



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

PHSSC 3-2021

Tuesday, March 9, 2021

1:00 p.m.

Meeting will be held by electronic participation only

This electronic meeting 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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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).

From: [PF-Mailbox-01](#)
To: [Norio, Ann-Marie](#); [Trennum, Matthew](#)
Subject: FW: Online Form - Request to Speak at a Standing Committee
Date: Tuesday, March 02, 2021 3:31:35 PM

From: Niagara Region Website
Sent: Tuesday, 02 March 2021 15:31:25 (UTC-05:00) Eastern Time (US & Canada)
To: Clerks
Subject: Online Form - Request to Speak at a Standing Committee

Request to Speak at a Standing Committee

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

Name
Aidan Johnson

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Organization
Niagara Community Legal Clinic

standing committee
Public Health and Social Services Committee

Presentation Topic

Clr Witteveen's motion re migrant farm-worker rights

Presentation includes slides

No

Previously presented topic

No

Presentation Details

I wish to speak in favour of the motion, from the perspective of the Charter of Rights and Freedoms.

Video Consent

Yes



Subject: Niagara Prosperity Initiative Review

Report to: Public Health and Social Services Committee

Report date: Tuesday, March 9, 2021

Recommendations

1. That the Brock University executive summary report titled “Connecting the Pieces: An Evaluation of the Niagara Prosperity Initiative and Call for a Broader Poverty Reduction Strategy for Niagara”, **BE RECEIVED** for information; and
2. That Regional Council **DIRECT** staff to:
 - 2.1. Complete a comprehensive review of the analysis and recommendations; and
 - 2.2. Present the “Connecting the Pieces: An Evaluation of the Niagara Prosperity Initiative and Call for a Broader Poverty Reduction Strategy for Niagara” report and staff recommendations to Public Health and Social Services Committee (PHSSC) no later than September 2021.

Key Facts

- In 2018, Niagara Region, Social Assistance & Employment Opportunities (SAEO), was awarded funding of \$476,763 from the province’s Local Poverty Reduction Fund (LPRF) for a three-year research project, specifically to review the impact of the Niagara Prosperity Initiative program.
- The research project was intended to examine the state of poverty in Niagara using data from the 2016 census, provide analysis on the impacts, outcomes and efficacy of Niagara Prosperity Initiatives (NPI) and offer recommendations on best practices moving forward.
- SAEO contracted Brock University (Brock) to complete the research project (see Appendix A: Executive Summary Connecting the Pieces: An Evaluation of the Niagara Prosperity Initiative and Call for a Broader Poverty Reduction Strategy for Niagara). The full report is in the final stage of completion.
- From January 2018 to December 2020, Brock University engaged in various methods of data collection and analysis to complete the research, including; an environmental scan, literature and census data reviews, key stakeholder interviews and surveys, analysis of quantitative and qualitative data collected by NPI, and regular meetings and engagement with SAEO and NPI staff.
- Within the executive summary, Brock proposed five recommendations to enhance Niagara Region’s response to poverty; develop a comprehensive poverty reduction

strategy, increase investment, offer longer term and more deliberate funding, enhance research and design services for social inclusion aligned with poverty reduction priorities.

- Staff will complete a comprehensive review of the full report and present staff recommendations to Council no later than September.

Financial Considerations

Council, as it considers Community Services' operating budget, reviews the investment of NPI funding annually. Since 2008, Regional Council has invested \$1.5 million annually toward increasing prosperity for Niagara residents living in poverty. In 2020 and 2021, the investment was reduced to \$1.25 million to address other budget pressures in those years. This funding does not include other additional non-mandatory levy contributions that council directs to other poverty reduction/alleviation efforts such as investments in homelessness services, and discretionary benefits for social assistance recipients.

Analysis

Brock University Review

Brock's executive summary report "An Evaluation of the Niagara Prosperity Initiative and Call for a Broader Poverty Reduction Strategy for Niagara" includes an assessment of the cumulative impacts of over a decade of grant funding for poverty reduction and alleviation projects through the NPI.

Researchers at Brock completed this review using the following methods:

- Environmental scan
- Census data review
- Literature reviews
- Surveys to program users and program leads
- Interviews with project leads, participants, NPI staff and key informants
- Analysis of quantitative and qualitative data collected by NPI
- Focus groups
- Quasi-experimental, control group study.

Information gathered from testimonials, surveys and interviews established three major themes on how NPI-funded projects have benefited participants:

1. Helping individuals develop supportive social networks.
2. Facilitated individuals' learning in various ways.
3. Contributed to individuals' growing self-efficacy.

Overall, participants indicated high levels of satisfaction with NPI-funded projects.

The report suggests that NPI has made long-term impacts achieved through supportive interventions that have changed the lives of individuals and families. These individual-level interventions have mainly supported people in the following four ways: through 1) education, training and skills development; 2) direct material benefits; 3) neighbourhood infrastructure and 4) community capacity.

In addition to making a difference to individuals, it is suggested that the NPI has had impacts on neighbourhoods and communities. NPI-funded projects generated amenities that people continued to make use of after a project had concluded, such as educational materials and community garden plots, garden boxes and tools. These projects brought people together and cultivated supportive networks and neighbourhood-based friendship networks emerged through a number of projects that became ongoing sources of material and social supports.

The report also provides information on the state of poverty in Niagara. Drawing largely on 2016 census data, the report delivers updates to the key indicators that measure poverty. Findings suggest that although the prevalence of low-income households and the rate of unemployment have generally remained near or below the provincial average over the past decade, poverty remains a significant problem that continues to impose wide-ranging costs upon the region and negatively impact the lives of local residents.

The data suggests that poverty varies across the region and across demographic groups and family types. Niagara's relatively large proportion of lower income jobs in sales and service is one key reason why the region has a growing number of residents who are "working poor" and an average household income that is lower than the provincial average. Brock has also taken into consideration the impacts of the COVID-19 crisis and Niagara's housing market, which has pushed up the rates of "core housing need" and intensified homelessness issues.

Brock Recommendations

The executive summary provides a shortened account of the key findings and recommendations of the research project, whose full rationale, empirical basis and

procedural implications will be explained in much greater detail in the final report to be received no later than September 2021.

There are five key recommendations in the report.

1. Develop a comprehensive Niagara Region poverty reduction strategy - in order to broaden the scope of NPI and establish a more stable poverty reduction program that looks at impacting systems change through conscious coordination and sustained collaboration. The NPI program needs to be re-situated as one component of a larger and more comprehensive Niagara Region poverty reduction strategy that fits within the framework of the provincial and federal poverty reduction plans.
2. Increase investment in poverty reduction – funding through NPI has remained flat since 2008 and was reduced in 2020 and 2021 due to budget pressures. The social determinants of health are expected to worsen due to the impact of the pandemic especially for the most vulnerable members of our community. The Region needs to ensure that ongoing anti-poverty efforts are supported by an appropriate level of staffing that is comparable with other successful anti-poverty programs outside of Niagara.
3. Make deliberate investments and provide longer funding terms – it is recommended that the initiative should reposition funding towards a more deliberate investment model, and offer longer funding terms, which would change the NPI structure and application process and support a larger scale strategy. Shifting these elements within NPI will create a new model which will mitigate unpredictability and fragmentary services in the community, and emphasize collaborative, reciprocal relationships with stakeholders, such as those inspired by a model of Collective Impact and coalition building frameworks. Included in this recommendation is a stronger coordination between government departments and local funders.
4. Guide investments with enhanced research – in order to accommodate a deliberate approach to funding, investment is needed to collect, develop and share data and strategies with stakeholders and providers. Place-based strategies should continue to be part of a deliberate investment model, but use of subject matter expertise as well as transparent spatial and demographic analyses need to also be incorporated.
5. Design all services for social inclusion aligned with poverty reduction priorities – alignment ensures that poverty is a priority and actions are coordinated in areas like transit, social procurement and more. As a two-tier regional government, Niagara Region must also approach systems change with an openness to considering how

lower-tier governments play a role in the delivery of targeted poverty alleviation efforts. Similar to Toronto's Poverty Reduction Strategy Office, this recommendation includes the appointment of at least one councillor to act as a 'poverty reduction champion'.

Next Steps

Evaluation is a critical component of any strategy and the results of the "Connecting the Pieces: An Evaluation of the Niagara Prosperity Initiative and Call for a Broader Poverty Reduction Strategy for Niagara" report offers a starting point from which Niagara Region can better plan for the future and maximize the impact of its investments. The data collected is also intended to contribute to a body of knowledge that will support poverty reduction programs across the province.

The research and its recommendations will contribute to Niagara Region's future responses to poverty. Staff will complete a comprehensive review of the analysis and recommendations and present back to the PHSSC with the intent to implement Council-approved recommendations in 2022.

Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

Investing funding and collaborative action in neighbourhoods in need supports Council's strategic priority of Fostering an Environment for Economic Prosperity. Outcomes are realized by helping residents thrive through greater opportunities and relate to employment and improved community symptoms.

Other Pertinent Reports

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

COM C 6-2017 Local Poverty Reduction Fund Application

Prepared by:

Lori Watson
Director
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

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

Appendices

Appendix 1 Executive Summary Connecting the Pieces: An Evaluation of the Niagara Prosperity Initiative and Call for a Broader Poverty Reduction Strategy for Niagara

Connecting the Pieces: An Evaluation of the Niagara Prosperity Initiative and Call for a Broader Poverty Reduction Strategy for Niagara

Executive summary authors: MB Raddon, Dennis Soron, Christopher Walsh

For the full list of Brock University research contributors to this report, and a detailed description of the research plan, see the NPI Evaluation Research website: [Brock University NPI Evaluation Research](#)

Executive summary prepared for The Regional Municipality of Niagara
Community Services Department
February 2021

EXECUTIVE SUMMARY

Introduction

Poverty in contemporary Canada is a complex problem that remains an important policy challenge at all levels of government. While upper- and lower-tier municipalities see the effects of poverty every day and have effectively become a default safety net for many residents, their capacity to remedy such problems is curtailed to some extent by their relatively small tax base, economic uncertainties, limited jurisdiction, overburdened responsibilities and the precariousness of federal and provincial investments and commitments. That said, local governments continue to have a critical leadership role to play in the fight against poverty, whose wide-reaching and corrosive effects are only likely to be exacerbated by the prolonged COVID-19 crisis. As calls for reduced public spending are likely to follow in the wake of health, employment and fiscal crises, this report seeks to focus attention on the need to strengthen poverty-reduction efforts.

While Niagara itself has not as yet developed a comprehensive region-wide poverty reduction strategy, as former Niagara Poverty Reduction Network (NPRN) chair Elisabeth Zimmerman argues,¹ the Region's ongoing funding of the Niagara Prosperity Initiative (NPI) has been one means through which it has embraced its crucial "social role," cultivating a sense of collective responsibility and promoting collaborative action against poverty. In 2018, Niagara Region, in partnership with a transdisciplinary team of researchers at Brock University, was awarded funding from the province's Local Poverty Reduction Fund (LPRF) for a three-year research project aiming to examine the state of poverty in Niagara, conduct an evaluation of the impacts, outcomes, and efficacy of the NPI to date, and offer recommendations on best practices moving forward. This Executive Summary offers a condensed account of the key findings and recommendations of this research project, whose full rationale, empirical basis and procedural implications are discussed in much greater detail in the final report.

The NPI's Evolution to Date

Enabled initially by a window of opportunity to reinvest savings associated with the implementation of the Ontario Child Benefit (OCB), the Niagara Prosperity Initiative

¹¹ Zimmermann, Elisabeth. "Creating Shared Prosperity and Leading by Example: Roles Local Government Can Play to Contribute to Poverty Reduction." *Community Blog, Niagara Knowledge Exchange* (2014, October 1) Niagara Connects. Accessed at: [Creating Shared Prosperity and Leading by Example: Roles Local Government Can Play to Contribute to Poverty Reduction](#)

(NPI) has since 2008 invested approximately \$1.5 million annually toward a range of collaborative, place-based, community-led poverty prevention and reduction projects.

Organizationally, NPI was constituted as an arm's-length program funded by the Region but managed and administered by third party organizations, with service delivery also contracted out to agencies through a competitive request for proposals (RFP). From the outset, NPI was to involve two broad bundles of tasks, which came to be organized through the Secretariat and the Convener roles. United Way Niagara and the Niagara Community Foundation are currently fulfilling their respective roles as Secretariat and Convener under five-year contracts that expire at the end of 2021. While there have been slight changes over the division of tasks, in general the Secretariat is responsible for administering funding for NPI projects, whereas the Convener aims to bring together various actors to develop longer-term strategies and coalitions for reducing poverty. At present, this latter role is fulfilled largely through the efforts of the NPRN, a voluntary network of public, private and non-profit organizations concerned with poverty reduction in Niagara.

The NPI has established a long record of grant funding that supports innovative neighbourhood-based poverty alleviation projects across the region. Working with nearly 90 organizations from 2008 to 2019, the NPI has funded 374 projects during this period. The NPI has sought to allocate project funding to the individuals, families, communities and neighbourhoods in greatest need in order to buffer and prevent the hardships associated with poverty. The NPI's annual Request for Proposals (RFP) sets funding priorities for meeting poverty-related needs, and the priority funding streams for the program have narrowed considerably over time. Since 2019, the NPI's three priority-funding streams have been Housing, Health and Employment.

Within the varying priority categories, the (mostly) two-year projects have been diverse. Over the years, projects have targeted children and youth, adults, seniors, and families. Projects have also varied in terms of their scope. The majority of projects to date have aimed at providing an enduring benefit to individuals and families through education, training and skill development. A second range of projects has sought to provide immediate material benefits to low-income individuals or families. The third type of project has focused on creating neighbourhood infrastructure that people will continue to use after the project has wrapped up. The fourth type of project has worked on the level of the collective, aiming to increase the capacity of communities to support their own members and enhance their quality of life. These four broad categories of projects are summarized in the table below.

Project Category	Scale of Intervention	Examples
Education, training, skills development	Individuals and Families	<ul style="list-style-type: none"> - summer day camps for children in priority neighbourhoods - life-skills programs for pregnant women and young parents who are homeless or at risk of homelessness - summer literacy programs for low-income families with children needing foundational literacy skills
Direct material benefits	Individuals and Families	<ul style="list-style-type: none"> - the Good Food Box, offering affordable produce to households that lack access to fresh, healthy food - dental care and denture clinics for adults - a laundromat voucher program - ID clinics to assist people with replacing and safely storing identity documents needed for government services and financial benefits.
Neighbourhood Infrastructure	Community / neighbourhood	<ul style="list-style-type: none"> - Bike Me Up, a repair shop where people can get help with fixing their own bike or select an affordable refurbished bike - community gardens, community kitchens, and social enterprises that have some start-up costs but also the potential to develop an income stream - projects that provide Wi-Fi and internet technology to low-income seniors (NB: a 2020 project)
Community Capacity	Community / neighbourhood	<ul style="list-style-type: none"> - projects of drop-in centres that provide a range of supportive community-building activities - after-school educational and social programs for children and young people - volunteer programs that engage low-income members in community organizing or peer support.

While the total number of annual NPI projects has trended downwards over time, average project size and scope have increased. Similarly, an increasing number of the

projects receiving funds target multiple municipalities within Niagara or have a regional focus. The reported number of persons served by NPI projects has exceeded the expected number of persons served in every year of the program's existence. Since 2008, the NPI has not exceeded its funding allocation, and amounts spent have always come in under amounts allocated. While the official amount allocated annually to NPI projects has (with isolated exceptions) remained steady at \$1.5 million, inflation has meant that the purchasing power of the fund has declined over time. From 2009 to 2019, the price index increased by 22 percent, so the purchasing power of the funds allocated in 2019 was more than one fifth less than it was in 2009.

Evaluating the NPI's Impacts

Our purpose in this report is not to evaluate individual projects, whose targets and outcomes are already well documented by the NPI, but to describe and assess the cumulative impact of over a decade of grant funding for poverty alleviation. Reporting by NPI grant recipients has been consistent and has provided evidence of the effectiveness of individual projects in meeting their goals. The NPI has received detailed records of projects' *outputs*, defined as how much the funded projects accomplished in terms of the number of unique people served and the types and quantity of units of service that were provided (e.g., drop-in sessions held, meals served, etc.). Across all projects for the first decade of the NPI, the tally of people supported was over 115,000. Additionally, the NPI has collected vivid evidence of projects' *outcomes*, defined as the projects' immediate effects on the people or communities they served. Over the years, outcomes have been identified primarily through testimonials by service users and, to a lesser extent, photographs about what the projects do. Overall, individual participants have indicated high levels of satisfaction with NPI-funded projects.

The NPI has documented the outputs and outcomes of the hundreds of projects to date through quarterly and final reporting by recipient organizations. We also need to evaluate its *impact*, which refers to the long-term or systemic difference the program makes. When speaking of impact, we are asking about lasting changes that have come about as a result of the NPI's funding of many different organizations and projects. To show impact over time is not straightforward, as individual projects' reporting data are insufficient to this task and population-level statistics are not fine-grained enough to measure the NPI's effects. Even though the funded projects have been numerous and have touched thousands of people, they have been relatively small scale and short-lived interventions, which cannot be expected to "move the needle" on the key indicators of poverty that the NPI has mapped by neighbourhood at the population level such as household income and housing affordability.

Supplementing survey data and testimonials with in-depth interviews of former project leaders, we categorize and assess some key long-term impacts of NPI-funded projects. The evidence suggests that the NPI's strongest impact relates to interventions that improved the lives of individuals and families. According to these interviews, individual-level interventions have mainly supported people in the following ways: employment and self-employment, education and training, social integration, and compassionate responses to chronic poverty. A parallel quantitative study undertaken by the research team suggests that participation in NPI projects is also associated with a small increase in individuals' reported levels of life satisfaction.

In addition to making a difference to individuals, NPI projects have had impacts on neighbourhoods and communities. In spite of their short life cycle, NPI-funded projects have occasionally generated amenities that people continued to make use of after funding had expired. More commonly, project leaders reported on the potentially lasting impact of bringing people together and cultivating supportive networks among service users and between project leaders and service users.

While the NPI's primary poverty-reduction focus is on service users and their neighbourhoods, a secondary area of impact is the non-profit organizations and their workers who have received grants, thereby gaining experience, developing new programs, and enhancing their reach and reputations. Almost all grant recipients were grateful for the funding, affirming that their projects helped them further their mission, catalyse new professional networks or working partnerships, and so on. However, former project leaders also spoke of some significant challenges (discussed in greater detail in the full report) arising from the uncertainties and administrative demands of short-term contract funding.

The NPI allocates funding through annual competitions for time-limited contracts, and its RFP is well known to local non-profit service providers. The majority of applying agencies in 2019 and 2020 participated in previous RFPs and almost all successful applicants had received NPI grants previously. Through the application process and reporting requirements for funded projects, the NPI largely assigns responsibility for evidence-based decision-making to non-profit agencies, many of which lack the resources and expertise to perform research functions. Even though successful applicants are allocated up to 10 percent for spending on overhead costs, this amount seldom compensates for the time given to grant and report writing tasks. The NPI can alleviate this burden on service providers and increase its own efficacy by taking greater direct responsibility for synthesizing literature, data, and community feedback, as well as project evaluation, thereby enhancing accountability and elevating conversations about poverty in Niagara. Several challenges and limitations associated with the NPI's

existing funding model (which is by no means unique to it alone) and operations are discussed in further detail in the full report.

As the NPI serves as a model for poverty reduction programs, its impact ultimately needs to be assessed in terms of the value it brings to the region overall. On a fundamental level, NPI-funded projects make a difference by reducing social and economic costs associated with poverty. In addition, the NPI creates impact by stimulating new thinking by non-profit organizations about how to deliver poverty alleviation and prevention projects and by testing these ideas in practice. While such innovation can sometimes help to identify the kinds of interventions that are needed and effective for long-term change, most NPI-funded projects have not continued beyond the end of the funding term. Due to the complex nature of poverty, significant changes to participants' material well-being are unlikely to occur during the timeframe of any given project. This caveat is not to say that the NPI's programmatic interventions are ineffective, but instead that the systemic forces producing poverty are considerable and the NPI is merely one part of a larger and more comprehensive poverty reduction strategy that is needed in Niagara.

The State of Poverty in Niagara

Developing an accurate picture of poverty in any given population or geographical area can be a difficult task, in part because our understanding of the nature and extent of poverty can vary substantially according to the yardsticks we use and the values and assumptions from which we begin. One source of conceptual confusion is the debate over whether poverty should be defined in *absolute* or *relative* terms. Absolute poverty refers to a situation in which an individual or household lacks the means to access the basic goods and services needed to sustain a minimal standard of physical well-being. By contrast, individuals or households are poor in relative terms if they are deemed unacceptably distant from the life standards that prevail in the broader community, even if their "basic needs" are being met.

In Canada, poverty rates have traditionally been derived from three common low-income measures published by Statistics Canada: the *low income cut off* (LICO); the *low income measure* (LIM) and the *market basket measure* (MBM). Each of these measures varies in terms of where it falls on the continuum between absolute and relative definitions of poverty, and in terms of its relative concern with income, consumption and a range of other factors. The Market Basket Measure (MBM), which became Canada's official poverty line in 2018 with the launch of the federal poverty reduction strategy, sets out the cost of a specific basket of goods and services that are meant to represent a modest, basic standard of living. While the MBM is the most

“absolute” of Statistics Canada’s low-income measures, it establishes low-income thresholds at a much finer geographic level than the other measures and its underlying assumptions and parameters are updated at reasonable intervals.

Drawing largely on 2016 census data, this report describes the key socio-economic indicators of poverty in the Niagara context and presents additional, original data from a representative survey of low-income residents and other recent sources. While this short Executive Summary cannot provide a full overview of this data, certain broad takeaways bear mentioning. While the overall percentage of households in Niagara affected by low-income and unemployment has generally been near or below the provincial average over the past decade, poverty remains a significant problem that continues to impose wide-ranging costs upon the region and negatively impact the lives of local residents in a variety of ways. As such, the relatively low overall incidence of low-income in Niagara should not be a cause for political complacency. Rates of poverty vary markedly across the region and across various demographic groups and family types that require special care and attention. Niagara’s relatively large proportion of lower income jobs in sales and service is one key reason why the region has a growing number of residents who are “working poor” and an average household income sizably lower than the provincial average. Compounding this problem, Niagara’s population has a markedly lower level of university-level educational attainment compared to the provincial average, reinforcing barriers to secure and decently paid employment in today’s shifting job market. While conventional economic indicators prior to the COVID-19 crisis suggested that the region’s economy was relatively strong, low-income families and individuals are not necessarily benefitting. Indeed, rising inflation has created new challenges for them in terms of heightened cost of living. This is particularly the case with regard to Niagara’s housing market, which has driven up rates of “core housing need” and amplified the region’s pre-existing homelessness problem.

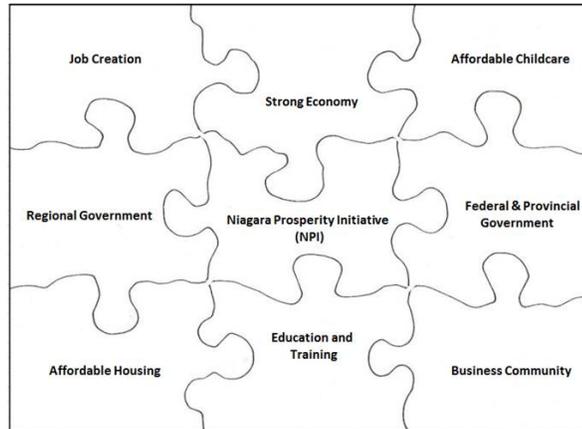
Recommendations

After evaluating the NPI’s internal processes and external impacts, the full report attempts to highlight some strategic opportunities to deepen and enhance the Niagara Region’s response to poverty. What follows is a condensed list of our key recommendations for the future.

i. Develop a comprehensive Niagara Region poverty reduction strategy.

To realize the full potential of the NPI, as envisioned by those who contributed to its initial design, the Region must commit to resituating it as one component of a larger comprehensive poverty reduction strategy. The NPI itself has long used the following

diagram to acknowledge the limits of its own ability to impact larger systemic issues relating to poverty:



As this diagram suggests, NPI is merely one piece of the puzzle embedded in a wider range of actors, services and strategies required to affect meaningful and lasting change. While short-term programmatic interventions can help individuals with their immediate struggles and mitigate some of the worst effects of poverty, poverty reduction at a community level requires stable services, system change, conscious coordination and sustained collaboration with a wide variety of stakeholders. Under the broad umbrella of recently released federal (August 2018) and provincial (December 2020) poverty plans, the Region’s own comprehensive anti-poverty strategy can be crafted to optimize multi-sectoral coordination and alignment, leverage resources and address gaps.

ii. Increase investment in poverty reduction.

The NPI’s budget for funding social services has remained flat, at \$1.5M annually, since its inception in 2008. The year 2020 was an exception, when \$250,000 of the poverty reduction fund was temporarily reallocated in response to budget pressures. For comparison, nearby Halton Region operates a social services funding program called the Halton Region Community Investment Fund, much like the NPI, which saw its budget grow from \$3M Regional tax base dollars per year to \$3.5M in 2021. While such direct comparisons often require more detailed explication, it is important to note that the low-income population in Niagara is actually 42.5% *higher* than that of Halton. Another way for Niagara to increase its investment, following the lead of poverty reduction administrators in other regions, would be for the NPI to research and leverage opportunities to bring more resources to Niagara. For these and other initiatives to succeed, the Region needs to ensure that its ongoing anti-poverty efforts are supported

by an appropriate level of staffing, comparable with those of ambitious and successful anti-poverty programs elsewhere.

iii. Make deliberate investments and provide longer funding terms.

While short-term funding allocated through competitions can foster community-led innovation in some cases, the NPI places service-providers on a treadmill of designing innovative short-term solutions to longstanding problems, requiring frequent cycles of grant writing and reporting, which tends to divert resources away from service provisioning. Fragmentation of services and lack of service continuity can also impede the progress of those trying to exit poverty. Deliberate investments and longer funding terms promise to allay these kinds of problems.

A deliberate investment model will afford the Niagara Region's Community Services department opportunities to coordinate its services with those purchased from third-party providers - even to select or design complementary services to fill gaps between or address the limitations of established programs. The Region may solidify existing relationships and cultivate new ones with service providers who do not engage with the NPI by enlisting their support to execute its broader strategic vision. Repositioning the NPI granting program as a component of the deliberate investment model also leaves the door open for local agencies to continue proposing pilots of novel services (i.e., new to Niagara) that may warrant incorporation into the deliberate strategy. Such a repositioning would call for changes to the NPI's structure, particularly its application procedure, and may involve innovative measures such as research development bursaries to applicants whose proposals show promise for augmenting the poverty reduction strategy.

A model based on deliberate investment and longer funding terms has the additional benefit of mitigating the unpredictability and fragmentary nature of services provided through time-limited contracts. As the full report emphasizes, short-term contract-based funding models, while widespread today, can inadvertently lead to service precarity, redundancy, lower-quality services, increased insecurity for service provider agencies, over-reliance on volunteers and unpaid staff labour, advocacy chill, and more. By contrast, regional poverty reduction programs that have adopted funding models that emphasize collaborative, reciprocal relationships with stakeholders, such as those inspired by Collective Impact and coalition building frameworks, avoid these consequences and reap many benefits. Such possibilities, as we detail further in the report, include coordinating with other government departments and local funders to create a shared pot of funding and single point of contact for third-party providers, increased inclusion of persons with lived experience in advocacy and policymaking, a

division of labour that reflects the distribution of expertise and resources within the field, and increased service provider well-being and service quality.

iv. Guide investments with enhanced research.

A deliberate approach to funding makes it possible to select and distribute services in the most efficient and rational manner. The identification of priorities, tactics, and points of service should be obviously guided by strong, up-to-date and finely grained research. Developing a comprehensive poverty reduction strategy will require enhancing the Region's capacity for ongoing, advanced research to guide and support its poverty reduction strategy. Of course, research requires technical skills and must be guided by subject matter expertise. To perform this kind of work, investing in staff training and (especially) recruitment will be necessary.

While insufficient for these ends, the NPI's Mapping Tool can continue to play a useful role as part of the Region's broader approach to poverty-related research. If a particular problem affects a neighbourhood, as opposed to a demographic segment, spatial analysis will inevitably be part of a valid process for allocating poverty reduction funds. Accordingly, place-based strategies should continue to be a part of the deliberate investment model, but not all needs are organized geographically. Deliberate investment should be guided by subject matter expertise, as well as transparent spatial and demographic analyses developed from the Canadian Income Survey and a variety of other timely and relevant data sources (as discussed in the full report).

To accommodate a deliberate approach to funding, investment is needed to collect, develop and share data and strategies with stakeholders and providers in a way that is transparent, responsive and receptive to community feedback. To cultivate shared understandings among local stakeholders, data and findings should be broadly shared (e.g., through community data sharing sessions and other means) to elevate conversations around poverty and ensure that service providers can use them to optimize their offerings and in grant applications that may bring more monies into Niagara. Service providers have their own expertise and front-line insights into local poverty that should be respected, synthesized, and contextualized within meso- and macro-level analyses. Service providers are also gatekeepers to research sites and participants, making them invaluable partners for refining strategies by testing alternative tactics and exploring what works best, for whom, and why.

v. Design all services for social inclusion aligned with poverty reduction priorities.

Niagara Region's various departments design and implement public services. Making such services optimally accessible and functional for vulnerable citizens is itself a form of poverty reduction. The City of Toronto demonstrates this, prioritizing building inclusivity for low-income residents into municipal services, even before contracting third parties to deliver services on its behalf. In order to achieve this, Toronto's Poverty Reduction Strategy Office convenes regular meetings of the leadership from all government departments to ensure inclusivity is a priority, not just for those staff tasked with poverty reduction, but also for the government as a whole. Further, at least one councillor acts as a 'poverty reduction champion', questioning representatives from all department on how the needs of socially and economically disadvantaged citizens are accounted for in new and existing programs. This approach has yielded systems change in areas like transit, social procurement, and more. As one of eight two-tier regional governments in Ontario, Niagara Region must approach such systems change with an openness to considering when lower-tier governments can and should play a greater role in the delivery of targeted poverty alleviation efforts.



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February 19, 2021

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

Dear Ms. Norio,

At their February 19, 2021 meeting, the Niagara Regional Housing Board of Directors passed the following motion as recommended in attached report NRH 2-2021:

That the Niagara Regional Housing Board of Directors ENDORSES the “An End Of Mortgage Position Paper” (Appendix 1).

The Niagara Regional Housing Board of Directors FORWARDS this report to Public Health and Social Services Committee for Endorsement.

Your assistance is requested in moving report NRH 2-2021 through proper channels to Regional Council.

Sincerely,

A handwritten signature in black ink, appearing to read 'Walter Sendzik', with a long horizontal flourish extending to the right.

Councillor Walter Sendzik
Chair



REPORT TO: Board of Directors of Niagara Regional Housing

SUBJECT: Updated "An End of Mortgage" Position Report

RECOMMENDATION

That the Niagara Regional Housing Board of Directors **ENDORSES** the "An End Of Mortgage Position Paper" (Appendix 1).

The Niagara Regional Housing Board of Directors **FORWARDS** this report to Public Health and Social Services Committee for Endorsement.

PURPOSE

To provide the Niagara Regional Housing Board and Niagara Region council with the final "An End of Mortgage (EOM) Position Paper" developed in collaboration with Service Managers across the province.

KEY FACTS

- In July of 2020 a report was submitted to the NRH Board for information regarding the position paper being drafted by the provincial working group for EOM.
- The Position Paper has now been finalized and was endorsed by the board of OMSAA on October 28th, 2020
- The final, endorsed paper was submitted to Assistant Deputy Minister (ADM) Josh Paul at MMAH on December 16th, 2020.
- To date there has been no response to the submission but we anticipate feedback in the coming months

Summary

Contained within the paper is the Service Managers recommendation that decisions related to municipal mortgage savings must be made by the municipal councils who fund the system. It is recommended that each Service Manager retain the municipal tax savings realized in their service area once mortgages come to an end, and have flexibility to reinvest mortgage savings into the Service Manager's local housing and homelessness systems under the following priorities:

Priority 1

Address unfunded capital needs through service agreements with housing providers to keep buildings in a good state of repair for current and future residents as set out in local 10-year housing and homelessness plans

Priority 2

Manage other housing and homelessness pressures identified in local 10-year housing and homelessness plans or other strategic plans, such as increasing and redeveloping the supply of affordable housing or enhancing homelessness-related supports

Priority 3

Fund other municipal pressures, provided all housing needs are met as identified by each Service Manager's strategic plans

CONSIDERATIONS**Financial**

KPMG was commissioned to review a model calculating the mortgage savings via consolidated provincial data from 28 Service Managers (including Niagara). The model was used to project the next 40 years of financial position for Service Managers and providers. The model, based on the data from the 28 Service Managers, shows that housing providers need \$3.8 billion to meet all capital repairs over the next 40 years. If the approach recommended by sector associations is implemented, as a group housing providers would be eligible to receive \$7.4 billion of the \$10.4 billion in potential mortgage savings. This would be enough to meet all their capital repair needs of \$3.8 billion and still result in over-funding of \$3.6 billion over 40 years.

Governmental Partners

Depending on the ultimate direction determined by the province, this shift in funding has the potential to significantly impact the goals as outlined in the Housing and Homelessness Action Plan.

Public and or Service Users

Ensuring that existing Social Housing Stock in Niagara remains a safe and affordable place for those who need it across Niagara is a priority. Reinvesting savings realized at EOM into existing stock, development and other housing programs have the potential to dramatically improve the housing system in Niagara.

ANALYSIS

In Niagara, the composition of providers looks very different than many of the other service providers in the province. NRH supports 60 smaller sized providers scattered across 12 municipalities. Many of the providers in Niagara do not have

the same large reserves that providers in other regions experience. In addition, other regions have far fewer providers with either very large or much smaller portfolios. The recommendations that speak to Service Manager autonomy within the guiding principles are of extreme importance. Ensuring that any savings realized goes back into housing maintenance and development in Niagara should be a priority before addressing other priorities, in order to preserve and expand safe affordable housing in the region.

ORIGIN OF REPORT

This report has been brought forward by staff

OTHER PERTINENT REPORTS

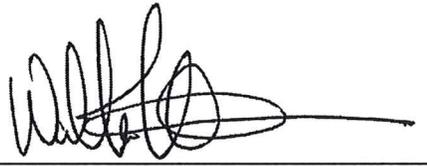
19-184-2.2 October 18, 2019 EOM Memo
20-191-4.2 July 24, 2020 End of Mortgage Update

Submitted by:

Approved by:



Donna Woiceshyn
Chief Executive Officer



Walter Sendzik
Chair

This report was prepared by Jenny Shickluna Manager Housing Programs.

Appendix 1: EOM Task Force Position Paper

Sustaining and Investing in Community Housing: An End of Mortgage Position Paper

Municipal Recommendations to Continue Investing in Local Housing and Homelessness Systems

September 2020

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1. EXECUTIVE SUMMARY

The community housing sector in Ontario is transforming. The *Protecting Tenants and Strengthening Community Housing Act, 2020* introduces a number of future changes to the *Housing Services Act, 2011* (HSA) and its regulations that will significantly change the relationship between housing providers designated under Part VII of the HSA and Service Managers.

Supply is not meeting demand; infrastructure is aging and in need of significant capital repairs; waiting lists are growing with more residents struggling with housing affordability and complex needs. In their provincially-designated role as Service Managers for housing since early 2000, Consolidated Municipal Service Managers (CMSMs) and District Social Service Administration Boards (DSSABs)¹ have been on the front lines of these housing challenges in their local communities.

In Ontario, there are approximately 1,475 housing providers designated under Part VII of the HSA (Part VII housing providers). Over the next decade, the mortgages of these housing providers come to an end. The amount of funding allocated to housing providers is prescribed through a provincially-mandated funding formula in the HSA regulations, and funded through the municipal tax base. When the mortgages are paid off, municipalities should realize over \$10 billion in reduced mortgage subsidy costs over the next 40 years. Service Managers provide an annual subsidy for housing providers' operating and mortgage costs, as well as rent-gear-to-income and property tax funding. When the mortgage ends there is no need to continue providing a mortgage subsidy as the housing provider is no longer incurring any mortgage costs. This reduction in subsidy costs related to the administration of HSA related program costs is often referred to as "mortgage savings" by housing providers and Service Managers.

Housing sector associations are advocating for changes to permit housing providers to use property tax-funded mortgage savings to meet their individual operational, capital and redevelopment needs. If agreed to by the Province of Ontario, this advocacy position would overfund housing providers by billions of municipal tax dollars, providing funding well beyond the level needed to meet their operational and capital needs. This advocacy position also results in a significant opportunity lost for Service Managers to address growing wait lists and local housing and homelessness needs.

It is crucial that any changes to the HSA funding model, as a result of the *Protecting Tenants and Strengthening Community Housing Act*, permit municipalities to redirect mortgage savings to ensure publicly-funded community housing assets remain in a good state of repair, as well as to invest in new supply, programs and services in line with each Service Manager's 10-year housing and homelessness plan. This includes providing capital funding and other assistance to Part VII housing providers.

Service Managers are accountable to taxpayers through their local housing and homelessness plans, understand their local housing needs, and are the level of government legislated to administer the entire community housing and homelessness system. Decisions on how municipal mortgage savings are reinvested in the housing system must be made by the municipal councils who fund the system and are best positioned to respond to local challenges and priorities, rather than by individual community housing provider boards. If community housing providers are permitted to retain municipal mortgage

¹ Both CMSMs and DSSABs will be known as Service Managers for the purposes of this paper.

savings, then the decision on how savings are reinvested will be made by individual community housing boards. Under the current HSA regulations, service managers retain these savings and may reinvest them in line with their housing and homelessness plans. To ensure a holistic approach to the overall housing and homelessness system, new HSA regulations should not prescribe how municipal mortgage savings are treated and instead continue to leave these decisions to the sole discretion of Service Managers, and new funding arrangements should help to sustain the housing system without overfunding individual community housing providers.

Service Managers recommend that decisions related to municipal mortgage savings must be made by the municipal councils who fund the system. It is recommended that each Service Manager retain the municipal tax savings realized in their service area once mortgages come to an end, and have flexibility to reinvest mortgage savings into the Service Manager's local housing and homelessness systems under the following priorities:

- Priority 1** Address unfunded capital needs through service agreements with housing providers to keep buildings in a good state of repair for current and future residents as set out in local 10-year housing and homelessness plans
- Priority 2** Manage other housing and homelessness pressures identified in local 10-year housing and homelessness plans or other strategic plans, such as increasing and redeveloping the supply of affordable housing or enhancing homelessness-related supports
- Priority 3** Fund other municipal pressures, provided all housing needs are met as identified by each Service Manager's strategic plans

Keeping the savings in the housing system at the Service Manager level will allow existing publicly-funded community housing to be preserved, while also enabling reinvestment that advances local housing goals without overfunding individual housing providers and ensuring there is no additional financial burden on municipal taxpayers. This recommended approach addresses the significant community housing capital repair needs, while advancing critical housing and homelessness initiatives to help residents find and keep appropriate housing they can afford, while respecting the municipal role in funding and planning for the community housing system.

2. BACKGROUND

Housing is a fundamental need. It supports positive health and social outcomes and connects residents to the economy, transportation systems and community services. However, challenges such as rising housing costs and limited rental housing availability impact people's ability to find housing that meets their needs. For households living with low income, the high cost of private market housing may lead to housing instability or homelessness, while the supply of community housing is unable to meet demand or requires substantial capital repairs. As a result of these ongoing housing challenges, Ontario has one of the largest subsidized housing wait lists in the country with over 480,000 people waiting as of December 2016.² The number of households waiting for subsidized housing continues to grow each year.

Service Managers are responsible for funding and administration of community housing

Both the Province and Service Managers have an important role in addressing Ontario's community housing needs. The Province of Ontario establishes the legislative framework under the HSA for community housing, homelessness services and many related funding frameworks and programs. Service Managers are responsible for planning and managing housing and homelessness³, including the funding and administration of community and affordable housing. Ontario municipalities are the largest contributors of funding for local housing and homelessness services.

When responsibility for funding and administration of community housing was transferred to Service Managers from the province in the early 2000s, the program transfer did not include adequate financial reserves to address both current and future capital needs. As buildings continue to age, capital repair needs continue to grow. As a result of the transfer, municipalities were tasked with developing programs and financial solutions to maintain an underfunded community housing system. These challenges persist today. Community housing is an essential part of the housing and homelessness system, and it is critical to have a sustainable model that funds both operational and capital repairs needs so residents have access to safe, high-quality housing.

The municipal tax base covers the majority of community housing costs

In Ontario, there are approximately 1,475 housing providers under Part VII of the *Housing Services Act, 2011* (Part VII housing providers). The HSA outlines the operating framework and funding formula, and sets out the current obligations for both housing providers and Service Managers. Funding for Part VII providers comes primarily from the municipal tax base. Over the next decade, the community housing sector will experience significant change as the mortgages of these housing providers come to an end.

As primary funders of community housing, Service Managers provide an annual subsidy for housing providers' operating and mortgage costs, as well as rent-geared-to-income and property tax funding. As the mortgages of Part VII housing providers come to an end, Service Managers will realise reduced subsidy costs. Housing sector associations are advocating for changes to permit housing providers to

² Office of the Auditor General of Ontario. (2017). Social and Affordable Housing. Retrieved from https://www.auditor.on.ca/en/content/annualreports/arreports/en17/v1_314en17.pdf

³ OMSSA. (2020). Human Services in Ontario. Retrieved from <https://www.omssa.com/human-services.php>

use property tax-funded mortgage savings to meet their individual operational, capital and redevelopment needs. However, this approach is not supported under the current HSA funding model, and dismisses the significant investment from the municipal tax base needed to support the larger housing system.

The HSA does not prescribe an end date for Service Manager and Part VII housing provider obligations after mortgages are paid off. The Service Manager continues to be responsible for funding in accordance with the HSA funding model and housing providers' obligations under the HSA continue in perpetuity. As long as community housing providers continue to operate as Part VII providers, the funding model should remain unchanged and any mortgage savings realized should be retained by the Service Manager.

Pending legislative and regulatory changes will impact the relationship between Service Managers and current Part VII housing providers

The *Protecting Tenants and Strengthening Community Housing Act, 2020* amends the HSA to build on the provincial Community Housing Renewal Strategy. It introduces future legislative and regulatory changes to the HSA that will significantly change the relationship between housing providers designated under Part VII of the HSA and Service Managers.

Under the amended legislation, Service Managers may enter into new service agreements with individual housing providers that may include operating obligations for the housing provider, funding and/or other incentives from the Service Manager or other levels of government. The proposed HSA changes seem to permit housing providers to either remain a designated Part VII provider under the current HSA framework and funding model, or become a Part VII.1 provider pursuant to a new agreement with the Service Manager. Criteria for these agreements will be prescribed in regulations, and should provide service managers the flexibility to customize agreements and funding arrangements with individual community housing providers to both provide for their sustainability of that of the larger housing system.

By enacting an outcomes-based framework, Service Managers can meet the needs of Part VII providers under the current funding model and Part VII.1 housing providers under flexible and innovative agreements without prescriptive provincial regulations and increased service manager costs. As the primary funders of community housing and a responsible, fiscally prudent order of government, municipal Service Managers must be enabled to negotiate financial incentives with individual housing providers through voluntary agreements and to reallocate mortgage savings across the whole of the housing system to address local needs and meet provincially legislated service levels.

10-year housing and homelessness plans ensure Service Managers are achieving outcomes

Under the HSA, the Province sets the framework for Service Managers to provide integrated local planning to address housing affordability, coordination of homelessness services and related supports, and homelessness prevention. Through their 10-year housing and homelessness plans, Services Managers address matters of provincial interest set out in the Ontario Provincial Policy Statement and work towards meeting the Provincial vision for housing. Engaging and sustaining non-profit and co-

operative housing corporations and ensuring appropriate accountability for public funding are key matters of provincial interest to be addressed in local housing and homelessness systems.

Local housing and homelessness plans define the goals and actions a Service Manager will take to meet the needs of their residents, local community, community housing providers, and the private market. Service Managers do this through partnerships, coordination and prudent financial management. The goals established in local 10-year plans guide investment decisions, define areas of priorities and establish partnerships to meet local need.

The proposed HSA changes should support the reinvestment of mortgage savings across the whole of a Service Manager's portfolio – providing an opportunity to better achieve the outcomes of 10-year housing and homelessness plans, including the sustainability of non-profit and co-operative community housing providers. With the support of the federal and provincial governments, Service Managers will be better positioned to realize the goals and actions in their 10-year plans by aligning investment to local needs as mortgage subsidy costs are reduced.

Service Managers across Ontario were engaged in the development of the principles and recommendation presented in this paper

The recommendations in this paper were developed by the End of Mortgage (EOM) Service Manager Task Force (see Appendix A for membership). The recommendations and principles in this paper were reviewed by:

- Urban CMSM Commissioners
- OMSSA's 47 Leads
- Housing Services Corporation 47 Housing Leads
- Ontario Regional and Single Tier Treasurers

3. KEY FINDINGS

When housing providers' mortgages end, the mortgage savings total more than \$10 billion over 40 years

To determine the magnitude of the opportunity when mortgages are paid off, KPMG was commissioned to review a model calculating mortgage savings and capital needs and to consolidate data submitted by 28 Service Managers. The consolidated data represented approximately 51,000 Part VII community housing units. The results show that total mortgage savings over 40 years for these 28 Service Managers would be approximately \$10.4 billion. As there are 19 additional Service Managers with Part VII housing providers in Ontario, the actual savings may be significantly greater.

As many Part VII housing providers will have their mortgages paid off within the next 10 years, it is crucial to proactively consider opportunities that enable Service Managers to continue investing in the sector to support the objectives of local housing and homelessness plans, including the sustainability of community housing and new agreements with Part VII.1 providers.

Continuing to provide mortgage subsidies after mortgages end will overfund housing providers by \$3.6 billion over a 40-year period

As the Province committed to reviewing the impact of mortgage maturity on funding for Part VII housing providers, sector associations – Ontario Non-Profit Housing Association and the Co-operative Housing Federation – are advocating for specific changes. Sector associations are asking the Province to change the funding formula to effectively require Service Managers to continue providing a mortgage subsidy even though housing providers no longer have mortgage costs. Associations are advocating for this change so individual housing providers can use the mortgage subsidy to pay for unfunded capital repair needs and invest in new supply.

Maintaining a good state of repair is crucial to sustaining publicly-funded community housing assets, and inadequate capital repair funding is a concern shared by housing providers and Service Managers.

The approach recommended by sector associations is not supported in the HSA and will result in significant overfunding to individual housing providers. The model based on data from 28 Service Managers shows that housing providers need \$3.8 billion to meet all capital repairs over the next 40 years. If the approach recommended by sector associations is implemented, as a group housing providers would be eligible to receive \$7.4 billion of the \$10.4 billion in potential mortgage savings. This would be enough to meet all their capital repair needs of \$3.8 billion and still result in over-funding of \$3.6 billion over 40 years.

As individual housing providers are in different financial positions and have varying capital needs, some housing providers would receive a funding surplus, while others may not receive enough to adequately maintain their property. This would require more municipal investment in both operating and capital needs in order to maintain buildings in a good state of repair, creating an imbalance among housing providers and a fractured system with little oversight ability from the Service Manager.

In some cases, mortgage savings will not be realized before capital repair funding is required. As responsible administrators, Service Managers will assess other options to support housing providers keep their buildings in a good state of repair.

Opportunity over 40 years:

- **\$3.8 billion reallocated to unfunded capital repairs**
- **\$6.6 billion reinvested in the housing and homelessness system**

Risk over 40 years:

- **\$3.6 billion in potential over-funding of housing providers**

4. RECOMMENDATIONS

Service Managers are recommending an approach to manage the mortgage savings that considers community housing providers' capital repair needs without overfunding and ensuring that housing needs are addressed fairly and equitably across the service area and not just in individual projects.

The recommended approach to managing mortgage savings supports housing providers and enables Service Managers to better leverage available resources

The savings created when housing providers' mortgages come to an end provides an opportunity for Service Managers to support housing providers and leverage available funding to continue investing strategically in their local housing and homelessness systems, including the operating and capital needs of Part VII and Part VII.1 housing providers. The EOM Task Force developed guiding principles and a recommended approach for managing mortgage savings created when Part VII housing projects' mortgages are paid off. The EOM Task Force was made up of representatives of Service Managers across Ontario, including representatives from the Ontario Municipal Social Services Association (OMSSA) and the association of Municipalities of Ontario (AMO).

The recommendations establish a consistent approach for managing the property-tax funded mortgage subsidy savings, prevent overfunding and better leverage resources by addressing housing providers' capital needs across each Service Manager area, as well as additional system pressures. To develop a consistent approach to managing the mortgage savings, the EOM Task Force established the following guiding principles:

1. Service Managers are the primary funders of community housing, and as a level of government, should also be the principal policy maker and work alongside the Province in developing provincial legislation. Policy and regulations should provide greater flexibility and autonomy for Service Managers to address local needs
2. A collective voice among Service Managers is needed to shape provincial legislation and regulations, in consultation with housing providers and sector associations.
3. Community housing is a valuable publicly-funded asset and should be maintained in a good state of repair over the long-term, ensuring residents have access to affordable, high-quality, sustainable housing. An adequate supply of affordable and decent housing benefits the entire community.
4. Community housing providers are critical partners in the housing system and should have autonomy to manage their assets through service agreements and accountability frameworks
5. The approach for managing the subsidy savings when mortgages end, which may include entering into new service agreements with community housing providers, must be flexible, consider local context, provide budget predictability, be supported by data and result in no additional costs to Service Managers

The guiding principles consider the needs of community housing providers, Service Managers, and local housing and homelessness systems. They inform the following recommended approach:

- Each Service Manager retains the savings realized once the mortgages come to an end
- Service Managers have flexibility to reinvest savings into their local housing and homelessness systems under the following priorities:

- Priority 1** Address unfunded capital needs through service agreements with housing providers to keep buildings in a good state of repair for current and future residents, as aligned with local 10-year housing and homelessness plans
- Priority 2** Manage other housing and homelessness pressures identified in local 10-year housing and homelessness plans or other strategic plans, such as increasing and redeveloping the supply of affordable housing or enhancing homelessness-related supports
- Priority 3** Fund other municipal pressures, provided all housing needs are met as identified by each Service Manager's strategic plans

Future regulations that propose funding or incentives for Part VII.1 projects must be flexible and cannot contemplate any increased costs to the Service Manager

Funding for community housing comes primarily from the municipal tax base. Over time and at the current level of funding, Service Managers should be able to address the capital needs to sustain the system and also address other housing and homelessness needs –but not if housing providers are overfunded under any proposed new funding model for Part VII.1 projects. Provincial regulations should not prescribe how municipal investments and cost savings are used. Each Service Manager must have sole discretion to negotiate financial incentives with individual housing providers through flexible and voluntary agreements. Service Managers will act in good faith as a sector to reinvest mortgage savings following the priorities established in this paper, as consistently as possible and in line with the priorities and targets set out in local housing and homelessness plans.

Achieving housing related outcomes must be a priority of all levels of government

Each order of government has a role to play in addressing the housing supply and affordability crisis in Ontario. All orders of government must work together to ensure residents have adequate, safe, and affordable housing options. Reinvesting mortgage subsidy savings is only one, long-term tool to sustain and grow the community housing sector. Mortgage savings will not be fully realized for decades. Sustained support from senior levels of government is imperative to maintain existing supply and meet the current and future needs of our most vulnerable residents.

5. CONCLUSION

Community housing is a publicly-funded asset and an important component of local housing and homelessness systems, providing affordable housing to thousands of Ontario residents living with low income. Sustained capital funding is needed to ensure these assets are maintained in a good state of repair so current and future residents have access to safe, high-quality housing. Data shows that as Part VII housing providers' mortgages end, there will be cost savings of more than \$10.4 billion over 40 years. With these savings, Service Managers can address housing providers' capital repair needs and have more than \$6.6 billion remaining to address other housing and homelessness system needs.

The approach to mortgage subsidy savings recommended by housing sector associations will result in significant overfunding to some individual housing providers. If the approach recommended by sector associations is implemented, housing providers would receive approximately \$3.6 billion in overfunding

over a 40 year period. This approach would impact Service Managers' ability to sustain the system and address other local needs.

Pending legislative and regulatory changes concerning Part VII.1 housing providers should support Service Managers in retaining mortgage subsidy cost savings and permit flexibility in reinvesting these savings to meet the capital needs of the community housing sector, while also addressing larger housing system needs in line with 10-year housing and homelessness plans.

Service Managers are the primary funders of local housing and homelessness services and are best positioned to invest, plan and manage available resources across the whole of their service areas. The guiding principles and recommendation in this paper will better support Service Managers to meet the needs of housing providers and the unique needs of their local communities. The locally-focused approach aligns with the Province's Community Housing Renewal Strategy and the Ontario Provincial Policy Statement to help sustain, repair and grow community housing. In addition, the approach helps Service Managers continue building their housing and homelessness systems so residents can find and keep appropriate housing they can afford. By keeping mortgage savings in the housing system at a Service Manager level, local housing goals can be advanced without overfunding housing providers and ensuring there is no additional financial burden on municipal taxpayers.

APPENDIX A – END OF MORTGAGE (EOM) TASK FORCE MEMBERSHIP AND CONSULTATION PROCESS

The purpose of the EOM Task Force was to develop guiding principles and a recommended approach for managing the savings created when Part VII housing providers' mortgages are paid off. The EOM Task Force was made up of representatives of Service Managers across Ontario, including representatives from OMSSA and AMO. Deb Schlichter was hired to facilitate the EOM Task Force. Materials were also reviewed by City of Toronto - Glenn Courtney, and Julie Western Set, and Thunder Bay DSSAB – Ken Ranta.

Membership includes:

- Gavin Aiston (Ottawa)
- Amy Chang (Peel)
- Jody DeGagne (York)
- Michelle Willson (York)
- Sharon Donald (Muskoka)
- Tom Fortier (Simcoe)
- Jayne Hartley (Halton)
- Beverly Kueper (Durham)
- Roberta Jagoe (Durham)
- Alba Michelucci (Waterloo)
- Sherry White (Waterloo)
- Sophia Minor (Sudbury)
- Jenny Shickluna (Niagara)
- Donna Woiceshyn (Niagara)
- Michael Jacek (AMO)
- Darryl Wolk (OMSSA)
- Deb Schlichter (Consultant)

The recommendations and principles in this paper were reviewed by:

- Urban CMSM Commissioners
- OMSSA's 47 Leads
- Housing Services Corporation 47 Housing Leads
- Ontario Regional and Single Tier Treasurers

At this point in time, this paper has not been reviewed or endorsed by municipal governments and associations that they represent.

To: Ann-Marie Norio, Regional Clerk

From: Councillor Witteveen

Motion for consideration at Public Health and Social Services Committee:

NIAGARA'S AGRICULTURE SECTOR AND TEMPORARY FOREIGN WORKERS

MOVED BY Councillor Witteveen

SECONDED BY Councillor Foster

WHEREAS agriculture plays a crucial role in Niagara's economy, contributing over \$1.4 billion to the Regional GDP;

WHEREAS Niagara's 1,800+ farms provide over 20,000 jobs to residents and temporary foreign workers;

WHEREAS Niagara's farms provide over 43% of the total agricultural economic impact of the Golden Horseshoe, despite only having 23% of the total farmland;

WHEREAS many of Niagara's farms play an important role in ensuring Ontario's food security;

WHEREAS the operations on many of these farms require the use of temporary foreign workers in order to meet processing demands;

WHEREAS the Federal Government requires farms that employ temporary foreign workers to complete a labour market screen in order to demonstrate that these positions to be filled cannot be done by domestic labourers;

WHEREAS the Federal Government protects temporary foreign workers under Canadian law, requiring farms who utilize temporary employees to ensure that they are paid for their work, the workplace is safe, they are provided with break time and days off and that the terms of their written contracts are respected;

WHEREAS since the beginning of the COVID-19 pandemic, issues have been raised by numerous concerned groups regarding the living conditions of the temporary foreign workers and the potential impact of these conditions on the spread of the virus;

WHEREAS Regional Council acknowledges that many farmers in Niagara have made meaningful enhancements to their operations to address these concerns;

WHEREAS temporary foreign workers integrate into the Niagara community while they are in the country, including visiting retail and restaurant establishments;

WHEREAS a recent report published by the CBC found that temporary foreign workers are at least 10 per cent more likely to contact COVID-19 than compared to the general population;

WHEREAS since the beginning of that pandemic, over 1,600 temporary foreign workers have contracted the virus, meaning almost 1 in 5 of Niagara's cases was a temporary foreign worker;

WHEREAS temporary foreign workers have died of COVID-19 since the beginning of the pandemic;

WHEREAS ensuring the health and safety of temporary foreign workers is crucial to protect their lives, the operational continuity on the farms and the amount of COVID-19 in circulation in the Niagara community;

WHEREAS the costs associated with improving these living conditions may be economically detrimental to farm owners due to drastic increases in construction materials, permitting and other fees and charges; and

WHEREAS the Federal Government is currently seeking input on the migrant farm-worker accommodation issue to strengthen its policies.

NOW THEREFORE BE IT RESOLVED THAT:

1. That the Regional Chair **BE DIRECTED** to advocate to the Federal Minister of Immigration, Refugees and Citizenship advocating for the federal government to:
 - a. Oversee (and provide the necessary financial assistance) for the mandated quarantine of migrant workers upon arriving in Canada and in the event of an outbreak;
 - b. Continue to make federal subsidy funding available for farms that employ temporary foreign workers so that the costs associated with protecting their health and safety not be an exceptional burden on Niagara's local farms; and
 - c. Ensure that internet access to rural farm locations continues to be a high priority;
2. That the Regional Chair **BE DIRECTED** to write a letter to the provincial Minister of Health and the Solicitor General advocating that temporary migrant workers be considered a priority group to receive the COVID-19 vaccine when made available; and
3. That Regional staff **BE DIRECTED** to explore, as part of the 2022 Development Charge By-law update, policy options that the Regional Municipality of Niagara, in partnership with the Local Area Municipalities, may consider pursuing that would be designed to provide financial relief (from local permitting, fees and development charges) for farm owners who are seeking to improve the living conditions of temporary foreign workers.

MEMORANDUM

COM-C 10-2021

Subject COVID-19 Response and Business Continuity in Community Services

Date: March 9, 2021

To: Public Health & Social Services Committee

From: Adrienne Jugley, Commissioner, Community Services

This memo provides continued updates on the measures Community Services has taken to ensure the ongoing 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

Long-Term Care COVID-19 Outbreak Updates

The increased community spread of COVID-19 continues to pose a heightened risk for long-term care (LTC) homes and congregate settings during this second wave of the pandemic.

In the last report, Seniors Services reported ongoing outbreaks at Northland Pointe, Meadows of Dorchester, Gilmore Lodge and Rapelje Lodge. The outbreaks were cleared on the following dates:

- Northland Pointe was cleared on February 6, 2021
- Meadows of Dorchester was cleared on February 14, 2021
- Gilmore Lodge was cleared on February 14, 2021
- Rapelje Lodge was cleared on February 17, 2021

While there was one new active outbreak at Linhaven since the last report (as a result of employee surveillance testing), it was declared over on February 28, 2021.

Vaccine Distribution Planning and Implementation

In the last report it was shared that first dose vaccinations for residents, staff and essential caregivers of LTC homes were started on January 14, 2021. Public Health took the lead on the resident vaccination program. Residents were vaccinated on-site using the Pfizer-BioNTech COVID-19 vaccine through a collaborative effort of Public Health nurses and LTC home staff. All Regionally operated LTC homes completed the second dose vaccination for residents on February 9, 2021. Second dose vaccinations for assisted living residents were completed on February 13, 2021.

Niagara Health took the lead for the vaccination of staff and essential caregivers for long-term care. The last report indicated that all first dose vaccination appointments scheduled for January 21, 2021 and after, were suspended when the provincial government advised Niagara of a change in vaccine allocation and delivery. The cancelled appointments are now being re-scheduled with a target goal of all staff and essential caregiver's first dose vaccinations being completed by February 28, 2021. Further, the second dose vaccinations for staff and essential caregivers, who already received their first dose, resumed as of February 17, 2021.

Rapid Antigen Testing Update

In the week of February 22, 2021, the Regionally operated LTC homes introduced twice weekly rapid antigen screening and once weekly polymerase chain reaction (PCR) testing. The Ministry of Long-Term Care (MLTC) has provided a revised target of fully transitioning to the rapid antigen screening three times weekly (with the use of PCR testing only in the event of an outbreak) by March 15, 2021. Over the next few weeks, Seniors Services will be monitoring the reliability of the rapid antigen screening before making the full transition.

Updates to Long-Term Care Home Occupancy Targets

The suspension of occupancy targets that went into effect under the 'COVID-19 Emergency Measures Funding Policy' will continue to be in effect to March 31, 2021. The suspension eliminates the requirement to maintain occupancy within the LTC homes at 97%.

LTC homes have seen numerous outbreaks throughout the pandemic, and during outbreaks, the homes are not permitted to admit new residents. As a result of this, homes have quite a few vacancies. To address this, LTC homes will each be

collaborating with Home and Community Care to develop a home specific admission plan. The MLTC has outlined mandatory parameters for the admission plans as follows:

- Maintain the necessary number of vacant beds to meet the restrictions and requirements under Directive #3, for beds in ward rooms and beds for isolation.
- Ensure the home has sufficient staff to support isolation upon (re)admission (as per Directive #3) and the ongoing care of newly (re)admitted residents. This may include a strategy for hiring and training new staff, as needed.
- Complying with public health requirements and guidance, including availability of personal protective equipment.
- Complying with the admission requirements in the Long-Term Care Homes Act, 2007.
- Working with the placement co-ordinator to ensure up-to-date information about vacant beds in the home that are available for occupancy is communicated in a timely manner.

Gilmore Lodge had already initiated planning work for an admission plan, with Home and Community Care, and has now started the implementation of the plan. The plan includes the admission of 13 residents in the next two weeks. This strategy will help to address crisis list pressures and expedite access to LTC beds, however, it does introduce considerable strain on homes as they manage a high volume of admissions.

Homelessness Services & Community Engagement

Homelessness Services continues to operate the full emergency shelter system, overflow hotel rooms, the self-isolation facility and an enhanced street outreach service. As of February 23, 2021, 465 individuals have been referred to the isolation facility with testing administered in shelter.

As per the Ministry of Health guidance regarding the prioritization of health care workers for the COVID-19 vaccine, shelter staff and medical staff that support emergency shelters were identified as high priority-level staff to receive the vaccine. At the time of writing this report, it is anticipated that shelter staff and medical staff that support emergency shelter clients will begin to receive their vaccinations, starting the weekend of February 27, 2021.

Homelessness Services is continuing to collaborate with REACH Niagara and Family Health Teams, and coordinate with agencies across the homeless serving system, to inform planning for the administration of the COVID-19 vaccination for clients within that

system. Planning is also underway to ensure clients have the necessary information to be able to make an evidence-informed decision about the COVID-19 vaccine, once it is available for this population.

Children's Services

Emergency Child Care Overview

Children's Services provided emergency child care for school-aged children of essential workers at 18 licensed childcare centres and 28 home child care programs across Niagara, beginning January 4, 2021. Emergency child care in Niagara ended on February 5, 2021, and all child care providers reopened their 'before and after' school programming when in-person learning resumed on February 8, 2021. During the time period that emergency child care was available, 333 school-aged children, in total, were placed in emergency child care spaces.

Child Care Updates

As expected, licensed child care centres and home child care programs documented an unprecedented number of COVID-19 related child absent days in January 2021 (more than 40,000). The majority were due to the provincial stay-at-home order and the closure of in-person learning for kindergarten and school-aged children, resulting in the closure of all before and after school programming. This does not include any absent days incurred by children for regular occurrences such as non-COVID-19 illness, injury, absence, etc. Children's Services continues to support licensed child care service providers with COVID-19 related costs through one-time funding supports. Children's Services continues to monitor the child care system and provide support to service providers in their ability to remain open.

Social Assistance & Employment Opportunities (Ontario Works)

As per provincial guidance, effective February 16, 2021, eligibility for social assistance is no longer determined at local SAEO offices. Individuals in need of social assistance are required to create an application, digitally or by contacting a Centralized Intake Unit by phone. The Ministry of Children, Community, and Social Services (MCCSS) will assess and grant the majority of applications through a mix of automation and manual granting and will provide phone support for clients who need assistance with the technology or who need to apply over the phone. If deemed eligible, individuals will

receive their initial Ontario Works (OW) payment prior to meeting with a local case manager.

Individuals in need of assistance should be referred to the online application at www.sada.mcass.gov.on.ca. Inquires related to outstanding social assistance applications can continue to be directed to Niagara Region, Social Assistance & Employment Opportunities at (905) 641-9230.

MCCSS has indicated they are centralizing the social assistance intake process in order to create capacity at the local level, in part, to respond to an anticipated increase in demand for OW once the temporary COVID-19 related federal benefits expire. Currently, it is estimated that Niagara's OW caseload could increase by 22%, once the temporary COVID-19 related federal benefits expire. SAEO has developed a comprehensive plan to support this new provincial direction, while ensuring supports remain in place to assist clients who are in urgent need (where the centralized process would not be appropriate).

Niagara Regional Housing (NRH)

CyberSeniors, in partnership with community organizations, has loaned Wi-Fi hotspot devices to tenants at two NRH communities. NRH staff are working with CyberSeniors to determine if this arrangement could be extended to other NRH communities. NRH also received smartphones, equipped with unlimited free calling, text and data, through United Way and Bell Canada. Niagara Region Seniors Community Programs has also received some of these smartphones for distribution to Community Housing tenants who are their clients. The smartphones will enable tenants that currently do not have access to virtual mental health and social supports, to receive the services they require. It will also help reduce the need for NRH staff to go on-site to check in on the tenants during lockdowns or with the continuation of public health guidelines that limit face-to-face interactions.

With NRH and Niagara College student support, Niagara EMS provided flu clinics to seniors in Centre Street in St. Catharines and Ailanthus Avenue/Huron Street/Portage Road in Niagara Falls, in January 2021. This is the second model of vaccine clinic that NRH has used this flu season, both of which were implemented efficiently and without any issues. As a result, NRH was able to reach out to the Niagara Region Pandemic Response Division to offer support in the event that the COVID-19 vaccine could be delivered on-site in NRH seniors buildings.

In an effort to assist Community Housing providers with the social issues that have been increasing throughout the pandemic, NRH has embarked on a three month pilot for mediation assistance, with a mediation company named “2% Factor”, with disputes that have been difficult for Community Programs Coordinators to resolve. NRH believes that an independent mediator may have success with tenants/members who have not complied with behavioural agreements facilitated by NRH staff. The mediator will also provide professional coaching to assist NRH staff. The pilot will be reassessed after three months.

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner

Subject: Evaluation of 2018 Niagara Prosperity Initiative Projects

Report to: Public Health and Social Services Committee

Report date: Tuesday, March 9, 2021

Recommendations

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

Key Facts

- Since 2008, Regional Council has supported local poverty reduction efforts through its annual investment in the Niagara Prosperity Initiative program.
- This report provides information on the evaluation of Niagara Property Initiative projects funded in 2018.
- Projects funded through the Niagara Prosperity Initiative (NPI) can be for one or two years. All 2018 projects were completed by April 2020.
- Priorities for 2021 have been informed by impacts of the COVID-19 pandemic and as such funding will be targeted to needs in the areas of housing, health and domestic violence.

Financial Considerations

The investment of NPI funding is reviewed annually by Council as part of Community Services' operating budget. Since 2008, Regional Council has invested \$1.5 million annually toward increasing prosperity for Niagara residents living in poverty. In 2020 and 2021, the investment was reduced to \$1.25 million to address other budget pressures in those years. Funds invested as per this report were approved as part of the 2018 operating budget.

Analysis

NPI is an annual funding program with the purpose of supporting poverty reduction, alleviation and prevention activities. NPI focuses on neighbourhood-based interventions aimed to increase prosperity for Niagara residents living in poverty. NPI does this through the issuance of a Request for Proposals (RFP) to the community.

In preparation for the 2018 NPI RFP, eight information sessions were held with community agencies and attended by over 240 people living in poverty, and identified four priority areas of need:

1. **Housing** (outreach, promotion of self-reliance and improved stability and homelessness prevention).
2. **Health** (mental health, dental needs for adults and sustainable access to healthy food).
3. **Employment** (opportunities for social enterprises).
4. **Neighbourhood investment in community hubs.**

In 2018, there were 23 projects funded through the NPI. Total funds contracted for 2018 was \$1,502,604 and total funds spent by agencies was \$1,434,128. The difference of \$68,476 was reinvested for future NPI grants. Nineteen projects served more people than expected and seven projects came in under budget. Individual project details are provided in Appendix A.

The 2018 project types are outlined in the following table.

Project Type	Contracted	Funds Spent	Difference
Housing – Outreach	\$71,101	\$71,101	\$0
Housing – Self-Reliance and Improved Stability	\$297,873	\$256,686	-\$41,186
Housing – Prevention	\$158,748	\$158,748	\$0
Health – Mental Health	\$54,033	\$54,034	\$0
Health – Dental	\$231,303	\$231,303	\$0
Health – Sustainable Access to Healthy Food	\$45,016	\$45,016	\$0
Employment – Social Enterprises	\$268,080	\$243,318	-\$24,762
Neighbourhood – Community Hubs	\$376,450	\$373,922	-\$2,528
	\$1,502,604	\$1,434,128	-\$68,476

NPI projects are required to submit quarterly and final reports that include:

- Number of children, youth, adults and/or seniors served.
- Outcomes achieved and measured.
- Lessons learned and recommendations for future initiatives.
- Specific examples of impact to neighbourhood/community.

- Testimonials from project participants.

The NPI secretariat (United Way Niagara) and/or the convener (Niagara Community Foundation) complete site visits/program reviews throughout the funding period to ensure contractual obligations are being met.

An analysis was completed to measure project impacts on individuals and communities and is outlined in the following table.

Project Type	Number of Projects	# of People Served	# of People who found Employment	Revenue Generated
Housing – Outreach	1	135	0	\$0
Housing – Self-Reliance and Improved Stability	5	3,967	49	\$0
Housing – Prevention	2	1,044	0	\$0
Health – Mental Health	1	757	0	\$2,250
Health – Dental	2	292	0	\$0
Health – Sustainable Access to Health Food	1	705	0	\$0
Employment – Social Enterprises	5	1,369	98	\$112,179
Neighbourhood – Community Hubs	6	5,305	20	\$17,863
	23	13,574	167	\$132,292

The following are examples of testimonials from individuals served through the 2018 projects. More examples are available in Appendix A.

Housing

- *“I was having a hard time paying rent and eventually got an eviction notice. I was given help with an apartment search as well as getting help with filling out paperwork for housing and my bills. I was able to get a more affordable place for me and my son.”*

Health

- *“I was able to get my teeth and confidence back and I got back to work. I needed to work again to feel like myself. I feel more confident.”*

Employment

- *“This project help me to be busy and I am doing something that I like. I live alone and I like that I can share, talk and learn from other people. Since I started I made \$238 selling my bags.”*

Neighbourhood Development

- *“I have made friends and established a connection to the community. This program has made me feel included in the community and has allowed me to express myself through my art.”*

All 2018 funded projects stayed within their approved budgets, provided reports and passed their site visits/program reviews.

2021 NPI Request for Proposals (RFP)

The 2021 RFP was issued by United Way Niagara on March 1st and will close on April 2nd. NPI projects will be funded for a maximum of 14 months (June 2021 to August 2022).

NPI is committed to providing supports to help the community rebuild and recover from the devastating impacts of COVID-19. The pandemic has exacerbated and amplified many of the issues caused by poverty. To address this, the 2021 NPI RFP will target needs in the areas of **housing**, **health** and **domestic violence**.

Consistent with past practice, an independent review committee has been formed to review proposals, and decisions on funding for 2021 will be announced in May.

Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

Investing funding and collaborative action in neighbourhoods in need supports Council’s strategic priority of Fostering an Environment for Economic Prosperity. Outcomes are realized by helping residents thrive through greater opportunities and relate to employment and improved community symptoms.

Other Pertinent Reports

CWCD 263-2015 Memo - Niagara Prosperity Initiative 2015 Project Update
COM 12-2016 Evaluation of 2013 Niagara Prosperity Initiative Projects
COM 21-2016 2016 Niagara Prosperity Initiative Update
COM 28-2016 Evaluation of 2014 Niagara Prosperity Initiative Projects
COM 18-2017 Niagara Prosperity Initiative 2017 Update
COM C 6-2017 Local Poverty Reduction Fund Application
COM 13-2018 Niagara Prosperity Initiative 2018 Update

Prepared by:

Lori Watson
Director
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

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

Appendices

Appendix A 2018 Individual NPI Project Evaluations

Appendix A – 2018 Individual NPI Project Evaluations

Project	Description	Funding Stream: Health – Mental Health		
Community Mental Health for Acquired Brain Injury Agency: Brain Injury Association of Niagara (BIAN) Municipality: All Niagara	This project provided life skills development, social opportunities, and advocacy for individuals with Acquired Brain Injury to reduce marginalization and improve mental health.	Result: BIAN was able to provide more groups for members of the community who have an acquired brain injury. Funding for food provided healthy meals and the events that were held brought together many people in the community to become involved.		
Contract Requirements	Number Served	Testimonial: “This project gave me meaning in my life. Helped me to share and grow as a brain injury survivor.”		
Contract Amount \$54,033	Expected	Actual		
Amount Spent \$54,033	Children 0-12	0	0	
Contract Length 1 year	Youth 13-18	10	0	
Jobs Expected 0	Adult 19-64	500	686	
Jobs Created 0	Seniors 65+	100	71	
Revenue Expected \$2,250	TOTAL	610	757	
Revenue Generated \$2,250				

Project	Description	Funding Stream: Health - Dental		
Brushed Aside Agency: Community Care St. Catharines & Thorold Municipality: All Niagara	The Brushed Aside dental care access program provided access to dental care for adults in need of treatment. Community Care St. Catharines & Thorold worked with five identified program partners across the region.	Result: Our initial target was to provide service for 191 individuals at an average of \$725.69 each. We successfully provided service to 153 individuals at an average cost of \$905.93. The cost of dental service exceeded our cost estimation.		
Contract Requirements	Number Served	Testimonial: “I was able to get my teeth and confidence back and I got back to work.”		
Contract Amount \$152,468	Expected	Actual		
Amount Spent \$152,468	Children 0-12	0	0	
Contract Length 1 year	Youth 13-18	0	0	
Jobs Expected 0	Adult 19-64	191	153	
Jobs Created 0	Seniors 65+	0	0	
Revenue Expected \$1,730	TOTAL	191	153	
Revenue Generated \$0.00				

Project	Description	Funding Stream: Housing – self-reliance and improve stability																		
ID Replacement Costs Agency: Community Care St. Catharines & Thorold Municipality: All Niagara	Funding for ID clinics across Niagara to assist individuals with acquisition of Canadian identification. This project has a certified Commissioner of Oath, a provincial fee waiver and SIN replacements that are offered monthly on site. Individuals are offered safe storage of their ID.	Result: Applications for approximately 100 ID's were completed monthly from all parts of the region. We could have done more if time permitted. So many individuals do not have ID of any form. The homeless especially are at risk for losing their ID when staying in shelters and on the streets.																		
Contract Requirements Contract Amount \$73,524 Amount Spent \$73,524 Contract Length 2 years Jobs Expected 23 Jobs Created 0 Revenue Expected \$0.00 Revenue Generated \$0.00	Number Served <table border="1" data-bbox="640 646 1281 873"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>276</td> <td>298</td> </tr> <tr> <td>Youth 13-18</td> <td>132</td> <td>139</td> </tr> <tr> <td>Adult 19-64</td> <td>1,164</td> <td>1,185</td> </tr> <tr> <td>Seniors 65+</td> <td>24</td> <td>55</td> </tr> <tr> <td>TOTAL</td> <td>1,596</td> <td>1,677</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	276	298	Youth 13-18	132	139	Adult 19-64	1,164	1,185	Seniors 65+	24	55	TOTAL	1,596	1,677	Testimonial: “All my ID was stolen. When I got my birth certificate, I could get all my other ID. Without ID you are no-one.”
	Expected	Actual																		
Children 0-12	276	298																		
Youth 13-18	132	139																		
Adult 19-64	1,164	1,185																		
Seniors 65+	24	55																		
TOTAL	1,596	1,677																		

Project	Description	Funding Stream: Neighbourhood – Community Hubs
Community Garden Network – Garden Resource Program Agency: Employment Help centre Municipality: All Niagara	The Garden Network is a collective of non-profits offering garden programs that supply community access to affordable, healthy food, and the resources to grow skills and engage community.	Result: Were able to increase the number of garden plots offered in the region with a focus on providing access and opportunities for marginalized populations to participate; increased the number of gardens growing for local food banks; enhanced collaboration with agencies working with high needs populations to connect them to our programs.

Project	Description	Funding Stream: Neighbourhood – Community Hubs																			
Contract Requirements Contract Amount \$89,920 Amount Spent \$89,898 Contract Length 2 years Jobs Expected 0 Jobs Created 0 Revenue Expected \$2,000 Revenue Generated \$2,864	Number Served <table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>75</td> <td>464</td> </tr> <tr> <td>Youth 13-18</td> <td>20</td> <td>162</td> </tr> <tr> <td>Adult 19-64</td> <td>250</td> <td>632</td> </tr> <tr> <td>Seniors 65+</td> <td>250</td> <td>187</td> </tr> <tr> <td>TOTAL</td> <td>595</td> <td>1455</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	75	464	Youth 13-18	20	162	Adult 19-64	250	632	Seniors 65+	250	187	TOTAL	595	1455	Testimonial: “I finally have my own vegetables pesticide and herbicide free, have met some friendly people with similar interests and exchanged ideas.”	
	Expected	Actual																			
Children 0-12	75	464																			
Youth 13-18	20	162																			
Adult 19-64	250	632																			
Seniors 65+	250	187																			
TOTAL	595	1455																			

Project	Description	Funding Stream: Housing - Outreach																			
Gateway Outreach Worker II Agency: Gateway Residential & Community Support Services of Niagara Inc. Municipality: All Niagara	The Outreach Worker provided mobile services and supports to individuals at urgent risk of becoming homeless and those who are chronically or persistently homeless.	Result: Our target outcomes were met early on in the project. The outreach worker was able to see an average of 11 people a month. Many of the people we served were connected to permanent housing in Niagara. Allowing people to stay out of the shelters and hospital systems. The worker established rapport partnering agencies creating a go to person when people are in crisis or when crisis strikes.																			
Contract Requirements Contract Amount \$71,101 Amount Spent \$71,101 Contract Length 1 year Jobs Expected 3 Jobs Created 0 Revenue Expected \$0.00 Revenue Generated \$0.00	Number Served <table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>0</td> <td>0</td> </tr> <tr> <td>Youth 13-18</td> <td>3</td> <td>2</td> </tr> <tr> <td>Adult 19-64</td> <td>15</td> <td>256</td> </tr> <tr> <td>Seniors 65+</td> <td>3</td> <td>12</td> </tr> <tr> <td>TOTAL</td> <td>21</td> <td>270</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	0	0	Youth 13-18	3	2	Adult 19-64	15	256	Seniors 65+	3	12	TOTAL	21	270	Testimonial: “I was unable to afford rent and found myself homeless. The outreach worker was able to find me a room to rent the day we met and I had a home again and was safe from the streets.”	
	Expected	Actual																			
Children 0-12	0	0																			
Youth 13-18	3	2																			
Adult 19-64	15	256																			
Seniors 65+	3	12																			
TOTAL	21	270																			

Project	Description	Funding Stream: Employment – Social Enterprise																		
Employ-Ability Skills for Adults with Disabilities Agency: Heartland Forest Nature Experience Municipality: All Niagara	Funding was for a goal oriented work experience program for adults with intellectual and developmental disabilities. This program provided employability skills along with the exploration of social procurement strategies.	Result: Participants were given the opportunity to learn and grow in a safe environment that offered more than just work experience and training but an opportunity to socialize and have a sense of community; nine individuals secured permanent employment; 10 individuals received various non-traditional forms of payment; 11 individuals found permanent volunteer positions within their community.																		
Contract Requirements Contract Amount \$69,982 Amount Spent \$69,543 Contract Length 1 year Jobs Expected 11 Jobs Created 9 Revenue Expected \$5,000 Revenue Generated \$5,529	Number Served <table border="1" data-bbox="640 743 1281 966"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>0</td> <td>0</td> </tr> <tr> <td>Youth 13-18</td> <td>100</td> <td>129</td> </tr> <tr> <td>Adult 19-64</td> <td>30</td> <td>31</td> </tr> <tr> <td>Seniors 65+</td> <td>15</td> <td>15</td> </tr> <tr> <td>TOTAL</td> <td>145</td> <td>175</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	0	0	Youth 13-18	100	129	Adult 19-64	30	31	Seniors 65+	15	15	TOTAL	145	175	Testimonial: “Through the Work Experience Program I work part-time as the Receptionist. I always wanted to work and it's hard to find places to work because of my wheelchair and some employers don't take people with disabilities seriously.”
	Expected	Actual																		
Children 0-12	0	0																		
Youth 13-18	100	129																		
Adult 19-64	30	31																		
Seniors 65+	15	15																		
TOTAL	145	175																		

Project	Description	Funding Stream: Employment – Social Enterprise
Eco Chic – 3Rs Boutique Agency: Links for Greener Learning Municipality: All Niagara	The Eco-Chic Project, 3R's Boutique created new products from up-cycled and re-purposed materials. These products are made by skilled newcomers and low-income women and provided resources, marketing and a platform to sell their products.	Result: Provided the opportunity for women and men in gaining meaningful skills and gain income at the same time. Two stores are now selling our products. We secured another contract with a store for \$37,955 and we are waiting for another two major orders that are going to help us to create three full-time positions for newcomers in Canada.

Project	Description	Funding Stream: Employment – Social Enterprise																				
Contract Requirements Contract Amount \$45,738 Amount Spent \$45,738 Contract Length 1 year Jobs Expected 51 Jobs Created 57 Revenue Expected \$55,000 Revenue Generated \$61,979	Number Served <table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>0</td> <td>0</td> </tr> <tr> <td>Youth 13-18</td> <td>0</td> <td>0</td> </tr> <tr> <td>Adult 19-64</td> <td>50</td> <td>32</td> </tr> <tr> <td>Seniors 65+</td> <td>0</td> <td>25</td> </tr> <tr> <td>TOTAL</td> <td>50</td> <td>57</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	0	0	Youth 13-18	0	0	Adult 19-64	50	32	Seniors 65+	0	25	TOTAL	50	57	Testimonial: “I feel that this can help me to get a job as a sewing operator. I am grateful for the support.”		
	Expected	Actual																				
Children 0-12	0	0																				
Youth 13-18	0	0																				
Adult 19-64	50	32																				
Seniors 65+	0	25																				
TOTAL	50	57																				

Project	Description	Funding Stream: Housing – Self-Reliance and Improved Stability																				
Heat Treatment – Bed Bugs Agency: Niagara Furniture Bank Municipality: All Niagara	The "Heat Treatment" system introduced a newer way to combat bed bug infestations for agencies that operate housing/hostels.	Result: We did not meet our goals because we needed to increase awareness with other non-profits in Niagara. Monthly targets were not met from Mid-October - April because units could not be heated to 120 degrees in cold weather. The program was ended early at the end of May 2019.																				
Contract Requirements Contract Amount \$51,357 Amount Spent \$10,171 Contract Length 1 year Jobs Expected 4 Jobs Created 4 Revenue Expected \$0.00 Revenue Generated \$0.00	Number Served <table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>20</td> <td>0</td> </tr> <tr> <td>Youth 13-18</td> <td>135</td> <td>0</td> </tr> <tr> <td>Adult 19-64</td> <td>55</td> <td>18</td> </tr> <tr> <td>Seniors 65+</td> <td>25</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td>135</td> <td>18</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	20	0	Youth 13-18	135	0	Adult 19-64	55	18	Seniors 65+	25	0	TOTAL	135	18	Testimonial: “I was happy we didn't have to use chemicals. I have children and pets.”		
	Expected	Actual																				
Children 0-12	20	0																				
Youth 13-18	135	0																				
Adult 19-64	55	18																				
Seniors 65+	25	0																				
TOTAL	135	18																				

Project	Description	Funding Stream: Employment – Social Enterprise
Crystal Beach Community Market	The Crystal Beach Community Market provided opportunities for local food, arts and crafts and clothing vendors to generate	Result: An intensive business plan course specifically targeting market vendors was created. It included how to better showcase

Project	Description	Funding Stream: Employment – Social Enterprise
Agency: Advancing Crystal Beach Municipality: Fort Erie	income. Business development training for vendors in finance, sales and marketing was also available.	products, how to set up business plans, realistic pricing, and marketing techniques. Many of the vendors made connections with local businesses which allowed further promotion of their products and increased consumer demand and awareness of their businesses and their products.
Contract Requirements	Number Served	Testimonial: “I visit the farmers market almost every Sunday to buy fresh veggies and to see what they have to offer. I am eating healthier, and I've met new people within our community.”
Contract Amount \$50,688	Expected Actual	
Amount Spent \$43,874	Children 0-12 109 72	
Contract Length 2 years	Youth 13-18 100 54	
Jobs Expected 17	Adult 19-64 300 624	
Jobs Created 20	Seniors 65+ 300 186	
Revenue Expected \$8,500	TOTAL 809 936	
Revenue Generated \$4,663		

Project	Description	Funding Stream: Neighbourhood – Community Hubs
The FORT Connecting Youth Agency: FORT Municipality: Grimsby, Lincoln, West Lincoln	The FORT's Connecting Youth project provided the youth of Smithville and Caistor, and their families, with the only physical location where they were able to receive free professional mental health counseling, participate in social programs, and get involved in their community.	Result: Homework help program helped youth achieve greater success in school. Life skills workshops taught youth money management, cooking club, positive body image, healthy living, and the importance of social inclusion. Mental health programs allowed youth to access professional mental health counsellors.
Contract Requirements	Number Served	Testimonial: “I have made a lot of friends/met new people. I've been getting out of the house more often and being involved in much more activities/programming than I was before coming here.”
Contract Amount \$79,037	Expected Actual	
Amount Spent \$76,613	Children 0-12 50 156	
Contract Length 1 year	Youth 13-18 325 206	
Jobs Expected 10	Adult 19-64 0 0	
Jobs Created 11	Seniors 65+ 0 0	

Project	Description	Funding Stream: Neighbourhood – Community Hubs
Revenue Expected \$0.00 Revenue Generated\$0.00	TOTAL 375 362	

Project	Description	Funding Stream: Housing - Prevention																		
Rental Assistance Service Agency: Grimsby Benevolent Fund Municipality: Grimsby	The Rental Assistance Service provided low-income households with assistance for monthly rent payments in the private market. The program reimbursed part of the difference between 30% of the total income and the rent. The other aspect of the program was providing one time rent assistance for those who might otherwise be evicted.	Result: Less eviction notices which allowed individuals and families to continue to reside in Grimsby. There were less requests for Utilities support as well as the supplements and one time assistance for rent allowed individuals to keep all bills paid on time. GBF spent \$257,454 of its own funds on this project in addition to NPI funding.																		
Contract Requirements Contract Amount \$75,000 Amount Spent \$75,000 Contract Length 2 years Jobs Expected 0 Jobs Created 0 Revenue Expected \$0.00 Revenue Generated\$0.00	Number Served <table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>6</td> <td>22</td> </tr> <tr> <td>Youth 13-18</td> <td>10</td> <td>14</td> </tr> <tr> <td>Adult 19-64</td> <td>20</td> <td>58</td> </tr> <tr> <td>Seniors 65+</td> <td>2</td> <td>4</td> </tr> <tr> <td>TOTAL</td> <td>38</td> <td>98</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	6	22	Youth 13-18	10	14	Adult 19-64	20	58	Seniors 65+	2	4	TOTAL	38	98	Testimonial: “Additional funds to purchase healthier foods for daughter’s dietary requirements and enrollment for daughter’s activities. Financially I feel better. Less of a struggle each month.”
	Expected	Actual																		
Children 0-12	6	22																		
Youth 13-18	10	14																		
Adult 19-64	20	58																		
Seniors 65+	2	4																		
TOTAL	38	98																		

Project	Description	Funding Stream: Health – Sustainable Access to Healthy Food
The Good Food Box Program Agency: Link for Greener Learning Municipality: Fort Erie, Niagara Falls, St. Catharines, Welland	The Good Food Box Program promoted and supported healthy eating as a part of a healthy lifestyle for people in need in Niagara and supported local growers by purchasing the food locally.	Result: Each month, we have consistently seen more clients and host sites sign on to the project. Our goal of delivering 75 units (boxes) per month has been passed and we have more locations signing on as host sites, which means a wider reach throughout Niagara region.

Project	Description	Funding Stream: Health – Sustainable Access to Healthy Food																				
Contract Requirements Contract Amount \$45,016 Amount Spent \$45,016 Contract Length 1 year Jobs Expected 1 Jobs Created 0 Revenue Expected \$0.00 Revenue Generated \$0.00	Number Served <table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>120</td> <td>114</td> </tr> <tr> <td>Youth 13-18</td> <td>120</td> <td>30</td> </tr> <tr> <td>Adult 19-64</td> <td>220</td> <td>544</td> </tr> <tr> <td>Seniors 65+</td> <td>120</td> <td>17</td> </tr> <tr> <td>TOTAL</td> <td>580</td> <td>705</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	120	114	Youth 13-18	120	30	Adult 19-64	220	544	Seniors 65+	120	17	TOTAL	580	705	Testimonial: “I live in the shelter where the boxes get delivered. I love receiving my box because I can have more vegetables in my diet. This program is great because it makes fresh food accessible to everyone, no matter the difficulties we may have.”		
	Expected	Actual																				
Children 0-12	120	114																				
Youth 13-18	120	30																				
Adult 19-64	220	544																				
Seniors 65+	120	17																				
TOTAL	580	705																				

Project	Description	Funding Stream: Housing – Self-Reliance and Improved Stability																				
Financial Literacy Program Agency: Project SHARE of Niagara Falls Inc. Municipality: Niagara Falls	This project furthered the goals of Niagara Region's Housing and Homelessness Action Plan by building on the success of the Housing Stability program. Individuals were introduced to budgeting and financial management programs.	Result: Two staff completed a two-month training program and were certified through Prosper Canada as Financial Literacy Facilitators. 579 people were impacted by the enhancement of financial skills within a household. 19 walk-in financial education clinics, 15 financial workshops, 28 one-on-one sessions, and three financial events were held.																				
Contract Requirements Contract Amount \$38,055 Amount Spent \$38,055 Contract Length 1 year Jobs Expected 25 Jobs Created 6 Revenue Expected \$0.00 Revenue Generated \$0.00	Number Served <table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>30</td> <td>72</td> </tr> <tr> <td>Youth 13-18</td> <td>45</td> <td>97</td> </tr> <tr> <td>Adult 19-64</td> <td>165</td> <td>379</td> </tr> <tr> <td>Seniors 65+</td> <td>15</td> <td>31</td> </tr> <tr> <td>TOTAL</td> <td>255</td> <td>579</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	30	72	Youth 13-18	45	97	Adult 19-64	165	379	Seniors 65+	15	31	TOTAL	255	579	Testimonial: “Learned about debt and the best ways to manage it. Helped me to make financial situations better now and in the future.”		
	Expected	Actual																				
Children 0-12	30	72																				
Youth 13-18	45	97																				
Adult 19-64	165	379																				
Seniors 65+	15	31																				
TOTAL	255	579																				

Project	Description	Funding Stream: Housing – Self-Reliance and Improved Stability																		
Outreach / Trustee Support Agency: Project SHARE of Niagara Falls Inc. Municipality: Niagara Falls	The Outreach/Trustee Support Worker met new and existing landlords to increase the number of available rental units. The Worker was also a partner with Community Care's trustee program, offering support to increase housing and financial stability to clients.	Result: This project has provided supports for clients struggling with mental health, addictions and communication barriers to find, secure and maintain affordable housing. The Rent Smart workshops educated tenants on their rights and responsibilities. Nine Basic workshops and three Certificate workshops were completed.																		
Contract Requirements	Number Served	Testimonial: “Learning my responsibilities as a tenant, budgeting awareness, and conflict resolution. To grow and show potential landlords I took the time to learn how to be a responsible tenant.”																		
Contract Amount \$86,845 Amount Spent \$86,845 Contract Length 2 years Jobs Expected 20 Jobs Created 7 Revenue Expected \$0.00 Revenue Generated \$0.00	<table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>0</td> <td>28</td> </tr> <tr> <td>Youth 13-18</td> <td>0</td> <td>35</td> </tr> <tr> <td>Adult 19-64</td> <td>135</td> <td>157</td> </tr> <tr> <td>Seniors 65+</td> <td>25</td> <td>27</td> </tr> <tr> <td>TOTAL</td> <td>160</td> <td>247</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	0	28	Youth 13-18	0	35	Adult 19-64	135	157	Seniors 65+	25	27	TOTAL	160	247	
	Expected	Actual																		
Children 0-12	0	28																		
Youth 13-18	0	35																		
Adult 19-64	135	157																		
Seniors 65+	25	27																		
TOTAL	160	247																		

Project	Description	Funding Stream: Health - Dental						
Restoring Healthy Smiles Agency: Quest Community Health Centre Municipality: St. Catharines	Funding was used to hire a volunteer dental coordinator to assist with recruiting, orientating and training dental assistants, hygienists and dentists. The goal was to reduce barriers for low-income individuals to access affordable dental care.	Result: Recruited 18 new volunteers with a total of 688.5 volunteer hours. The Program saw over 322 clients, 139 of these individuals were new. 44 of these individuals came in to the dental clinic with dental emergencies which were addressed, saving the health care system \$22,572 when compared to the cost of these clients going for emergency dental services at the emergency department.						
Contract Requirements	Number Served	Testimonial: “I haven't been to a dentist for almost 15 years. My teeth are starting to fall out; I have dentures that no longer fit. I had						
Contract Amount \$78,835 Amount Spent \$78,835	<table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	0	0	
	Expected	Actual						
Children 0-12	0	0						

Project	Description			Funding Stream: Health - Dental
Contract Length 1 year	Youth 13-18	0	0	a cleaning today and they have booked me in to a dentist to look after me. I finally feel like things are moving forward again."
Jobs Expected 0	Adult 19-64	34	121	
Jobs Created 0	Seniors 65+	6	18	
Revenue Expected \$0.00	TOTAL	40	139	
Revenue Generated\$0.00				

Project	Description			Funding Stream: Employment – Social Enterprise
Southridge Jam Company Agency: Southridge Shelter Municipality: St. Catharines	The Southridge Jam Company (SJC) is a social enterprise that produces and sells artisan small-batch jams and jellies. SJC's primary jam makers are individuals who are transitioning from homelessness and who gain purpose, stability and positive momentum from participation in the program's job and life skills training.			Result: Expanded production, grew our network of resellers and increased brand awareness throughout our local market. Significant partnerships were formed with Beechwood Doughnuts and Vineyard Bride. Participants gained increased employability and some gained external employment and/or furthered educational opportunities.
Contract Requirements	Number Served			Testimonial: "I wanted to broaden my skills and work on leadership. In my previous job I was isolated and lonely. Because of this program I am able to hang out and build relationships, which is really important."
Contract Amount \$54,680		Expected	Actual	
Amount Spent \$37,171	Children 0-12	0	0	
Contract Length 1 year	Youth 13-18	0	0	
Jobs Expected 10	Adult 19-64	8	18	
Jobs Created 11	Seniors 65+	0	0	
Revenue Expected \$10,840 Revenue Generated\$31,052	TOTAL	8	18	

Project	Description			Funding Stream: Neighbourhood – Community Hubs
Art Me Uprising – SMUN Community Arts Hub Agency: Start Me Up Niagara Municipality: St. Catharines, Thorold	Art Me Uprising provided opportunities for marginalized people in visual arts, drama, poetry, music, film production, and storytelling. Participants were provided with artistic tools and resources and an outlet to			Result: Strong civic engagement of 20 participants who participated in various events. Improved income through art sales for eight participants. One artist completed a show in Toronto's "The Artist Project". Net sales for that artist was \$1,000. Improved

Project	Description	Funding Stream: Neighbourhood – Community Hubs																		
	use their creativity to tell stories about their lived reality.	avenues for artists to show their work, including the development of a website and planned exhibitions.																		
Contract Requirements Contract Amount \$67,300 Amount Spent \$67,300 Contract Length 1 year Jobs Expected 5 Jobs Created 3 Revenue Expected \$2,500 Revenue Generated \$4,271	Number Served <table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>0</td> <td>0</td> </tr> <tr> <td>Youth 13-18</td> <td>2</td> <td>4</td> </tr> <tr> <td>Adult 19-64</td> <td>45</td> <td>64</td> </tr> <tr> <td>Seniors 65+</td> <td>5</td> <td>26</td> </tr> <tr> <td>TOTAL</td> <td>52</td> <td>94</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	0	0	Youth 13-18	2	4	Adult 19-64	45	64	Seniors 65+	5	26	TOTAL	52	94	Testimonial: “I have made friends and established a connection to the community. The Art Me Up program has made me feel included in the community and has allowed me to express myself through my art.”
	Expected	Actual																		
Children 0-12	0	0																		
Youth 13-18	2	4																		
Adult 19-64	45	64																		
Seniors 65+	5	26																		
TOTAL	52	94																		

Project	Description	Funding Stream: Housing – Self-Reliance and Improved Stability																		
Income Matters Community Collaborative Agency: Start Me Up Niagara Municipality: St. Catharines, Thorold	Income Matters helped participants gain / re-gain the confidence and skills needed to successfully manage their finances through income tax filings, access to benefits and tax credits, help with appointments, budgeting, and improved relationships with credible banks and lenders.	Result: Increase the income levels of our participants; the number income tax returns completed and money returned for 2018 tax year was \$1.1 million. Helped 40 people open bank accounts, and completed applications for benefits and programs for 190 people (NRH, CPP / OAS, WSIB).																		
Contract Requirements Contract Amount \$48,092 Amount Spent \$48,092 Contract Length 2 years Jobs Expected 10 Jobs Created 32 Revenue Expected \$1,200 Revenue Generated \$0.00	Number Served <table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>0</td> <td>0</td> </tr> <tr> <td>Youth 13-18</td> <td>0</td> <td>5</td> </tr> <tr> <td>Adult 19-64</td> <td>1,100</td> <td>1,242</td> </tr> <tr> <td>Seniors 65+</td> <td>100</td> <td>199</td> </tr> <tr> <td>TOTAL</td> <td>1200</td> <td>1,446</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	0	0	Youth 13-18	0	5	Adult 19-64	1,100	1,242	Seniors 65+	100	199	TOTAL	1200	1,446	Testimonial: “I have received much help over the years in filling out anything I need for Canada Pension Disability and other relevant government forms. Before I relied on friends and family. Now I know where to get help.”
	Expected	Actual																		
Children 0-12	0	0																		
Youth 13-18	0	5																		
Adult 19-64	1,100	1,242																		
Seniors 65+	100	199																		
TOTAL	1200	1,446																		

Project	Description	Funding Stream: Employment – Social Enterprise																		
Queenston Bikes Collaborative Agency: Start Me Up Niagara Municipality: St. Catharines, Thorold	Queenston Bike Collaborative is a bicycle refurbishment and retail operation, designed to train and employ people living with mental illness and other disabilities, as well as other persons who have been excluded from the traditional workforce.	Result: We exceeded our numbers through a \$30,000 donation that allowed us to expand our store. We provided affordable, safe and reliable bicycles for 183 children and adults - shop facilities for individuals to repair and maintain their own bikes, and learning opportunities for volunteers to gain bicycle repair experience. Volunteers also worked on refurbishing donated bicycles, which are then sold to help support our free services.																		
Contract Requirements Contract Amount \$46,992 Amount Spent \$46,992 Contract Length 1 year Jobs Expected 3 Jobs Created 1 Revenue Expected \$14,000 Revenue Generated \$8,957	Number Served <table border="1" data-bbox="632 779 1289 998"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>0</td> <td>121</td> </tr> <tr> <td>Youth 13-18</td> <td>5</td> <td>108</td> </tr> <tr> <td>Adult 19-64</td> <td>75</td> <td>188</td> </tr> <tr> <td>Seniors 65+</td> <td>5</td> <td>41</td> </tr> <tr> <td>TOTAL</td> <td>85</td> <td>458</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	0	121	Youth 13-18	5	108	Adult 19-64	75	188	Seniors 65+	5	41	TOTAL	85	458	Testimonial: “My whole family were able to get bikes. I am now able to get to work faster via bike and able to get out for family rides with the kids.”
	Expected	Actual																		
Children 0-12	0	121																		
Youth 13-18	5	108																		
Adult 19-64	75	188																		
Seniors 65+	5	41																		
TOTAL	85	458																		

Project	Description	Funding Stream: Neighbourhood – Community Hubs
Community Hub Coordinator Agency: The Hope Centre Municipality: Welland	A Community Hub Coordinator was engaged with identified services / service providers to encourage them to become part of the Hope Centre Hub and provide their services to our clients under one roof. The Coordinator also scheduled hub rentals, catering, and promoted / marketed the programming and services on site.	Result: This project was able to bridge the gap between health care and poverty. The Hub Coordinator added a weekly REACH medical clinic (GP doctor and RPN) at the Centre, coupled with weekly foot care and dental screening sessions. Legal services and Financial Planning support were also added. As well, rental revenue was increased.

Project	Description	Funding Stream: Neighbourhood – Community Hubs																				
Contract Requirements Contract Amount \$69,660 Amount Spent \$69,660 Contract Length 1 year Jobs Expected 0 Jobs Created 0 Revenue Expected \$60,000 Revenue Generated \$10,727	Number Served <table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>100</td> <td>551</td> </tr> <tr> <td>Youth 13-18</td> <td>25</td> <td>576</td> </tr> <tr> <td>Adult 19-64</td> <td>1,700</td> <td>661</td> </tr> <tr> <td>Seniors 65+</td> <td>60</td> <td>364</td> </tr> <tr> <td>TOTAL</td> <td>1,885</td> <td>2,152</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	100	551	Youth 13-18	25	576	Adult 19-64	1,700	661	Seniors 65+	60	364	TOTAL	1,885	2,152	Testimonial: “The programs have helped significantly. I often struggle to make ends meet and the Hope Centre has made things easier. I value the counselling sessions immensely.”		
	Expected	Actual																				
Children 0-12	100	551																				
Youth 13-18	25	576																				
Adult 19-64	1,700	661																				
Seniors 65+	60	364																				
TOTAL	1,885	2,152																				

Project	Description	Funding Stream: Neighbourhood – Community Hubs																				
RAFT Niagara Regional Housing Summer Camp Agency: The RAFT Municipality: Niagara Falls, St. Catharines	A daily summer camp program was provided in NRH priority neighbourhoods. The programs offered active games, art, educational activities, a community garden, field trips, special events and cultural learning opportunities.	Result: The Summer Camp program helped youth in priority neighbourhoods remain involved in educational and physical activities during the summer months. Youth gained an increased sense of community, received mentorship and improved their health and wellbeing.																				
Contract Requirements Contract Amount \$59,929 Amount Spent \$59,929 Contract Length 1 year Jobs Expected 0 Jobs Created 0 Revenue Expected \$0.00 Revenue Generated \$0.00	Number Served <table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>335</td> <td>338</td> </tr> <tr> <td>Youth 13-18</td> <td>145</td> <td>142</td> </tr> <tr> <td>Adult 19-64</td> <td>0</td> <td>0</td> </tr> <tr> <td>Seniors 65+</td> <td>0</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td>480</td> <td>480</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	335	338	Youth 13-18	145	142	Adult 19-64	0	0	Seniors 65+	0	0	TOTAL	480	480	Testimonial: “I was able to meet new friends in my community. I was really nervous moving somewhere new that I wouldn't have friends, but I met other kids right away and I got to go on trips and play games.”		
	Expected	Actual																				
Children 0-12	335	338																				
Youth 13-18	145	142																				
Adult 19-64	0	0																				
Seniors 65+	0	0																				
TOTAL	480	480																				

Project	Description	Funding Stream: Neighbourhood – Community Hubs		
Queenston Connections Agency: Westview Christian Fellowship	The Queenston Connections program included an update of a guidebook for people who are homeless with information	Result: We met many new women who came to the Centre asking for our survival bags because they were on the streets		

Project	Description	Funding Stream: Neighbourhood – Community Hubs																		
Municipality: St. Catharines	on where to go to eat, sleep, and get help, medical, legal, etc. Individuals who are homeless will be provided with the book and a survival bag that includes a water bottle, blanket, first aids kits, socks, soap, facecloth, snacks etc.	struggling. We purchased mats and offered daytime sleeping in our church to help with the issue of lack of sleep. This project will continue into future winters through help from community groups etc. Thank you NPI for starting us off.																		
Contract Requirements Contract Amount \$10,604 Amount Spent \$10,522 Contract Length 1 year Jobs Expected 5 Jobs Created 6 Revenue Expected \$0.00 Revenue Generated \$0.00	Number Served <table border="1" data-bbox="640 597 1274 818"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>0</td> <td>0</td> </tr> <tr> <td>Youth 13-18</td> <td>0</td> <td>0</td> </tr> <tr> <td>Adult 19-64</td> <td>700</td> <td>772</td> </tr> <tr> <td>Seniors 65+</td> <td>0</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td>700</td> <td>772</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	0	0	Youth 13-18	0	0	Adult 19-64	700	772	Seniors 65+	0	0	TOTAL	700	772	Testimonial: “I use the pantry where I buy food really cheap and helps fill my cupboard, this helps being on low income. Also I was able to get my income tax done.”
	Expected	Actual																		
Children 0-12	0	0																		
Youth 13-18	0	0																		
Adult 19-64	700	772																		
Seniors 65+	0	0																		
TOTAL	700	772																		

Project	Description	Funding Stream: Housing - Prevention															
Housing Worker Agency: Community Care St. Catharines and Thorold Municipality: Niagara-on-the-Lake, Thorold, St. Catharines	The Housing Worker supported low income, vulnerable individuals to find secure, safe, affordable housing within St. Catharines, Thorold, and NOTL. This was done by working with landlords and community partners and included advocacy and appropriate referrals.	Result: The primary outcomes were clients who successfully obtained priority housing. Many of the people served were part of the "hard to house, hard to serve" population but didn't meet the criteria for Housing First or Home For Good. Rent smart numbers were lower than anticipated as we were limited on time and some of the population did not have the cognitive capabilities to follow through with modules.															
Contract Requirements Contract Amount \$83,748 Amount Spent \$83,748 Contract Length 2 years Jobs Expected 0 Jobs Created 0	Number Served <table border="1" data-bbox="640 1334 1274 1507"> <thead> <tr> <th></th> <th>Expected</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Children 0-12</td> <td>0</td> <td>0</td> </tr> <tr> <td>Youth 13-18</td> <td>200</td> <td>13</td> </tr> <tr> <td>Adult 19-64</td> <td>600</td> <td>817</td> </tr> <tr> <td>Seniors 65+</td> <td>200</td> <td>116</td> </tr> </tbody> </table>		Expected	Actual	Children 0-12	0	0	Youth 13-18	200	13	Adult 19-64	600	817	Seniors 65+	200	116	Testimonial: “We were able to see a unit and secure housing the same day. This is significant because we are a family of six that was able to move out of a one-bedroom motel room into a six bedroom house.”
	Expected	Actual															
Children 0-12	0	0															
Youth 13-18	200	13															
Adult 19-64	600	817															
Seniors 65+	200	116															

Project	Description	Funding Stream: Housing - Prevention	
Revenue Expected \$0.00	TOTAL	1,000	946
Revenue Generated\$0.00			

Subject: Seniors Services Quality Improvement Report – October-December 2020

Report to: Public Health and Social Services Committee

Report date: Tuesday, March 9, 2021

Recommendations

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

Key Facts

- The purpose of this report is to provide Committee and Council with highlights of quality initiatives and outcomes for the final quarter of 2020 for Seniors Services.
- The area of focus in this quality report is an overview of, A Better Place to Live, a Better Place to Work: Ontario's Long-Term Care Staffing Plan (2021-2025), issued by the province December 17, 2020. The report will have significant implications for Seniors Services and will be a driver of future quality initiatives and outcomes.

Financial Considerations

The Ministry of Long-Term Care (MLTC) and Ontario Health West are the primary sources of funding for the Seniors Services division. The costs associated with the plan outlined in this report, particularly associated with increases to front line staffing, are significant. The province has committed an investment of up to \$1.9 billion dollars annually to create 27,000 new positions for PSWs, RNs, and RPNs across Ontario. The current provincial long-term care budget is \$4.5 billion. The province has not yet issued the details of funding allocations to each long-term care (LTC) home.

Analysis

As the pandemic continues to unfold, there has been significant focus on long-term care. A number of reports have examined underlying issues affecting the sector, and have offered recommendations to improve care for residents and working conditions for staff. The province released a report December 17, 2020 that addresses many of the recommendations. The following provides an overview of the report, which will have a significant impact on Seniors Services.

A Better Place to Live, a Better Place to Work: Ontario's Long-Term Care Staffing Plan (2021-2025)

In recent years, a number of reports have been issued outlining systemic challenges in the long-term care sector. Two key reports that heavily influenced the recent, "A Better Place to Live, A Better Place to Work" report include the final report and recommendations of the Long-Term Care Homes Public Inquiry (July 31, 2019) and the more recent interim recommendations issued by the Long-Term Care COVID-19 Commission (October 23, 2020; December 4, 2020).

"A Better Place to Live, A Better Place to Work: Ontario's Long-Term Care Staffing Plan" (2021-2025) is an ambitious plan structured around four key pillars:

1. Integrating long-term care within the broader care continuum.
2. Improving quality of care.
3. Addressing concerns with performance, oversight and accountability
4. Developing new physical infrastructure.

The province outlined a series of guiding principles that were instrumental in determining the scope of the LTC Staffing Plan. The guiding principles as detailed in the report are as follows:

- Focus on residents and improving resident outcomes.
- Encourage and support continuous quality improvement and innovation to drive progress.
- Drive systematic and long-term change across the sector.
- Consider the impact on the broader health care system to avoid unintended consequences.
- Be flexible to respond to the diverse needs of residents, including Indigenous and Francophone residents.
- Share responsibility for solving long-standing challenges with sector leaders.

- The commitment to a daily average of four hours of care per resident will include substantially increasing the amount of time that registered nurses, registered practical nurses and personal support workers have available for resident care. In particular, increasing nursing hours is needed due to the rising acuity of residents and will help to limit unnecessary, and potentially harmful, hospital transfers.
- The government also plans to increase the hours of care provided by a broader range of staff who play a key role in supporting residents to achieve a higher quality of life and promoting good mental health. This includes supports provided by physiotherapists, occupational therapists, recreation therapists, social workers and others who can address physical, emotional, social and spiritual needs of residents.

The report outlines how the province will enact the commitment to improvements across the long-term care sector. The six areas of action detailed in the report are as follows:

1. Increasing the hours of direct hands-on care provided by nurses and personal support workers, to an average of four hours per day per resident - including a significant increase in nursing care to reflect the acuity of long-term care residents; and expanding resident access to allied health staff such as physiotherapists, occupational therapists and social workers.
2. Accelerating and expanding educational pathways to help recruit the tens of thousands of new staff that will be needed.
3. Supporting continued development and professional growth for long-term care staff, which will also improve retention.
4. Improving working conditions for staff.
5. Building effective and accountable leadership in homes across the province to improve oversight within homes, guidance and medical outcomes in long-term care homes.
6. Measuring progress against key performance indicators.

Specifically the report details implementation targets to achieve the four hours of care per resident per day. The chart below details the year over year staffing increase targets in both the RN / RPN / PSW category as well as the allied health positions category.

Implementation Targets

Year	RN / RPN / PSW (minutes of care per resident per day)¹	Allied Health Positions² (minutes of care per resident per day)
2018 (baseline year)	165	30
2021/2022	180 (3 hours)	33
2022/2023	195 (3 hours 15 minutes)	36
2023/2024	220 (3 hours 42 minutes)	36
2024/2025	240 (4 hours)	36

Implications and Next Steps

Seniors Services is in a good position to move forward in alignment with the report. Significant work has already been completed both at a divisional and a corporate level related to quality improvement, use of metrics, staff training and development, succession planning, leadership development and work life quality. The provincial commitment to increased staffing is welcome and Seniors Services is working closely with the Region’s Human Resources team to develop a multi-year recruitment and retention strategy to support achieving year over year staffing targets. The enhanced staffing in turn will have a positive impact on quality improvement efforts and most importantly the overall quality of life for residents living in our long-term care homes.

Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

Healthy and Vibrant Community – supporting the delivery of quality care to Niagara’s senior population.

Other Pertinent Reports

- COM 13-2020 Seniors Services Quality Improvement Report – July to September 2020

Prepared by:

Kim Eros
Associate Director, Clinical and Support
Services
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Henri Koning, Director Seniors Services, Jordan Gamble Program Financial Analyst, Corporate Services, Carol Rudel Administrator Seniors Community Programs, Jennifer Butera Outreach Services Program Manager, Viviana Menendez Central Support Services Administrative Lead, Jennifer Laughher Administrative Lead, Seniors Community Programs.

Appendices

Appendix 1 Seniors Services Report Card 2020

¹ The minutes of care per resident per day in the Niagara Region LTC Homes based on RN / RPN / PSW staffing is currently 2.95 hours (177 minutes). Seniors Services had previously calculated front-line staffing at 3.1 hours based on inclusion of recreation and rehabilitation hours into this calculation. The report separates out allied health positions in the updated staffing level calculation and as such the Niagara Region calculation has been updated accordingly.

² This includes supports provided by physiotherapists, occupational therapists, recreation therapists, social workers and others who can address physical, emotional, social and spiritual needs of residents.

Appendix 1 Seniors Services Report Card Q4 2020

Seniors Long Term Care Home Metrics

Measures	Definition	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Resident Satisfaction Survey	This metric provides a measure of resident perception of services and overall rating of a great place to live. The survey is issued annually. In 2019 the average for the eight Niagara Region LTC Homes was 95%. The 2019 MBN average for upper-tier municipalities was 93%.	n/a	n/a	94	n/a
Pressure Ulcers	This is a measure of the number of residents with worsened stage 2-4 pressure ulcers. (provincial average: 2.6%).	2.91	2.71	2.65	2.66
Outbreaks	The resident home area may be declared in outbreak by Public Health if two or more residents residing in the same resident home area have two or more consistent infectious symptoms ¹ (in 2019 the total number of outbreaks was 16).	6	3	9	6 ²
% of residents who have fallen in the last 30 days	This is a measure of the percent of residents who sustained a fall in the last 30 days. (provincial avg: 16.40%)	17.01	17.15	17.70	17.31
% of residents with new fractures	This is a measure of the percent of residents who sustained a fracture during this quarter. (provincial avg: 1.4%)	1.36	1.13	0.94	1.04

Seniors Community Programs

Measures	Definition	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Number of unique individuals served in 2020	Individual is counted once in a calendar year regardless of the number of services one individual may be accessing.	1611	1247	1263	1282
% satisfied with overall services	Average across all Seniors Community Programs.	N/A	N/A	N/A	84% ³
# of complex case consultations	Multi-agency collaboration is required to support the diverse needs of the individual in developing a community plan of support/care.	11	2	12	5

¹ Please note that COVID-19 outbreaks are triggered by a single positive case.

² Five outbreaks were at LTC homes and one outbreak was at Deer Park Suites (Assisted Living).

³ Please note that the satisfaction survey results are results for clients of the Outreach Program.

MEMORANDUM

COM-C 9-2021

Subject: Activities related to Niagara’s 10-Year Housing and Homelessness Action Plan for December 2020, January and February 2021

Date: March 9, 2021

To: Public Health & Social Services Committee

From: Adrienne Jugley, Commissioner, Community Services

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

The following highlights activities related to the HHAP in December 2020, January and February 2021:

- The housing-focused shelter pilot, supporting individuals experiencing chronic homelessness transition to permanent housing while connecting them to wrap around supports and community, has continued to show very positive results. Clients access the system based on the priorities within the By Name List, with the pilot taking those with the longest experiences of homelessness and other measures of acuity. On average clients entering into the pilot have had 318 days of homelessness in the past year, along with significant mental health, addiction and physical health challenges. During the seven months of operation from June to December 2020, the pilot had 39 intakes and 20 placements into permanent housing. Encouraged by the outcomes achieved, this shelter asset has been increased to 25 beds, from 14 beds, creating further capacity in the system for high needs homeless clients. In addition, based on funding opportunities, the pilot has been extended from December 31, 2020 to June 30, 2021, with further extensions possible based on upper tier funding announcements related to COVID-19 for 2021.
- Planning for Niagara’s 2021 Point-in-Time Count (homeless enumeration) is ongoing, with the count scheduled for March 23, 2021. The process used in the

2016 and 2018 counts is being modified in consultation with Public Health to ensure the point-in-time count is implemented safely following all protocols. The 2021 count is required under the federal Reaching Home funding program and will also follow the guidance from the federal government provided in January 2021 in the COVID-19 Community Impact document. The count will be completed by community agency staff, including Niagara's Assertive Street Outreach (NASO) team. No community volunteers will be participating this year to mitigate risk associated with the pandemic. The 2021 count will provide an opportunity to ensure the comprehensiveness of the Built for Zero By-Name List of people experiencing homelessness in Niagara and further inform local responses to homelessness during COVID-19.

- In December 2020, Niagara Region Homelessness Services submitted an application to the Inclusive Community Grants program, through the Ministry for Seniors and Accessibility. If successful, this grant will provide a maximum of \$60,000 to purchase accessibility enhancing items (e.g. wheelchairs, hand railings, stair lifts) for the Regionally funded emergency shelter system.
- The YWCA Oakdale Commons project, located in St. Catharines, was nearing completion in February, with an occupancy permit for 15 units and building handover anticipated the first week of March. The move-in plan will see occupancy begin in early March 2021. YWCA staff, project consultants and the general contractor have successfully mitigated challenges posed by the pandemic. With safety at the forefront, construction has continued uninterrupted and there have been no major COVID-19 related delays or health risks. The project was funded in part through provincial Home for Good capital funding secured in 2017 and supported by project management assistance from Niagara Regional Housing (NRH) throughout the construction and occupancy phases.
- The NRH led Affordable Housing Master Plan is in the early stages of being developed with stakeholder engagements starting to take place as well as the gathering of pertinent data. The Master Plan will provide a long term roadmap to ensure the sustainability of existing stock and outline the future needs for housing in Niagara.
- Two of the five additional units, added to the new buildings acquired by NRH in February of 2019, are now complete with an occupancy date of March 1, 2021. The remaining three units will be complete in the second quarter of 2021.

- Construction continues for 73 community housing units in two apartment buildings on Hawkins Street in Niagara Falls. This project is estimated to be complete in December 2021. At the end of 2020, it was approximately 40% complete.
- NRH and Niagara Region staff continue to work with the development community to explore innovative housing solutions that address the cost of affordable housing. NRH has hired an additional Project Manager due to the overwhelming requests from local non-profits to develop new affordable housing units. There are five projects with approximately 200 units (32 are the POA application). There is also another approximate 230 units in discussion stages.
- NRH's development team submitted an application to the Canadian Mortgage and Housing Corporation (CMHC) for the Rapid Housing Initiative. This funding would support the full capital ask for 32 new modular units on the POA lands in Welland purchased by NRH.
- The Canada Ontario Housing Benefit (COHB) is a portable rent benefit that helps applicants on the Centralized Waiting List pay their rent to their current landlord in the private market. By year-end in 2020, more than 240 Niagara residents had applied and many have started receiving subsidy. Successful COHB applicants are removed from the waiting list, allowing other applicants to move up on this list more quickly.

Respectfully submitted and signed by

Adrienne Jugley
Commissioner



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February 19, 2021

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

Dear Ms. Norio,

At their February 19, 2021 meeting, the Niagara Regional Housing Board of Directors passed the following motion as recommended in attached report NRH 1-2021:

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

Your assistance is requested in moving report NRH 1-2021 through proper channels to Regional Council.

Sincerely,

A handwritten signature in black ink, appearing to read 'Walter Sendzik', with a long horizontal flourish extending to the right.

Councillor Walter Sendzik
Chair



Q4 (October 1 to December 31, 2020) to Board of Directors

Recommendation:

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

Submitted by:

A blue ink signature of Donna Woiceshyn, written in a cursive style, positioned above a horizontal line.

Donna Woiceshyn
Chief Executive Officer

Approved by:

A blue ink signature of Walter Sendzik, written in a cursive style, positioned above a horizontal line.

Walter Sendzik
Chair

Directors:

Walter Sendzik, Chair

Regional Councillor
St. Catharines

Gary Zalepa, Treasurer

Regional Councillor
Niagara-on-the-Lake

Tom Insinna

Regional Councillor
Fort Erie

James Hyatt, Vice-Chair

Community Director
St. Catharines

Betty Ann Baker

Community Director
St. Catharines

Betty Lou Souter

Community Director
St. Catharines

Karen Blackley, Secretary

Community Director
Thorold

Barbara Butters

Regional Councillor
Port Colborne

Leanne Villella

Regional Councillor
Welland

Q4 (October 1 to December 31, 2020)

HIGHLIGHTS:





Q4 (October 1 to December 31, 2020)

VISION

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

MISSION

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

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

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



Definitions can be found in the attached Reference Sheet.



Q4 (October 1 to December 31, 2020)

1. Public Housing (NRH Owned Units)

DAY-TO-DAY MAINTENANCE:

In Q4, **2,500 work orders** were issued, representing \$1,217,889.51. \$25,144.92 of this amount was charged back to tenants who were held responsible for damages.

	2019-Q4	2020-Q1	2020-Q2	2020-Q3	2020-Q4
# of work orders issued	3,675	2,575	2,302	2,656	2,500

During Q4, work orders continued to be lower due to COVID-19; regular maintenance had resumed within COVID guidelines.

CAPITAL PROGRAM:

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

In Q4, 46 purchase orders were issued and 11 public tenders closed.

The Capital Program was responsible for 18 capital projects and 46 purchase orders valued at \$2,851,445:

- 18 projects
 - Carlton Street – replacement of balconies and railings
 - 4900 Buckley Avenue – exterior insulation and finish system – canopies
 - 52 Ormond Street North– building renovations
 - 10 Old Pine Trail – bathroom replacements
 - Powerview Avenue/Galbraith Street/Wallace Street – bathrooms
 - 12 St. David’s Road East – building renovations
 - Various locations - upgrading heating systems
 - 300 Davy Street – parking lot replacement
 - 3874 Portage Road – parking lot replacement
 - 124 Elmview Street and 211 King Street – elevator modifications
- 40 RFPs and RFQs – various consulting services, elevator investigations, health and safety repairs, structural repairs (roofing) and pavement retrofits

As of December 31, 2020, \$4,722,189 of the \$8,454,858 budget (excluding emergency) has been committed and or actually spent (56%).

Q4 (October 1 to December 31, 2020)

TENANT MOVE OUTS:

Move Outs By Reason

Health	2	NRH Transfer	5
Long Term Care Facility	5	Moved to Coop or Non-Profit	1
Deceased	23	Bought a House	0
Private Rental	10	Left Without Notice	3
Voluntarily Left Under Notice	1	Other/None Given	16
Eviction – Tribunal	2	Cease to Qualify	0
		TOTAL	68

In Q4, there were **68 move outs**. Two involved eviction orders granted under the Ontario Landlord Tenant Board (LTB) for Arrears and were enforced by the Sherriff.

	2019-Q4	2020-Q1	2020-Q2	2020-Q3	2020-Q4
# of move outs	71	62	57	90	68

ARREARS:

NRH Housing Operations actively works to reduce rent arrears but saw a continued increase in 2020-Q4 due to COVID-19 and tenants not paying rent due to the provincial no eviction order.

	Dec 31, 2019	Mar 31, 2020	Jun 30, 2020	Sept 30, 2020	Dec 31, 2020
Rent charges for the month	\$1,286,793.00	\$1,302,721.00	\$1,289,907.00	\$1,295,815.00	\$1,309,353.00
Accumulated rent arrears	\$36,134.21	\$71,135.25	\$110,958.69	\$113,204.57	\$115,555.92
Arrears %	2.81%	5.46%	8.60%	8.74%	8.80%

INSURANCE:

Nothing to report for Q4.

COMMUNITY RESOURCES AND PARTNERSHIPS:

Due to COVID-19, in Q4, we had partnerships with only **10 community agencies** across Niagara. As a result of these partnerships, **194 units¹ of support and enrichment activities** were offered to tenants at NRH sites. Each partnership contributes to tenant lives and, in turn, the success of the Public Housing community as a whole:

- 136 refurbished computers were delivered to tenants along with information about the CyberSeniors partnership that offers workshops and programs on-line

¹ Tracking for support and enrichment activities has changed – we are now tracking it by units. Each time a partner is in a community providing a support and enrichment program or activity, it is counted as one unit.

Q4 (October 1 to December 31, 2020)

- RAFT began to provide “Drive Through After School Programs”, which involved children walking through the Community to chat with RAFT staff while they pick up snack and craft bags
- Instead of the traditional Christmas parties, NRH and partners (RAFT, Faith Welland, Community Support Services Niagara, Niagara College) delivered Christmas bags, gifts and lunches directly to households
- Faith Welland engaged NRH seniors in their “Letters to Santa” project in family communities, with the seniors volunteering to assist with answering the childrens’ letters
- As a result of a considerable mask donation to Niagara Region, NRH began delivering packages of 50 disposable masks to every NRH household. NRH’s Niagara College Security Student has been delivering them while he walks the communities, reminding tenants of the COVID guidelines and answering questions.

Also during Q4, NRH Community Programs Coordinators (CPCs) offered supports to **378 new referrals of tenants in need of assistance**. Of those new referrals, **55% were considered medium-high need**, (e.g. child safety concerns, eviction, social issues, cognitive concerns). In particular, there was an increase in the number of tenants needing help with arrears and a continued increase in the number of tenants needing referrals to other agencies, however most of these agencies were either virtual or unavailable due to COVID-19.

Eviction Prevention and supports have been extended to Housing Providers and the Rent Supplement program on a pilot basis through Ontario Priorities Housing Initiative (OPHI) funding. There is one full-time Community Program Coordinator (CPC) for Non-Profits/Co-operatives and one dedicated half to Rent Supplement and half to assisting with NRH-Owned units.

2. Non Profit Housing Programs

As administrator of social housing for Niagara Region, NRH provides legislative oversight for **59 Non-Profit Housing Programs (non-profit and co-operative)**. Operational Reviews are conducted to determine the overall health of each.

	2019-Q4	2020-Q1	2020-Q2	2020-Q3	2020-Q4
Healthy	39	37	37	38	36
Routine Monitoring	18	21	21	18	18
Intensive Monitoring	1	0	0	2	3
Pre-PID (Project in Difficulty)	1	1	1	1	1
PID (Project in Difficulty)	1	1	1	1	1
TOTAL	60	60	60	60	59

NRH Housing Programs staff continue to work with Housing Providers as they move toward End of Operating Agreements (EOA) / End of Mortgage (EOM). ON December 31st, 2020 Joi de Vivre reached End of Agreement of their federal subsidy, this provider supplied 40 units of



Q4 (October 1 to December 31, 2020)

affordable housing. By way of a new agreement, NRH will maintain its support for Joi de Vivre by subsidizing 15 Rent Supplement Units in order to help preserve these affordable housing in Niagara.



Q4 (October 1 to December 31, 2020)

3. Rent Supplement Program

Rent Supplement/Housing Allowance

In the Rent Supplement program, tenants pay 30% of their gross monthly income directly to the private landlord and NRH subsidizes the difference up to the market rent for the unit. The Housing Allowance program is a short-term program that provides a set allowance to help applicants on the wait list. In Q4, there were **1,668 Rent Supplement/Housing Allowance units** across Niagara.

Canada-Ontario Housing Benefit (COHB)

The COHB is a portable rent benefit that helps applicants on the Centralized Waiting List pay their rent to their current landlord in the private market. NRH sends applications to the Ministry of Municipal Affairs and Housing on behalf of Niagara residents in need of housing. At the end of 2020, **245 of these applications had been accepted.**

In-Situ Rent Supplement

An In-Situ Rent Supplement program has been developed to engage new landlords and offer applicants on the Centralized Waiting List an opportunity to receive Rent-Geared-to-Income assistance where they currently live. This removes the need for moving related expenses and broadens the network of landlords in business with NRH. In Q4, NRH initiated new agreements with **4 new landlords.**

	2019-Q4	2020-Q1	2020-Q2	2020-Q3	2020-Q4
Fort Erie	30	32	31	31	30
Grimsby	22	18	22	21	21
Lincoln (Beamsville)	13	14	14	12	12
Niagara Falls	239	237	226	220	213
Niagara-on-the-Lake	5	5	4	4	8
Pelham	19	17	17	17	17
Port Colborne	64	67	64	61	60
St. Catharines	778	798	751	712	701
Thorold	57	61	61	61	61
Welland	198	192	259	302	284
West Lincoln	16	16	16	16	16
COHB Region-wide				206	245
TOTAL	1,441	1,457	1,465	1,663	1,668

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



Q4 (October 1 to December 31, 2020)

4. Affordable Housing Program

NIAGARA RENOVATES PROGRAM:

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

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

NRH received \$545,920 through the Ontario Priorities Housing Initiative (OPHI) for all 3 streams of the program.

18 homeowners are currently approved for funding and NRH is working toward streamlining the program as we become more proficient at working under COVID-19 rules.

HOMEOWNERSHIP PROGRAM – “WELCOME HOME NIAGARA”:

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

In April 2020, NRH received \$100,000 through the Ontario Priorities Housing Initiative (OPHI) program.

In Q4, **seven homeowners** received assistance through Welcome Home Niagara.

	2019-Q4	2020-Q1	2020-Q2	2020-Q3	2020-Q4
# of homeowners assisted	7	4	5	7	7

HOUSING FIRST PROGRAM:

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

In Q4, **13 individuals/families** were housed through the Housing First program. Since 2012, Housing First has helped 480 individuals/families.

	2019-Q4	2020-Q1	2020-Q2	2020-Q3	2020-Q4
# of individuals/families housed	16	13	9	7	13
# of Housing First units (at quarter end)	202	199	201	195	187



Q4 (October 1 to December 31, 2020)

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

RENTAL HOUSING (NEW DEVELOPMENT):

NRH New Development

Hawkins Street/Dell Avenue, Niagara Falls

Ontario Priorities Housing Initiative (OPHI)	\$3,600,000	
NRH Reserves	\$3,061,500	
Regional Development Charges	\$14,132,500	
Canada Mortgage & Housing Corporation Seed Funding	\$106,000	
TOTAL	\$20,900,000	73

Building A – 55 units

- Masonry block completed on 3rd floor – parapets 90% complete
- Roof Corelsab installed
- Electrical in-suite wiring started on 1st floor
- Steel stud framing started on 3rd floor
- Hydro ductbank installed

Building B – 18 units

- Masonry block completed on 3rd floor – parapets 90% complete
- Roof Corelsab installed
- 3rd floor concrete topping installed
- Wall framing completed on 2nd floor
- Hydro ductbank installed



Q4 (October 1 to December 31, 2020)

AFFORDABLE HOUSING UNIT #'S BY MUNICIPALITY:

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

Note: there are no affordable housing units in Wainfleet

as at December 31, 2019

*166 New Development units are NRH Owned



Q4 (October 1 to December 31, 2020)

5. Service Manager Responsibilities

APPEALS:

In Q4, NRH continued to hear appeals virtually. This process has been going well and **15 appeals** were heard (10 upheld, 5 overturned).

	2019-Q4	2020-Q1	2020-Q2	2020-Q3	2020-Q4
# of appeals	11	11	0	15	15

INVESTMENTS:

N/A

6. Housing Access Centre & Centralized Waiting List

APPLICATION ACTIVITY:

# of Applications Received & Processed	652	# of Eligible Applications	630
# of Special Provincial Priority Status Applications	66	# of Ineligible Applications	22
# of Urgent Status Applications	94	# of Cancelled Applications	225
# of Homeless Status Applications	98	# of Applicants Housed	111

In Q4, **225 households were removed** from the Centralized Waiting List because they were no longer eligible, they found alternate housing or we were unable to make contact.

Q4 (October 1 to December 31, 2020)

CENTRALIZED WAITING LIST:

		2019- Q4	2020- Q1	2020- Q2	2020- Q3	2020- Q4
		# of households				
A	Rent Geared to Income (RGI) waiting list:					
	Niagara resident RGI waiting list	5,154	5,322	5,264	5,296	5,425
	Applicants from outside of Niagara	977	1,045	1,078	1,129	1,173
TOTAL RGI waiting list:		6,131	6,367	6,342	6,425	6,598
	Housing Allowance: a set allowance to help applicants on the waiting list with affordability in the private market until housed in an RGI unit	742	739	723	702	669
A1	RGI waiting list demographics:					
	Seniors	2,455	2,514	2,487	2,506	2,557
	Adults no dependents	1,979	2,041	2,026	2,049	2,137
	Adults with dependents	1,697	1,812	1,829	1,870	1,904
A2	RGI list further segmented (#'s included in A & A1):					
	SPP – Special Provincial Priority (Ministry Priority): helps victims of violence separate permanently from their abuser	148	146	142	128	132
	URG – Urgent (Local Priority): for applicants with mobility barriers and/or extreme hardship where their current accommodation puts them at extreme risk and/or causes hardship	142	152	144	135	153
	HML – Homeless (Local Priority): provides increased opportunity for placement to homeless households	1,075	1,145	1,119	1,134	1,146
	SUP – Supportive/Transitional: provides targeted, provisional services to assist individuals to transition beyond basic needs to more permanent housing	16	23	10	11	11
B	In addition, NRH manages:					
	Overhoused: households who are living in subsidized accommodation with more bedrooms than they are eligible for	174	176	173	157	145
	Transfer: households who are currently living in subsidized accommodation and have requested a transfer to another provider	613	635	637	660	656
TOTAL RGI households on waiting list managed by NRH:		6,918	7,178	7,152	7,242	7,399
C	NRH maintains a waiting list for market rent units (62 Non Profit Housing Programs):					
	Market: applicants who have applied for a market rent unit in the Non-Profit Housing Programs portfolio	784	810	805	808	829
TOTAL households on waiting list managed by NRH:		7,702	7,988	7,157	8,050	8,228
TOTAL individuals on waiting list managed by NRH:		13,587	14,197	14,180	14,429	14,737

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

Q4 (October 1 to December 31, 2020)

ESTIMATED WAIT TIMES:

CITY	SENIORS Age 55 and older		SINGLES Age 16-54		HOUSEHOLDS WITH DEPENDENTS			
	Bachelor	1 Bed	Bachelor	1 Bed	2 Bed	3 Bed	4 Bed	5 Bed
	YEARS							
Fort Erie	-	11	3	7	2	2	6	-
Grimsby	-	5	-	-	-	-	-	-
Lincoln	-	6	-	10	6	10	-	-
Niagara Falls	5	7	-	18	5	5	12	16
Niagara-on-the-Lake	-	6	-	-	-	-	-	-
Port Colborne	-	8	-	12	5	3	4	-
St. Catharines	-	5	9	16	3	3	3	11
Thorold	-	7	-	13	3	11	-	-
Welland	-	6	7	16	7	3	8	7
West Lincoln	-	5	-	-	10	6	-	-

- no units of this size available in this community

January 2020

Please note:

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



Quarterly Report Reference Sheet

A	<p>AFFORDABLE HOUSING RENTS: Rents are established at 80% market of Canada Mortgage and Housing Corporation (CMHC) Average Market Rent, with no ongoing rental subsidy.</p>
	<p>APPEALS: Social Housing tenants/members can request reviews of decisions related to applicant eligibility, priority status, transfer requests, overhoused status, ongoing Rent-Geared-to-Income (RGI) eligibility and rent calculation issues. The NRH Appeal Committee makes decisions on appeals from applicants and tenants in Public Housing, Social Housing (where they have not established an Appeal Committee) and Rent Supplement units. All appeal decisions are final, per legislation.</p>
	<p>ARREARS: To assist with arrears collection, tenants/members are provided the option of entering into a repayment agreement but are still expected to pay full rent on time.</p>
B	
C	<p>CANADA-ONTARIO COMMUNITY HOUSING INITIATIVE (COCHI): A program that provides funding to protect affordability for households in social housing, support the repair and renewal of existing social housing supply and expand the supply of community housing over time.</p>
	<p>CANADA-ONTARIO HOUSING BENEFIT (COHB): A program that provides a monthly benefit payment to households that are on, or are eligible to be on, the Centralized Waiting List (CWL) to help them pay their rent. The COHB payments are portable (i.e. the benefit follows the household if they move to another address) and based on the household income and local market rent. In order to receive the COHB, applicants must agree to have their application removed from the CWL.</p>
	<p>CAPITAL PROGRAM: Responsible for maintaining the Public Housing (NRH-owned) asset and planning for future sustainability, as well as issuing tenders for service contracts.</p>
	<p>CENTRALIZED WAITING LIST (CWL): Is comprised of almost 200 subsidiary lists of Public Housing, Social Housing and private units through the Rent Supplement program. It is maintained on a modified chronological basis (i.e. in order to ensure that applicants are treated fairly, units are offered based on the date of application). The needs of particularly at-risk populations are addressed through Priority Status groups that are offered units before other applicants on the Centralized Waiting List:</p> <ul style="list-style-type: none"> • Special Provincial Priority (SPP) Status • Urgent Status • Homeless Status
	<p>The <i>Housing Services Act, 2011</i> (HSA) requires that the Centralized Waiting List is reviewed on a regular basis. Applicants are asked to confirm their continued interest and to update information annually (# of household members, total household income) so that NRH can verify ongoing eligibility for housing subsidy. If a household is no longer interested or is deemed ineligible the application is cancelled and removed from the list.</p> <p>The Centralized Waiting List includes various types of households (i.e. families, seniors and singles/adults without dependents) from both within and outside Niagara, the</p>

Quarterly Report Reference Sheet

	<p>priority groups mentioned above, RGI and Market applicants and existing tenants who are overhoused (have more bedrooms than they need).</p> <p>COMMUNITY HOUSING: Housing owned and operated by non-profit, co-operatives and municipal governments or district social services administration boards including subsidized or low-end-of market rents.</p> <p>COMMUNITY PROGRAMS: NRH’s community partners offer events, presentations, activities and programs to help mitigate the effects of poverty by building community pride, offering life skills training and enhancing the lives of the tenants. While NRH does not deliver these services directly to tenants, NRH’s Community Resource Unit facilitates partnerships by identifying evolving community and tenant needs, connecting with appropriate programs and supporting their ongoing success.</p>
D	
E	<p>END OF OPERATING AGREEMENTS (EOA): EOA refers to the expiry of federally signed operating agreements. NRH is working with these providers to find innovative solutions to maintain the existing number of social housing units in Niagara and protect existing tenants/members from losing subsidy.</p>
	<p>END OF MORTGAGE (EOM): Federal/provincial and provincial housing providers (non-profits and co-ops) legislated under the Housing Services Act (HSA) do not have operating agreements that expire when the mortgage matures. The relationship between service manager and housing provider continues with the housing provider still obliged to follow the HSA. The obligation of service manager to pay a mortgage subsidy ends.</p>
	<p>EVICTION PREVENTION/SUPPORT: Supports to help NRH tenants stay in their homes through identification of tenant needs and connection with supports and services (e.g. Mental health issues, cognitive decline, addiction, family breakdown etc.)</p>
F	
G	
	<p>HOMEOWNERSHIP PROGRAM – “WELCOME HOME NIAGARA”: The Homeownership program assists low-to-moderate income rental households to purchase their first home by providing a down payment loan. The loan is forgivable after 20 years if the household remains in the home.</p>
	<p>HOUSING AND HOMELESSNESS ACTION PLAN (HHAP): Niagara’s 10-year Community Action Plan to help everyone in Niagara have a home.</p>
	<p>HOUSING ACCESS CENTRE: Housing Access is the gateway to affordable housing in Niagara. All applications for housing are processed through the Housing Access Centre including initial and ongoing eligibility assessment as well as management of the Centralized Waiting List. Options include accommodation with Non-profit and Co-operative housing providers (Social Housing), NRH owned units (Public Housing and two mixed income communities), or for-profit/private landlord owned buildings (Rent Supplement/Housing Allowance).</p>
	<p>HOUSING ALLOWANCE PROGRAM: A variation of the Rent Supplement program that provides a set allowance of up to \$300 per month to private landlords to assist applicants who are on the Centralized Waiting List.</p>

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	HOUSING FIRST: Helps people move quickly from homelessness to their own home by providing supports to help difficult to house individuals find and keep housing. NRH partners with Niagara Region Community Services and community agencies to provide rent supplement to landlords while agency staff provide a range of personalized supports to encourage successful tenancies and, if the tenant chooses, address personal challenges.
I	<p>IN-SITU RENT SUPPLEMENT PROGRAM: A program developed to engage new landlords and offer applicants on the Centralized Waiting List an opportunity to receive Rent-Geared-to-Income assistance where they currently live. This removes the need for moving related expenses and broadens the network of landlords in business with NRH.</p> <p>INVESTMENT IN AFFORDABLE HOUSING PROGRAM – EXTENSION (IAH-E): Provincial and federally funded program designed to improve access to affordable housing that is safe and suitable, while assisting local economies through job creation generated by new development and home repairs/modifications, including:</p> <ul style="list-style-type: none"> • Niagara Renovates • Homeownership (Welcome Home Niagara) • Rent Supplement/Housing Allowance • Rental Housing (New Development)
J	
K	
L	LOCAL HOUSING CORPORATION (LHC): Also called “Public Housing”, LHC refers to the communities that Niagara Regional Housing owns and manages.
M	
N	<p>NIAGARA RENOVATES PROGRAM: Provides assistance to low-to-moderate income homeowners for home repairs, accessibility modifications and the creation of secondary suites in single family homes. Assistance is provided in the form of a forgivable loan, written off over a 10-year period, as long as the homeowner continues to live in the home.</p> <p>NON PROFIT HOUSING PROGRAMS (FORMERLY “SOCIAL HOUSING”): Includes Non-Profit and Cooperative Housing Providers, who own and manage their own housing communities and have their own independent Boards. NRH provides legislative oversight to ensure they are in compliance with the <i>Housing Services Act (HSA)</i>. Generally, 25% of these units are designated as market rent units. The remaining 75% of units are offered to households on the Centralized Waiting List that pay RGI.</p>
O	<p>ONTARIO PRIORITIES HOUSING INITIATIVE (OPHI): A program to address local housing priorities, including affordability, repair and new construction.</p> <p>OPERATIONAL REVIEWS: In order to ensure that Non-Profit Housing Programs comply with legislation and local policies, NRH investigates their overall health by analyzing many factors including finances, vacancy losses, governance issues, condition of buildings etc. NRH then works with them to bring them into compliance and provide recommendations on best business practices.</p>
P	PORTABLE HOUSING ALLOWANCE: Direct financial assistance given to the household (tenant) on the Centralized Waiting List; not tied to a housing unit.

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	<p>PRIORITY STATUS GROUPS: Priority Status groups are offered units before other applicants on the Centralized Waiting List:</p> <ul style="list-style-type: none"> • Special Provincial Priority (SPP) Status is the only legislated priority and is intended to help victims of violence separate permanently from their abuser • Urgent Status is intended for applicants with (1) Mobility Barriers (i.e. physical limitations that require barrier-free units) and/or (2) Extreme Hardship (i.e. where the applicants’ current accommodations puts them at extreme risk and/or causes hardship and relocation would reduce the risks and/or alleviate the hardship) • Homeless Status provides an increased opportunity for placement to households that are homeless (1 in every 10 households offered housing)
	<p>PUBLIC HOUSING (ALSO CALLED “LOCAL HOUSING CORPORATION”): NRH owns and manages 2,660 units of Public Housing stock in 9 of the 12 Niagara municipalities. Tenants pay 30% of their income for rent. <i>*Note: NRH owns and manages an additional 91 units that have affordable (80% market) and market rents.</i></p>
Q	
R	<p>RENT SUPPLEMENT PROGRAM: Tenants pay 30% of their gross monthly income directly to the private landlord and NRH subsidizes the difference up to the agreed market rent for the unit. <i>*See also Housing Allowance Program and Housing First Project.</i></p>
S	<p>SERVICE LEVEL STANDARDS (SLS): Establishes minimum number of RGI and special needs units to be maintained by each service manager</p> <p>SERVICE MANAGER: As administrator for affordable housing on behalf of Niagara Region, NRH’s main responsibilities include: administering Rent Supplement Programs, oversight of Non-Profit and Cooperative Housing Providers, determining RGI eligibility, maintaining Centralized Waiting List, establishing Local Policies etc.</p> <p>SOCIAL HOUSING (FORMERLY “AFFORDABLE HOUSING”): All NRH programs and services, including Public Housing (NRH-owned), Non-Profit Housing Programs, the Rent Supplement Program and the Affordable Housing Program</p>
T	
U	
V	
W	<p>WELCOME HOME NIAGARA: Assists low-to-moderate income rental households to purchase their first home by providing a down payment loan. The loan is forgivable after 20 years if the household remains in the home.</p>
X	
Y	
Z	

MEMORANDUM

PHD-C 6-2021

Subject: COVID-19 Response and Business Continuity in Public Health & Emergency Services (March 2021 Update)

Date: March 9, 2021

To: Public Health & Social Services Committee

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

Current Status as of February 26, 2021

- The latest updates including statistics can be found at the [Niagara Region website](#).
- Globally, the Western world is seeing the resurgence of COVID-19 level off as lockdowns are taking effect. In Europe lockdowns are being lifted.
- In Canada, likewise, there has been a reduction of cases with lockdown measures. Provinces are now contemplating plans for reopening, with [Alberta having announced its plan](#).
- Complicating plans to reopen are variants of concern. In the United Kingdom, these lead to an immediate surge of cases after they exited their November lockdown. Concern is that reopening too early will lead to a similar surge here.
- Thus far, variants are overwhelmingly concentrated in York Region and neighbouring areas—Simcoe-Muskoka, Toronto, Durham Region, and Peel Region accounting for 92% (140 of 152 cases) of variants diagnosed in Ontario.
- Variants spread more easily and so more measures will be needed to control COVID-19 going forward. As Ontario struggled to contain cases in the fall, likely those same measures would be even less effective now. This likely means there won't be a full reopening until vaccine is more widely available.
- Schools have opened as the first stage of reopening the economy. This recognizes the importance of schooling to children's well-being, as well as the equity implications for women.
- [Outbreaks in long term care homes and retirement homes](#) are now falling in number with far smaller outbreaks, though the total number of outbreaks remains high. Tragically, the past several weeks of large outbreaks in long-term care homes and retirement homes has resulted in many persons passing away.
- With cases starting to come down, Public Health's capacity for follow-up is improving. Public Health's capacity continues to be stretched however, given the

ongoing large number of cases, outbreaks, as well as the ramping-up of vaccination work.

- The province has limited vaccination at this time to only long-term care home residents and specified high risk retirement home residents. Vaccination of this group with their first doses has been completed, and their second doses are being administered now 21 days after their first dose.
- Work continues in planning mass vaccination efforts in case the provincial government seeks Public Health leadership of that effort. Plans are near complete with efforts underway to recruit volunteers and additional capacity. The major barriers to planning are the lack of information on when doses will arrive and in what volumes.
- In Emergency Services, call volumes for EMS have largely returned to normal levels as business and life has resumed.
- EMS is closely monitoring patient flow within local emergency departments and working with Niagara Health to ensure capacity and surge planning for anticipated COVID-19 related hospitalizations. The recent closure of GNGH to admissions is impacting patient flow.
- Emergency Management continues to support both Regional and Local Area Municipal EOC's for coordinated response and business continuity planning.

Previous (February 16) Summary on Business Continuity

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/Pandemic Response Division

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. Currently 131 staff work in COVID-19 emergency response (35% of staff complement in Public Health), as well as an additional 42 staff on contract to support the response with 31 additional staff being recruited.

Emergency Operations are currently in the process of being transitioned to the new temporary Pandemic Response Division to consolidate most pandemic response activities, and streamline reporting lines and management processes. This was explained in more detail in [CWCD 299-2020](#).

Significant Initiatives or Actions Taken

There are five 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 over 100 staff. 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. With Council’s approval received on August 13, 2020, there is now the ability to enter into assistance agreements with other local public health agencies to further expand capacity if needed. However, with most parts of the province experiencing surges of cases, it is unlikely Niagara will be able to leverage the support of others. The case/contact/outbreak management operation now works 7 days a week, 08:00 to 20:30.

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

A dedicated health care provider phone line supports health care providers in providing advice and latest recommendations around COVID-19.

Approximately 5 FTE currently support the health care and social services sector within the Emergency Operations Centre, all redeployed from normal public health work.

- 3. Supporting Schools & Child Care.** A new call line has been created to support schools, teachers, staff, and child care operators with keeping children safe in their reopening's. Supporting these sectors is a priority in terms of protecting vulnerable children as well as older staff who may work in these settings and are at risk of severe illness. However, it is also a priority given the potential for children to spread infections through families and through the large populations in schools which could trigger a second wave. As well, successful reopening of schools and child care is critical for our economic recovery to enable parents to return to work. This is a particular equity issue for women given the disproportionate role women play in child care. Approximately 40 staff, including the 20 new provincially-funded hires are supporting schools and child care.

Since the reopening of schools, the school health team has

- Managed over 1000 clients who are cases or contacts of COVID-19 and associated with a school
 - Provided 350 consultations to schools
 - Provided, on average, 5 engagements with each school
 - Conducted, on average, 4 in-person visits a week to schools in Niagara to do proactive infection prevention work
 - Supported 145 school staff with virtual professional development around preventing COVID-19
 - Provided resources that have been accessed over 10,000 times (on-line or in hard copy) by school staff or school boards.
- 4. 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.

Due to recent increase in cases for COVID-19, Public Health reduced staff available for the informational phone line and online chat, to increase more staff in case and contact management. There will also be a reduction of the hours of the call centre, so that it closes at 19:15. With these changes, wait times for callers are unfortunately increasing. Public Health is looking at options to outsource this work.

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

5. **Vaccination.** Since the start of the pandemic, work has been underway to update and adapt off-the-shelf mass vaccination plans to the current situation. Plans are near complete, and dependent on information on vaccine distribution to finalize and allow execution to begin.

Early parts of the plan, in terms of mobile teams, have already been mobilized to vaccinate in long-term care homes, retirement homes, and congregate care setting with the limited volume of vaccine available.

With mass immunization clinics expected to begin at the end of March, work is underway to recruit and add staff to facilitate operation of these clinics. Further details as well as the budgetary impact of this will be shared with Council at a future date.

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.

Operational Outlook

1 month

- As the Shutdown and vaccination reduced cases, Public Health managed to return to case and contact management operations more similar to the rest of the fall.
- However, with variants of COVID-19 growing rapidly now, it is likely that case will surge again and overwhelm case and contact management capacity again.

3 months

- There is a strong possibility of a third lockdown which would bring cases back to a manageable level. Alternately, with the pressure to staff vaccination, case and contact management will no longer be able to actively control the pandemic in Niagara.

3 months to 6 months

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response and the speed at which vaccines become available. 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. Many staff (60 FTE of 84 total) have been reallocated to the Emergency Operations Centre for COVID-19 response. Current operations are focused on

- 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
- 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

With the current state of COVID-19 cases and the ramping up of COVID-19 vaccinations, it is very unlikely any school vaccinations will take place this year.

Operational Outlook

1 month & 3 months

- Increasing staff investigating adverse events following immunization since these will surge as vaccines are rolled out.
- Plan for enforcement of the *Immunization of School Pupil's Act*.

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. With the resurgence of COVID-19, some staff have again been redeployed to the COVID-19 response, affecting waiting times for Mental Health services. Two staff returned to Mental Health have once again been reassigned to pandemic response.

Services/Operational Changes

- Shift of some in-person clinics to remote delivery
- Reduction in some volume of work to shift 6 FTE to provide mental health case management in shelters.

Operational Outlook

- With the resurgence of COVID-19, staff have been redeployed to COVID-19 response, and likely will remain redeployed for several more weeks.
- Mental Health services are expected to continue to have long waiting times given loss of staff to COVID-19 response.

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). No staff remain completely deployed to support Emergency Operations. However, almost all staff are supporting emergency operations in their home program by inspecting COVID-19 prevention measures as part of their normal inspection work, or taking on roles around non-COVID-19 infection prevention normally done by staff redeployed to Emergency Operations. For early October, 1 staff person has been formally redeployed to emergency operations. Currently staff focus upon

- 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 borne diseases
- Investigation of adverse water quality
- Supporting businesses and other partners with infection prevention and control, especially as many businesses move to re-open

- Supporting operators with other unique health risks from resuming after a period of extended closure, such as flushing and managing stale water in pipes

Services/Operational Changes

- Increase of infection control investigations of long term care facilities and retirement homes
- Simulations of outbreaks with long term care facilities and retirement homes to increase their preparedness for outbreaks have now been discontinued
- Refocusing infection control investigations of day cares to focus on very frequent inspection of those that remain operational
- Inspections conducted as part of COVID-19 case and outbreak investigations in workplaces and public settings

Operational Outlook

1 month

- No changes

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 heavily 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. In order to support COVID-19 vaccinations, some staff have been redeployed to support data management around vaccinations. Of 35 staff, 24 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

- No changes

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 continues to be redeployment of 79 of 144 staff in Family Health to support Emergency Operations. As well, 20 school health staff while not formally redeployed, work overwhelmingly in COVID-19 response. In addition, most staff working in normal assignments are managing the exacerbated harms from the pandemic on other health issues.

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.

Efforts are now underway to plan with schools on how school health programming may be delivered this fall. The Healthy Babies Healthy Children program has begun transitioning back to in-person visits with physical distance to better support families, as well as in-person screening in the hospitals. The Nurse Family Partnership has also been able to transition to mostly in-person visits using physical distance having maintained visiting at pre-COVID levels for the prior 3 months with more virtual visits.

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
- Shifting all prenatal/postnatal support to virtual options from in-person service
- Shifting home visits to remote connections

For the period of March 16, 2020 to November 14, 2020:

- 672 registrants for online prenatal education
- 3180 HBHC postpartum screens and assessments completed by PHN
- 2079 HBHC home visits
- 981 Nurse Family Partnership visits
- 589 Infant Child Development service visits
- 840 Breastfeeding outreach visits
- 2283 interactions with Niagara Parents (phone, live chat, and email)
- 200 moms received support and skill building through our cognitive behavioural therapy post-partum depression group
- 151 visits to families receiving support and skill building through our Triple P Individualized Parent Coaching

Operational Outlook

1 month

- Resumption of breastfeeding clinics has been halted due to redeployment of staff to support COVID-19 again.

3 month & 6 month

- Future operations will depend on Provincial policy decisions around COVID-19 response. Loosening of social restrictions will enable delivery of programming with more direct engagement.
- Breastfeeding clinics may resume in the winter.
- Resumption of dental clinics and fluoride varnish administration is also being planned for the winter.
- Positive Parenting Program being planned for resumption in the fall. There has been high uptake to virtual class options.

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 34 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 have returned to expected values and operational response is normal. EMS has moved from the Monitoring stage of their Pandemic Protocol back to the Awareness stage following

the recent increase in COVID-19 cases and the impact on resources. EMS is experiencing many staff in all areas of EMS operations needing to self-isolate due to family testing requiring business continuity procedures to be enacted. EMS continues to face pressures around personal protective equipment procurement as global shortages continue.

Services/Operational Changes

- Providing enhanced community support through COVID-19 specific programs (refer to PHD 05-2020 for additional details)
- Additional requests by the Province for EMS to supplement community support through enhanced Mobile Integrated Health services – 100% funding for any new initiatives approved by the LHIN

Operational Outlook

1 month

The Pandemic Plan for response prioritization remains in place. 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 calls to 911 as well as increase risk for EMS staff who must be off work due to COVID-19 infection or exposure. As 911 calls increase and/or staff are unable to work, the Pandemic Plan will prioritize which calls continue to be served, and which 911 calls receive a modified response (e.g. phone call and advice from a nurse) or no response.

Emergency Management

Current State of Operations

Emergency Management is currently fully deployed to supporting the Regional Emergency Operations Centre and advising the Public Health Emergency Operations

Centre. Emergency Management is also deeply engaged with supporting emergency operations teams at the local area municipalities, as well as other key stakeholders (e.g. Niagara Regional Police, fire services, Canadian Forces). The CBNRE team has also been supporting emergency operations part time. Paramedics are also assisting with staffing the shelter system.

Services/Operational Changes

- Cessation of preparedness activities to focus fully on current response to COVID-19.
- A mid-response review is being conducted by staff to assess the functionality and effectiveness of emergency management coordination internally and with external stakeholders, primarily LAM EOC's to identify what is/has worked well and opportunities to improve emergency management coordination as the emergency continues

Operational Outlook

Ongoing support of current Emergency Operations Centres and recovery planning efforts. There are some elements of recovery planning that are begin implemented.

Recommended by:

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

MEMORANDUM

PHD-C 7-2021

Subject: Opioid Work Update
Date: March 9, 2021
To: Public Health and Social Services Committee
From: Dr. Mustafa Hirji, Acting Medical Officer of Health

In our goal to continue to keep you updated around opioid overdoses, please see the following.

1. On March 2, 2021 Niagara Region Public Health & Emergency Services (NRPH&ES) was notified by the Office of the Chief Coroner of Ontario of an increase in the number of suspected drug-related deaths in the past two weeks in Niagara. There were 12 suspected drug-related deaths reported in the last two weeks of February compared to five deaths in the first two weeks of the month. A monthly median of 16 suspect-drug related deaths was reported in 2020.
2. COVID-19 has disproportionately impacted people who use substances. Drug supply lines have been disrupted resulting in increasingly toxic substances entering the street market. Lockdowns and social isolation has presented further challenges for those struggling with substance use and mental health issues with decreased access to supports.
3. All eligible agencies that have chosen to be a public access point for Naloxone are listed on the [Ontario Government Website](https://www.ontario.ca/page/where-get-free-naloxone-kit) (<https://www.ontario.ca/page/where-get-free-naloxone-kit>). Currently over 30 programs and organizations across the region are enrolled in the Ontario Naloxone Program. Staff are trained on how to train their clients on how to avoid, recognize and ultimately respond to overdoses that may happen on site. Eligible organizations are those that work with at risk populations including outreach programs, shelter, AIDS service organizations and CHC's for example.
4. Overdose Prevention and Education Network of Niagara (OPENN) updates: An advisory was sent out to the OPENN distribution list March 1, 2021 generated by reviewing reports of what front-line workers were directly observing or hearing

about “on the street”. These advisories are also informed by EMS data, Toronto drug checking service and alerts, and alerts generated from neighbouring jurisdictions.

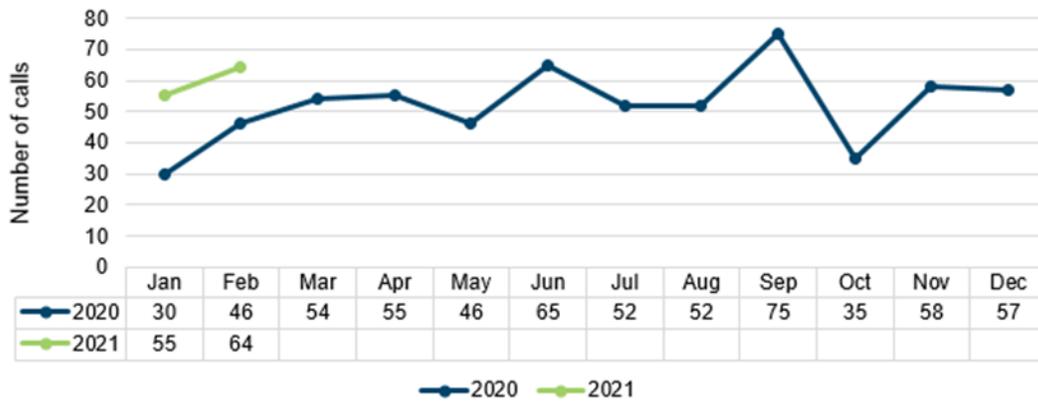
Safe Supply Working Group is working on developing a Continuing Medical Education (CME) accredited training for prescribers to understand what safe supply prescribing is, provide examples of case studies and connect prescribers with the Ontario Safe Supply Community of Practice. All of this is a means to divert people from the toxic street supply into health care provider setting prescribing pharmaceutical opioids.

OPENN developed the OPENN Substance Use Prevention Strategy in 2020. This strategy reflects the input of a wide range of insights and expertise to address the issue of preventing and reducing substance use and related harms in Niagara. The nine recommendations detailed in the strategy are currently being mapped with partners in the community who are already leading work in multiple areas. OPENN will track its progress and publically report on how we are moving from recommendation to action.

5. The website is updated as data becomes available. These updates are available through the [NRPH & ES Drug Overdose Prevention site](https://www.niagararegion.ca/living/health_wellness/alc-sub-abuse/drugs/overdose-prevention.aspx) (https://www.niagararegion.ca/living/health_wellness/alc-sub-abuse/drugs/overdose-prevention.aspx), in addition to elsewhere on the Region’s site.
6. For this report, we have included some preliminary data (in broken lines) in addition to the data found on the website.

Opioid Update 2021/03/04

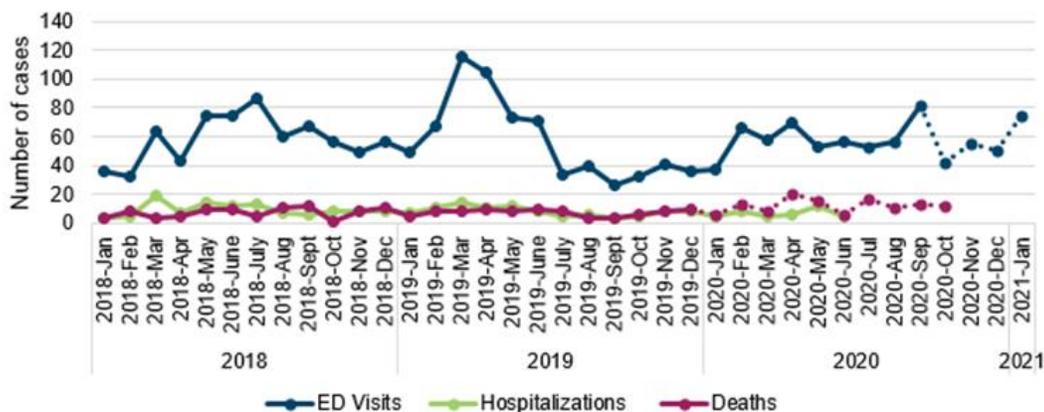
Suspected opioid overdoses responded to by Niagara Region Emergency Medical Services (2020-21)



Data Source: Niagara Emergency Medical Services, 2019-2020

- From January to February 2021, there were 119 suspected opioid overdoses that were responded to by EMS. This is an average of 60 calls per month
 - There were 64 EMS calls in February. This is the highest since September 2020 (75 calls).
- In 2020, there were 625 suspected opioid overdoses that were responded to by EMS. This was an average of 52 call per month.
 - This is also an all-time high for EMS calls made in one year.

Opioid-related morbidity and mortality (2018-2021)



Data source: National Ambulatory Care Reporting System, 2018-2021; Discharge Abstract Database, 2018-2020; Office of the Chief Coroner of Ontario, 2018-2020.

Note: ED visit data from October 2020 and onward is considered preliminary and should be interpreted with caution; Death data for 2020 is also considered preliminary and should be interpreted with caution

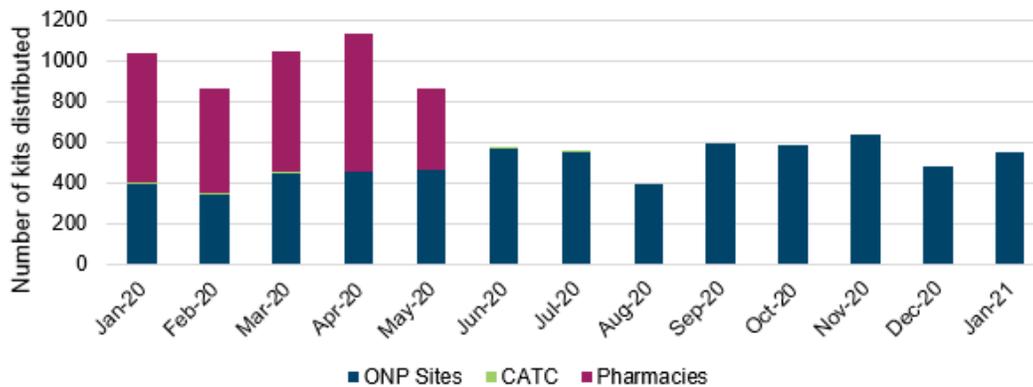
Emergency Department Visits and Hospitalizations

- In 2020, there was a total of 681 emergency department (ED) visits. This is an average of 57 ED visits per month.
 - From January to September 2020, there have been 69 hospitalizations. This is an average of eight hospitalizations per month.
- In 2019, there was a total of 690 opioid poisoning ED visits and 99 hospitalizations. This is an average of 58 ED visits and eight hospitalizations per month.
- In 2018, there were a total of 700 opioid poisoning ED visits, and 110 hospitalizations. This is an average of 58 ED visits and nine hospitalizations per month.

Deaths

- From January to October 2020, there have been 123 opioid overdose deaths. This is an average of 12 deaths per month.
 - Data indicated that 2020 will reach an all-time high for opioid-related deaths in a single year
- In 2019, there were 89 opioid overdose deaths. This is an average of seven deaths per month.
 - Fentanyl was the most common type of opioid present at the time of death (present in 79% of deaths), followed by methadone (present in 18% of deaths).

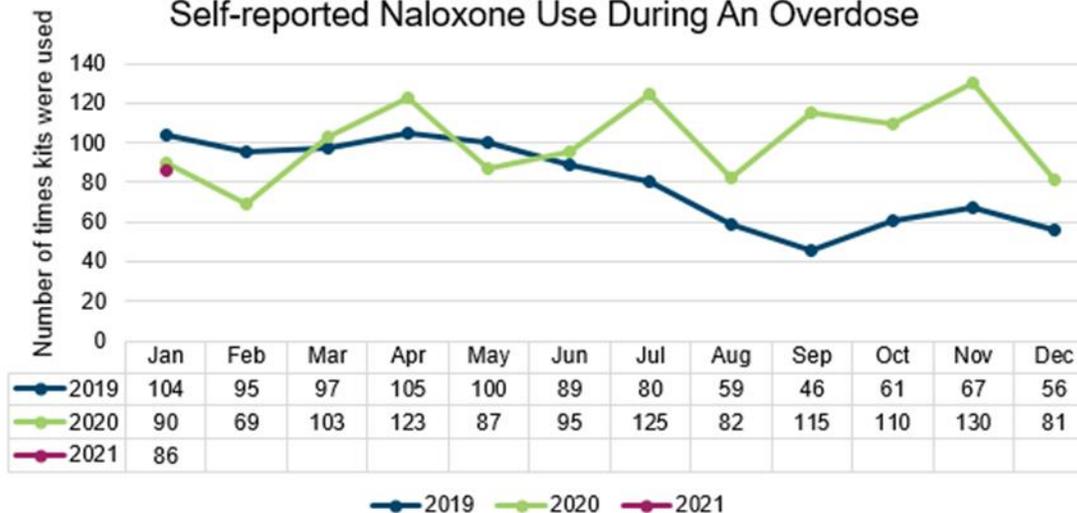
Naloxone Distribution by Community Agencies (2020-21)



Data source: Niagara Region Public Health, 2020; Ontario Drug Policy Research Network; Ontario Prescription Opioid Tool, 2020.

Note: Data for naloxone distribution from Canadian Addiction Treatment Centres and pharmacies are only available up until the end of May 2020

Self-reported Naloxone Use During An Overdose



Data source: Niagara Region Naloxone Distribution and Use [2019-2021].

- In January 2021, there were 551 naloxone kits distributed by Ontario Naloxone Program sites in Niagara
 - Naloxone kits were reported to be used 86 times during that month
- In 2020, there were 5,881 naloxone kits distributed by Ontario Naloxone Program sites in Niagara
 - Naloxone kits were reported to be used 1,210 times for all of 2020

- From January to May 2020, there were 4,931 naloxone kits distributed by pharmacies, Ontario Naloxone Program sites, and the Canadian Addiction Treatment Centres in Niagara.
- In 2019, there were 13,553 naloxone kits distributed by pharmacies, Ontario Naloxone Program sites, and the Canadian Addiction Treatment Centres in Niagara
 - Naloxone kits were reported to be used 959 times for all of 2019

We will continue to keep you updated.

Respectfully submitted and signed by

M. Mustafa Hirji, MD, MPH, RCPC
Acting Medical Officer of Health
Public Health and Emergency Services