAS	Jan 1-Mar 15 (pre COVID-19) AVG	Mar 15-May 31 AVG	Change	Jan 1-Mar 15 (pre COVID-19) 90th	Mar 15-May 31 90th	Change	Response Time Target 90th except as shown
4	22:31	18:28	-4:03	45:52	33:53	-7:59	60:00
5	24:20	18:58	-5:22	49:19	35:41	-13:38	120:00

Alternatives Reviewed

This report provides initial confirmation of the positive effects the transformation to a Mobile Integrated Health model of care has had on the system, specifically in response to the COVID-19 pandemic. Of most significance is the evidence that clearly demonstrates the optimal system performance when offload delay stressors are minimized. Given this knowledge, the alternative option of resuming previous practices associated with hospital offload delay must be avoided at all costs. Niagara EMS is working closely with Niagara Health to take the lessons learned from the pandemic experience, specific to overcrowding and flow at the local emergency departments, and ensure priority measures are implemented to refrain from returning to the pre COVID-19 status of significant offload delays and reduced system performance.

Other Pertinent Reports

PHD 20-2019 Niagara EMS System Transformation Update 2

Prepared by:
Kevin Smith
Chief, Niagara Emergency Medical Services & Director, Emergency Services
Public Health & Emergency Services

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

Submitted by:
Ron Tripp, P.Eng.
Chief Administrative Officer (Acting)

Pubic Health & Emergency Services
1815 Sir Isaac Brock Way, Thorold, ON L2V 4T7
905-980-6000 Toll-free: 1-800-263-7215

MEMORANDUM **PHD-C 4-2020**

Subject: Further Details on Order to Wear Masks in Wellington-Dufferin-Guelph

Date: July 14, 2020

To: Public Health & Social Services Committee

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

At the June 16, 2020 meeting of Public Health & Social Services Committee, Committee requested Public Health to provide more information on the requirement to wear face coverings in Guelph.

What occurred in Wellington-Dufferin-Guelph was a joint effort by their local public health agency and their municipalities. The medical officer of health issued a public health order on all businesses within the region, and in concert, every municipality issued an emergency order as well.

The substance of these orders was that all owners/operators of commercial establishments prohibit persons from entering or remaining in their premises unless they are wearing a face covering. Face coverings must be worn at all times in these establishments, except as reasonably required to receive the services provided by the establishment (i.e. a mask can be removed while receiving outdoor dine-in services). Exceptions are made for persons for whom face coverings are not recommended. The orders also mandate that alcohol-based hand rub be made available for persons entering or exiting these establishments.

In terms of enforcement of the public health order, consistent with section 23 of the *Provincial Offenses Act*, as well as sections 100–102 of the *Health Protection and Promotion Act*, enforcement of the order on any business that was not compliant would require a two stage court proceeding through the Provincial Offenses Court or a court proceeding through the Ontario Superior Court of Justice. As of June 28, 2020, Wellington-Dufferin-Guelph Public Health has not pursued any court proceedings to enforce the order.

Niagara Region

Pubic Health & Emergency Services
1815 Sir Isaac Brock Way, Thorold, ON L2V 4T7
905-980-6000 Toll-free: 1-800-263-7215

As of July 2, 2020, the following are various jurisdictions in Ontario and requirements that they have made around wearing face coverings:

JURISDICTION	TYPE OF REQUIREMENT	OBJECT OF REQUIREMENT	CONTENT OF REQUIREMENT
WELLINGTON-DUFFERIN-GUELPH	Public Health Order & Municipal Emergency Orders	Owners/operators of commercial establishments	• Disallow entry to anyone not wearing a face covering • Hand sanitizer available at entrances
WINDSOR & ESSEX COUNTY	Public Health Order	Owners/operators of commercial establishments	• Have a policy to prohibit entry of anyone not wearing a face covering • Hand sanitizer available at entrances
KINGSTON FRONTENAC LENNOX & ADDINGTON	Public Health Order	Owners/operators of commercial establishments	• Have a policy to prohibit entry of anyone not wearing a face covering • Hand sanitizer available at entrances
CITY OF TORONTO	Bylaw	Owners/operators of indoor spaces accessible to the public	• Have a policy to require staff, customers, and visitors wear a face covering
MIDDLESEX-LONDON	Public Health Order	Transit Operators Hair/nail salons	• Implement local guidance for reducing risk in public spaces • Ensure staff, customers, volunteers, and contractors wear face coverings

JURISDICTION	TYPE OF REQUIREMENT	OBJECT OF REQUIREMENT	CONTENT OF REQUIREMENT
		Any business where workers and customers are face-to-face for more than 15 minutes	
PEEL REGION	Bylaw (proposed)	Owners/operators of indoor spaces accessible to the public	• Have a policy to require staff, customers, and visitors wear a face covering
WATERLOO REGION	Bylaw (proposed)	All members of the public	• Public must wear face coverings in public spaces

Respectfully submitted and signed by

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

Subject: Affordable Housing Strategy Update

Report to: Public Health and Social Services Committee

Report date: Tuesday, July 14, 2020

Recommendations

1. That Report COM 15-2020 **BE RECEIVED** for information; and
2. That a copy of Report COM 15-2020 **BE CIRCULATED** to Local Area Municipalities.

Key Facts

- The purpose of this report is to outline approaches staff are taking in the short-term to address Niagara's affordable housing needs as we continue to assess the changing demographic and economic trends resulting from COVID-19.

- Regional Council identified the retention, protection, and supply of affordable ownership and rental housing as a key objective of the 2019-2022 Council Strategic Plan.

- The Affordable Housing Strategy Steering Committee is an inter-departmental working group whose purpose is to develop a long-term Affordable Housing Strategy that coordinates the various studies, programs, and initiatives being undertaken across the Corporation to address housing affordability in Niagara.

- The development of the Affordable Housing Strategy and its related initiatives has been impacted by the emergency measures put in place to mitigate the spread of COVID-19.

- Short-term approaches include coordination with Local Area Municipalities, updates to the Regional Housing Database, and support for the affordable housing commitments made prior to the COVID-19 pandemic.

- Consideration should also be given to an MOU with Local Municipalities aimed at streamlining the approval and development of affordable housing projects and the identification of vacant/underutilized municipal lands that can be made available for affordable housing.

Financial Considerations

There are no direct financial implications arising from this report. It is expected that any costs associated with the recommended approaches will be brought forward in detail as part of future reports to Committee and Council.

Analysis

The Affordable Housing Strategy Steering Committee (AHSSC) is an inter-departmental working group made up of staff from Niagara Regional Housing (NRH) and Niagara Region's Planning and Development Services, Community Services, and Finance departments. The AHSSC was formed in 2018 in order to co-ordinate the various projects and initiatives being undertaken across the Corporation to address issues of housing affordability in Niagara.

The AHSSC is currently overseeing the development of an Affordable Housing Strategy that outlines the long-term approaches, land use tools, and financial incentives that can be used to support the protection and supply of affordable ownership and rental housing in Niagara.

The Affordable Housing Strategy is informed by the plans, projects, and other initiatives listed in the following section, each of which has been impacted by the implementation of emergency measures to reduce the spread of COVID-19.

Status of Affordable Housing Studies and Initiatives

Housing and Homelessness Action Plan (HHAP) Update

The HHAP includes a complete vision for addressing homelessness and access to affordable housing in response to identified local needs. The updated plan was approved by Regional Council in October 2019, and acknowledged by the Ministry of Municipal Affairs and Housing in March 2020.

Preventing and ending homelessness requires access to safe and affordable permanent housing. This includes options in both the private market (home ownership and purpose-built rentals) and community housing (NRH owned, non-profit, co-operative housing, and supportive housing). The goals related to affordable housing in the HHAP include the following:

- Increase the supply of higher-density housing forms, including townhouse and apartments.
- Increase the number of new community housing units developed, and the proportion of new community housing units that are bachelor/1-bedroom units or four or more bedroom units.
- Prevent the loss of current community housing stock.

During the initial phase of the COVID-19 pandemic, the HHAP working groups, including the Community Housing Provider Advisory, the Housing Affordability Innovation Working Group, and the Lived Experience Advisory have been unable to meet. Staff continue to communicate with stakeholders as needed to support the alignment of local affordable housing initiatives to the HHAP.

Niagara Regional Housing Projects

- NRH is continuing with the renewal and repair of owned units to maintain and increase the current supply. Project planning for new and infill developments on owned land has continued, with construction scheduled to begin on the Hawkins Street redevelopment in the City of Niagara Falls in June 2020.

- Formal project management services continue to be provided in a consulting capacity by NRH to assist housing providers across the region during all phases of new development. NRH has become a primary contact and resource for private developers interested in creating affordable housing across Niagara.

- NRH is preparing an RFP for the development of an Affordable Housing Master Plan to strategically plan for affordable housing units to the year 2041. Once complete, the Master Plan will form an overarching strategy for affordable housing that considers the HHAP, the Regional Housing Database, and the affordable housing grant and incentive programs. After a pause during the initial stages of COVID-19, the Master Plan Steering Committee is to resume meeting in the summer of 2020.

New Niagara Official Plan

The Planning and Development Services Department is continuing its development of the new Official Plan for Niagara Region.

An Official Plan is a long-range policy document that shapes a municipality’s physical, economic and social development. The new Niagara Official Plan will include objectives,

policies and mapping to properly plan for forecasted population and employment growth, municipal infrastructure and services including public service facilities, and agricultural and natural heritage resources to ensure that the needs of Niagara's current and future residents are met.

In 2019, Niagara Region engaged the Canadian Centre for Economic Analysis (CANCEA) to prepare a Regional Housing Database to inform the HHAP update and the comprehensive review of the Official Plan. The database aggregates existing sources of housing-related data to determine the current and future demand for affordable housing in Niagara. The results of the analysis of the Regional Housing Database, as well as the associated growth scenario analysis, were endorsed by the Planning and Economic Development Committee in April and November 2019, respectively.

The background work already completed by CANCEA will enable policy drafting to begin for the housing component for the new Official Plan, which will include affordable housing targets and policies to achieve those targets. The Province has recently released new draft population and employment forecasts for Niagara Region to the year 2051 as part of "Amendment 1" to the *A Place to Grow: Growth Plan for the Greater Golden Horseshoe*. Once the Province finalizes Amendment 1, Regional forecasts will be updated and reflected in the new Niagara Official Plan.

Niagara Region Grants and Incentives Review

In 2018, the Niagara Region Grants and Incentives Review was initiated to promote greater transparency, accountability, and efficiency in the administration of the financial incentives offered by Niagara Region, and to ensure they continued to align with Council priorities, economic trends, and growth management strategies.

In September 2019 through PDS 34-2019, Council endorsed the following four target areas for Regional incentives: affordable/rental housing; brownfield remediation; employment growth in key sectors; and public realm.

The Regional Incentive Review Team continues its work to focus and coordinate incentives in these four areas in light of the significant changes caused by COVID-19. Specifically, the Team is monitoring the impact of the pandemic on the construction sector and the housing market and how these changes will affect affordable/rental housing. More information on potential incentive programs related to affordable/rental

housing will come forward when there is a better understanding of these impacts and how affordable housing incentives may best be adapted to address them.

Short-Term Approaches to Housing Affordability

Municipalities across Canada continue to address the impacts of COVID-19. Given the sudden shifts in the ways government services and private businesses have been run since the declaration of the pandemic, significant changes are expected to previously established demographic and economic trends.

Because of these changes, a better understanding of the socio-economic impacts of COVID-19 on Niagara's economy and housing market is needed prior to pursuing long-term investments and actions to support the development and availability of affordable housing in Niagara.

While the opportunities and risks associated with long-term housing strategies are reassessed, however, staff will continue to pursue the following short-term approaches to support affordable housing choices in the region as coordinated by the AHSSC.

Coordination of Affordable Housing with Local Area Municipalities

Like all development proposals, affordable housing projects must be consistent with Provincial, Regional and local land use policies, and must adhere to the processes outlined in the *Planning Act, 1990,* the *Building Code Act, 1992,* and the *Local Planning Appeal Tribunal Act, 2017.*

Due to the nature of affordable housing developments, there are a number of obstacles associated with these applications which can delay the approvals process, including discriminatory opposition from members of the public (NIMBYism) and associated appeals. This is further complicated by the varying fees, timelines, and study requirements implemented by each of Niagara's twelve local municipalities to process these applications.

Development delays can be particularly detrimental for affordable housing projects. For the private market, delays can lead to increases in the final housing sales price, which in turn can reduce or negate the affordability of planned housing units. For non-profit organizations, Niagara Region, or Niagara Regional Housing, project delays can run the risk of exceeding funding deadlines associated with government grants and subsidies on which these developments are often dependent.

Niagara Region is part of a Memorandum of Understanding ("MOU") with Local Area Municipalities to outline the respective responsibilities and timelines associated with the delivery of planning functions and services. The AHSSC has discussed the use of a similar MOU or equivalent agreement with Local Area Municipalities specifically aimed at the review, administration, and approval of affordable housing projects and development applications.

The intent of this agreement would be to facilitate a consistent approach to processing development applications and building permits for affordable housing projects across all twelve municipalities, as well as to ensure a common understanding of the process and timing restrictions associated with Provincially- or Federally-funded developments.

Additionally, a component of the MOU and associated discussions with Local Area Municipalities can include the identification and assessment of vacant or underutilized municipal lands that can be made available for future affordable housing developments. The parcels identified will be assessed for their suitability for affordable housing based on a number of criteria, including:

- the proximity and availability of transit service;
- the proximity of public service facilities, such as social services, recreation, and health and educational programs; and
- the location of adjacent or surrounding incompatible land uses, such as heavy manufacturing or industrial, or other uses with adverse impacts on sound and air quality.

Community Services and NRH staff collaboratively have already been working with Local Area Municipalities to review municipal properties that may be available and appropriate to support affordable or supportive housing projects and to create readiness to respond to Provincial or Federal funding opportunities. Often these funding opportunities have tight turnarounds and require shovel-ready projects to access.

Further coordination and consultation with Local Area Municipalities can lead to innovative programs and initiatives that can more effectively address housing and homelessness. In addition to the initiatives above, the Region will continue to seek partnerships with municipalities to support the development of new affordable housing options.

Funded Housing Projects

Regional staff will continue to process and support previously funded housing projects, including the Partnership Housing Program and the Park Street development in the City of Niagara Falls.

Partnership Housing Program

The 2018 Capital Budget approved a budget of $1.75 million for the Partnership Housing Program (CSD 14-2018, CSD 34-2019), with $1.575 million funded from Development Charges, and the balance from reserves. The purpose of the project is to partner with the private sector for the purposes of developing new, affordable purpose-built rental housing.

In return for the Region's investment, a number of units in the development would be allocated to Niagara Region to prioritize candidates on the centralized waiting list. Additionally the tax revenue on the property would be utilized to fund the required rent subsidy on the units allowing the Region to subsidize more households without an incremental budget increase.

A negotiated request for proposal requiring a two part submission was issued in July of 2019 and closed in October 2019. Part A submissions were evaluated by a team of representatives from Finance, NRH, Community Services and Planning and Development Services. A Part B submission was requested from one proponent on February 18, 2020 and the response was received on March 18, 2020. An initial review of Part B took place in March of 2020, however, some additional information was required of the proponent. Due to the COVID-19 pandemic the continued evaluation of the proponent has been delayed. Staff are following up with the proponent at this time to understand the impact of the pandemic on the submission.

City of Niagara Falls Park Street Development

The Park Street property, owned by the City of Niagara Falls, has been offered by the City to form part of an affordable housing project in the downtown area (CSD 33-2019). This development has been approached as a partnership opportunity between the City, Region, NRH and not-for-profit agencies to develop approximately 200 units on this property, with NRH committed to provide Rent Geared to Income for up to 50 units.

To date the City, with the support of the Region, has completed Phase 1 and 2 Environmental Assessments for the site, and has budgeted $500,000 this year to commence the remediation of the property, with additional monies budgeted for this purpose in 2021, as well as to demolish the existing structure on the property.

Official Plan Amendments for the development have already been approved, and Zoning By-law Amendments for the site are currently underway to allow for a 10 storey structure to be developed on the property. The project's next steps will be to coordinate a joint RFP process during the fall of 2020, with a project award targeted for spring of 2021.

Alternatives Reviewed

Not applicable. This report provides an update on the short term activity related to the affordable housing strategy that is continuing during the COVID-19 pandemic. Evolving available information limits deliberation of long term alternatives at this time. As new information becomes available, additional long term options will be presented in future reports.

Relationship to Council Strategic Priorities

The retention, protection, and increase in the supply of affordable housing stock to provide a broad range of housing to meet the needs of the community is contemplated as part of Objective 2.3 of the 2019-2022 Council Strategic Plan and supports the Council Priority of a Healthy and Vibrant Community.

Other Pertinent Reports

- CSD 14-2018 Alternative Service Delivery Social Housing
- CSD 33-2019 Affordable Housing Development
- CSD 34-2019 Partnership Housing Program
- COM 40-2019 Five-Year Review of Niagara's 10-Year Housing and Homelessness Action Plan
- PDS 17-2019 Niagara Housing Statement: Affordable Housing Data
- PDS 34-2019 Grants and Incentives Review
- PDS 37-2019 Growth Scenario Analysis Related to the Housing Strategy
- CWCD 421-2019 New Niagara Official Plan Updates
- PDS 9-2020 Niagara Official Plan - Consultation Details & Revised Framework

Prepared by:
Alexandria Tikky
Planner
Planning & Development 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 Donna Woiceshyn, CEO Niagara Regional Housing, Marian Bannerman, Grant and Incentive Program Manager, and Jeffrey Sinclair, Homelessness Action Plan Advisor, and reviewed by Cathy Cousins, Director of Homelessness Services & Community Engagement, and Doug Giles, Director of Community & Long Range Planning.

NIAGARA POVERTY REDUCTION NETWORK

July 6, 2020

To the members of Niagara Regional Council Public Health and Social Services Committee:

I am writing on behalf of our Niagara Poverty Reduction Network (NPRN), in support of the motion prepared by Councillor Laura Ip for the Public Health and Social Services Committee meeting of July 14, 2020. NPRN is a collective of over 30 agencies and individuals working to wipe out poverty in Niagara through education, collaboration, and advocacy to address poverty's root causes. We are proud to support the idea brought forward by Councillor Ip's motion: that the Region of Niagara ought to lend its moral authority to the growing movement for a basic income, as a key component of a system of programs and policies that effectively move people away from poverty (e.g. affordable childcare, housing, public transit, etc.).

NPRN has a long history supporting the implementation of a basic income model for Niagara and more broadly. Prior to the implementation of the Ontario Basic Income Pilot and beyond, NPRN engaged in advocacy work related to increasing awareness around a Basic Income Guarantee, media campaigns, and participated in the Basic Income Pilot project consultation process.

Since the beginning of the COVID-19 pandemic, NPRN has addressed the need to develop a moratorium on rent obligations for people living on a low income, and significant gaps in the rollout of the Canada Emergency Response Benefit (CERB), especially pertaining to the inability of Niagara's growing communities of sex workers and undocumented migrant workers to apply for the Benefit.

These unresolved concerns relate directly to Councillor Ip's motion: If implemented, a basic income policy would provide meaningful financial support to the vulnerable tenants and workers whose interests have inspired the above appeals. As we know from the Basic Income Pilot experiment in Hamilton, basic income measures have a significant, positive impact on the health and overall dignity of recipients, especially when implemented alongside other programs and policies that create a stronger social safety net. This endorsement of Councillor Ip's motion is issued with that fact in mind.

Councillor Ip's motion proposes a letter from Chair Bradley to key members of our federal cabinet, on behalf of the Region of Niagara, endorsing the letter from Simcoe Muskoka in the name of income security. Persistent poverty and household food insecurity are cited in Councillor Ip's motion as additional core values motivating the proposed letter.

NIAGARA POVERTY REDUCTION NETWORK
www.WipeOutPoverty.ca
c/o United Way Niagara
800 Niagara St, 2nd Floor, Welland, ON L3C 5Z4 email: info@wipeoutpoverty.ca

NIAGARA POVERTY REDUCTION NETWORK

The Niagara Poverty Reduction Network wholeheartedly supports Councillor Ip's motion and the values that inspire it. We must act in a collaborative way for the human rights of all people, independent of their class. The fact that people can only realize their human rights if they have the benefit of a certain amount of material prosperity gave rise to CERB. This same co-relation is recognized in your own, ongoing efforts as Regional Council to ensure that Ontario Works and the Ontario Disability Support Program are optimally implemented for Niagarans through the efforts of our hard-working municipal social service employees. Moreover, COVID-19 has inspired new awareness across Niagara of the need for basic income. Council endorsement of the Simcoe Muskoka initiative would thus be a wise continuation of the social justice momentum emergent in our region.

Thank you for considering this letter. If you have any concerns or questions related to its contents, or to the work of NPRN, please do not hesitate to be in touch.

Sincerely,
Aidan Johnson

Niagara Poverty Reduction Network Chair

On behalf of the Niagara Poverty Reduction Network