



REGULAR BOARD MEETING AGENDA

Healthy Communities without Poverty

Date: Wednesday, September 22, 2021

Time: Regular DNSSAB Board Meeting at 12:30 PM (or following the adjournment of the Finance and Administration Committee)

Location: By video conference while pandemic protocols are in place

<https://zoom.us/j/98764275258?pwd=S0N3RXUzbFhZNjRBYklaREs2NmVWUT09>

Meeting ID: 987 6427 5258

Passcode: 9645157

One tap mobile

+16132093054,,98764275258#,,,*9645157# Canada

+16473744685,,98764275258#,,,*9645157# Canada

Dial by your location

+1 613 209 3054 Canada

+1 647 374 4685 Canada

+1 647 558 0588 Canada

Members: Councillor Mark King (Chair), Councillor Dan Roveda (Vice-Chair), Mayor Dean Backer, Councillor Mac Bain, Mayor Jane Dumas, Councillor Terry Kelly, Councillor Chris Mayne, Councillor Dave Mendicino, Mayor Dan O'Mara, Councillor Scott Robertson, Representative Amanda Smith, Councillor Bill Vrebosch.

Item	Topic
1.0	1.1 Call to Order MOTION: #2021-67 <i>Resolved</i> THAT the Board of Directors accepts the Roll Call as read by the Recording Secretary for the Regular Board meeting of September 22, 2021 at ____ PM.

Item	Topic
	<p>1.2 Declaration of Conflict of Interest</p>
<p>2.0</p>	<p>Opening remarks by the Chair</p>
<p>3.0</p>	<p>Approval of Agenda for September 22, 2021 MOTION: #2021-68 <i>Resolved</i> THAT Board members accept the Agenda as presented.</p>
<p>4.0</p>	<p>Approval of Minutes</p> <p>4.1 MOTION: #2021-69-A <i>Resolved</i> THAT the Board adopt the minutes of the proceedings of the Regular Board meeting of June 23, 2021.</p> <p>4.2 MOTION: #2021-69-B <i>Resolved</i> THAT the Board adopt the minutes of the proceedings of the Community Services Committee meeting of June 23, 2021.</p>
<p>5.0</p>	<p>Delegations</p> <p>5.1 Anti-Stigma Campaign – Developed by the CAB, Tawnia Healy, Community Health Promoter with the NBPSDHU and Glenn Peterson, Lived Expert present a video and advertisements about this October campaign.</p> <p>5.2 B17-21 Nipissing District Community Safety and Well-Being Plans - Report B17-21 provides information on the completed Community Safety and Well-Being Plans by Nipissing District municipalities.</p> <p>5.3 HS46-21 Homelessness Landscape in the Nipissing District – Review of Current Programs, Services, Supports and Investments in the Homelessness Sector</p> <p>MOTION: #2021-70 WHEREAS the number of people experiencing homelessness (unsheltered and sheltered) in North Bay and the broader Nipissing District continues to rise, putting increased pressure on the emergency shelter and first response systems, and community social and health services; and</p> <p>WHEREAS the homelessness situation was exacerbated with the COVID-19 pandemic which has further changed the landscape and conditions under which the Board was previously addressing homelessness and related issues;</p> <p>THEREFORE BE IT RESOLVED that the Board accept the report</p>

Item	Topic
	<p>“Homelessness Landscape in the Nipissing District” as described in HS46-21 and attached “A” (same title), which will then be followed by a Homelessness Action Plan in October.</p>
<p>6.0</p>	<p>6.1 CAO VERBAL UPDATE:</p> <p>MOTION: #2021-71 THAT the District of Nipissing Social Services Administration Board (DNSSAB) receives the CAO Verbal Report for September 22, 2021.</p>
<p>7.0</p>	<p>CONSENT AGENDA – <i>All items in the consent agenda are voted on collectively. The Chair will call out each item for consideration of discussion. Any item can be singled out for separate vote; then, only the remaining items will be voted on collectively.</i></p> <p>MOTION: #2021-72 THAT the Board receives for information or approval purposes, Consent Agenda items 7.1 to 7.8.</p> <p>7.1 B14-21 Pandemic Plan Update – for approval</p> <p>THAT the District of Nipissing Social Services Administration Board accepts Briefing Note B14-21; COVID-19 Workplace Pandemic Plan Update, dated September 22, 2021; and</p> <p>THAT the Board supports the approach of the updated Plan, which focuses on the continuation of services during the pandemic, with primary consideration for the health and safety of employees, clients and tenants.</p> <p>7.2 HS42-21 Coordinated Access Update – Nipissing Counts 2021, By Name List, HIFIS 4.0 - Report HS42-21 provides and update on the implementation of Coordinated Access, By Name List, and HIFIS 4.0, as well as Nipissing Counts 2021 Homeless Enumeration, for information purposes.</p> <p>7.3 HS43-21 Procurement in Emergencies – COVID Isolation Centre – Report HS43-21 is provided for information, in accordance with the Board’s Purchasing Policy #CORP-01, under the authority of the DNSSAB Procedural Bylaw 2020-01.</p> <p>7.4 HS39-21 Sale of Affordable Housing project located at 70 John Street, Sturgeon Falls - Report HS39-21 outlines the details of the sale and early withdrawal of the Canada-Ontario Affordable Housing Program (AHP) (2003) project located at 70 John Street in Sturgeon Falls, and is provided for information purposes.</p>

Item	Topic
	<p>7.5 EMS08-21 Response Time Standard 2022 Plan - for approval</p> <p>THAT the District of Nipissing Social Services Administration Board approve the Response Time Standard (RTS) plan for calendar year 2022 for submission to the Minister of Health, as described in briefing note EMS08-21.</p> <p>7.6 EMS09-21 Community Paramedicine: Joint Submission by AMO and OAPC – EMS09-21 details for information a recent submission to the Minister of Health (MOH) and Minister of Long Term Care (MLTC) prepared by the Association of Municipalities of Ontario (AMO) and the Ontario Association of Paramedic Chiefs (OAPC). The submission focuses on Community Paramedicine programing across the Province.</p> <p>7.7 B18-21 National Day for Truth and Reconciliation - Briefing Note B18-21 provides information for the Board on the National Day of Truth and Reconciliation and its observance by the District of Nipissing Social Services Administration Board (DNSSAB) staff.</p> <p>7.8 B20-21 NOSDA Resolutions – for approval</p> <p>THAT the District of Nipissing Social Services Administration Board (DNSSAB) agrees to endorse the attached Northern Ontario Service Deliverers Association (NOSDA) resolutions 2021-6 to 2021-17, as presented at their AGM.</p>
8.0	MANAGERS REPORTS
	<p>8.1 HS41-21 Native People of Nipissing Non-Profit Residential Development Corporation (NPON) Phase I End of Operating Agreement</p> <p>MOTION: #2021-73</p> <p>THAT the District of Nipissing Social Services Administration Board (DNSSAB) receives for approval report HS41-21, regarding the End of Operating Agreement for the Native People of Nipissing Non-Profit Residential Development Corporation (NPON) Phase I scattered units; and</p> <p>THAT the DNSSAB continue to fund the 15 Urban Native units through the COCHI Rent Supplement allocation from the 2021-22 and 2022-23 fiscal years.</p>
	<p>8.2 Move in Camera</p> <p>MOTION: #2021-74</p> <p>THAT the District of Nipissing Social Services Administration Board (DNSSAB) move in-camera at _____ PM to a discuss matters of negotiation and legal matters.</p>
	<p>8.3 Adjourn In Camera</p> <p>MOTION: #2021-75</p> <p>THAT the District of Nipissing Social Services Administration Board (DNSSAB) adjourns in-camera at _____ PM.</p>

Item	Topic
	<p>8.4 Approve In Camera MOTION: #2021-76 THAT the District of Nipissing Social Services Administration Board (DNSSAB) approves the direction/action agreed to in the in-camera session.</p>
<p>9.0</p>	<p>OTHER/NEW BUSINESS</p>
<p>10.0</p>	<p>NEXT MEETING DATE Wednesday, October 27, 2021</p>
<p>11.0</p>	<p>ADJOURNMENT MOTION: #2021-77 <i>Resolved</i> THAT the Board meeting be adjourned at _____.</p>



MINUTES OF PROCEEDINGS

REGULAR BOARD MEETING – JUNE 23, 2021 **Directly following the Community Services Committee**

MEMBERS PRESENT:

Councillor Terry Kelly (East Ferris)

Councillor Mark King - Chair (North Bay)

Councillor Dave Mendicino (North Bay)

Mayor Dan O'Mara (Temagami)

Councillor Dan Roveda Vice Chair (West Nipissing)

Councillor Scott Robertson (North Bay)

Councillor Bill Vrebosch (North Bay)

Mayor Dean Backer (East Nipissing)

Representative Amanda Smith (Unincorporated)

Councillor Mac Bain – (North Bay)

Councillor Chris Mayne (North Bay)

Mayor Jane Dumas (South Algonquin)

STAFF ATTENDANCE:

Catherine Matheson, CAO

Marianne Zadra, Executive Coordinator and Communications

Melanie Shaye, Director of Corporate Services

David Plumstead – Manager Planning, Outcomes & Analytics

Justin Avery, Manager of Finance

Stacey Cyopeck, Director, Housing Programs

Tracy Bethune, Acting Director, Housing Operations

Lynn Demore-Pitre, Director, Children's Services

Michelle Glabb, Director, Social Services and Employment

Dawn Carlyle, Project Manager

1.1 CALL TO ORDER

Resolution No. 2021-55

Moved by: Dan O'Mara

Seconded by: Dan Roveda

Resolved THAT the Board of Directors accept the Roll Call as read by the Recording Secretary for the Regular Board meeting of June 23, 2021 at 1:04 PM.

The regular Board Meeting was called to order at 1:04 PM by Chair Mark King.

Carried.

1.2 DECLARATION OF CONFLICTS OF INTEREST

Amanda Smith declared a conflict with item 8.2 as her employer is noted in the report.

Dave Mendicino declared a conflict with item 8.2 as his partner's employer is noted in the report.

Bill Vrebosch declared a conflict with an in-camera item.

2.0 CHAIR'S REMARKS

The Chair welcomed everyone. He spoke the presentation of the Community Safety and Wellbeing Plan, prepared by DNSSAB, at the City of North Bay's Community Services Committee. He acknowledged David Plumstead and Tyler Venable for their excellent work on the very thorough plan, which received unanimous support at the committee meeting. The report will be brought to council for approval in July.

The Chair mentioned an immunization clinic at the Edgewater housing units and commended staff for organizing the clinic where 83 people were vaccinated and 53 Covid-19 swabs were performed.

He informed members he has been elected to the NOSDA executive as Vice Chair and indicated this is a great opportunity for our organization to push for many items concerning the North.

He wished fellow members a restful summer following 14 months of hard work and reminded all of the critical need for increased affordable and geared to income housing, which will be prioritized when regular meetings resume in September.

3.0 ADOPTION OF THE AGENDA

Resolution No. 2021-56

Moved by: Bill Vrebosch

Seconded by: Scott Robertson

Resolved THAT the Board accepts the agenda as presented.

Carried.

4.0 APPROVAL OF MINUTES

4.1 Resolution No. 2021-57-A

Moved by: Dave Mendicino

Seconded by: Amanda Smith

Resolved THAT the Board adopts the minutes of the proceedings of the Regular Board meeting of May 26, 2021.

Carried.

4.2 Resolution No. 2021-57-B

Moved by: Terry Kelly

Seconded by: Jane Dumas

Resolved THAT the Board adopt the minutes of the proceedings of the Finance and Administration Committee meeting of May 26, 2021.

Carried.

4.2 Resolution No. 2021-57-C

Moved by: Chris Mayne

Seconded by: Mac Bain

Resolved THAT the Board adopt the minutes of the proceedings of the Community Services Committee meeting of May 26, 2021.

Carried.

5.0 DELEGATIONS

There were no delegations.

6.0 CAO VERBAL UPDATE

Resolution No. 2021-58

Moved by: Dan O'Mara

Seconded by: Dan Roveda

Resolved THAT the District of Nipissing Social Services Administration Board (DNSSAB) receives the CAO Report for June 23, 2021.

CAO Catherine Matheson updated the Board on the NOSDA AGM held the previous day. She talked about the resolutions passed related to northern issues, including mental health and addictions system capacity, the opioid crisis, the need for funding equity among DSSABs with emphasis on the need to continue service system management at the local level by DSSABs and municipalities particularly in the areas of child care, social services, and employment. In addition, there was emphasis on the support for the national child care plan, the need for simplification of the social services system, the need for non-urgent provincial funding as currently exists in southern Ontario and the need for system planning coordination around corrections and discharge to community. The CAO stated she would forward the resolutions to Board members.

The CAO informed the Board she is now serving on a national board (Housing Investment Corporation) that is a sector based financing institution. With the CMHC affordable housing innovation fund, the HIC supports non-profits and cooperatives with low-cost financing for affordable housing development.

The CAO updated the Board on vaccinations services at an encampment on Third Avenue earlier in the week. Many community partners were involved and DNSSAB supports the leadership of public health on this matter. In response to a request from the Chair, the CAO to addressed the issue of people being discharged from jail, sometimes into homelessness, indicating there are discussions underway both locally and through the NOSDA group as many DSSABs have had this issue.

Carried.

7.0 CONSENT AGENDA

RESOLUTION: #2021-50

Moved by: Scott Robertson

Seconded by: Dave Mendicino

THAT the Board receives for information purposes Consent Agenda items 7.1 to 7.5.

7.1 HS30-21 2019 Annual Update - 10-Yr Plan - an overview of the “2019 Annual Report Implementation Update: A Place to Call Home: Nipissing District 10-Year Housing and Homelessness Plan 2014-2024” attached as “Appendix A” (same title), for information purposes.

7.2 HS31-21 CHPI/SSRF YE Report and Reconciliation – an outline of how the Community Homelessness Prevention Initiative (CHPI) funding was used in 2020-21 as well as the additional pandemic related CHPI Social Services Relief Fund (SSRF) allocations, for information purposes.

7.3 HS29-21 Low Barrier Shelter Usage Update – an update on the LBS usage and is for information purposes.

[This item was pulled for further discussion.]

Housing Services Director Stacey Cyopeck reviewed the information provided in the briefing note, indicating the current statistics show an increase in Low Barrier Shelter usage since the beginning of June and that it is at capacity. Following comments about encampments in the city of North Bay, the CAO indicated that while Nipissing District has benefitted from provincial support, the pandemic has exposed the vulnerability of the homelessness system, and others including long term are homes. She acknowledged much has been done in response mode to keep people safe, adding upstream approaches are also being examined, such as systems tables improvements. Other members expressed that this is also a federal issue, and that a national program is needed. It was also noted that the Community Safety and Well-Being Plans offer a roadmap of sorts as to what is needed. Members asked that the North Bay plan be shared once passed at council and that other municipalities share their plans as well. It was also noted that the Community Safety and Well-Being Plans can be considered while developing DSSAB’s strategic plan.

7.4 B10-21 AMO Virtual Conference 2021 – information regarding the Board delegations at the August 2021 AMO Conference.

7.5 B11-21 New Business Model – Status Update – an update that includes changes made as part of the new business model for information.

[This item was pulled for further discussion.]

Corporate Services Direction Melanie Shaye reviewed the contents of her report, noting the changes and advantages resulting from the co-location of DNSSAB and NDHC staff at City Hall.

Carried.

8.0 MANAGER’S REPORTS

8.1 8.1 HS28-21 Sale of Cam's Place (AHP)

RESOLUTION: #2021-60

Moved by: Chris Mayne

Seconded by: Mac Bain

THAT the District of Nipissing Social Services Administration Board receive, for approval, report HS28-21 regarding the sale of the Canada-Ontario Affordable Housing Program (AHP) (2003) project located at 240 Kingsway Avenue, North Bay, known as Cam's Place.

Stacey Cyopeck reviewed the report, adding that Community Living is a good proponent for this project, which will remain as it is currently operating until 2030. Once approved by the board, this will be brought to the ministry for approval.

Carried.

8.2 HS33-21 Update on SSRF3

RESOLUTION: #2021-61

[A conflict for Dave Mendicino and Amanda Smith, noted earlier, was reiterated.]

Moved by: Jane Dumas

Seconded by: Terry Kelly

THAT the District of Nipissing Social Services Administration Board accepts Briefing Note HS33-21, an update on SSRF Phase 3 allocations, for information.

Stacey Cyopeck noted that 11 applications for just over \$1M in funding were received by 10 community agencies. One applicant was ineligible due to timelines that would not be met by the deadline for expenditure.

Carried

8.3 HS34-21 2021-2022 Reaching Home Funding Update

RESOLUTION: #2021-62

Moved by: Dan Roveda

Seconded by: Scott Robertson

THAT the District of Nipissing Social Services Administration Board (DNSSAB) receive, for approval, the 2021-2022 Reaching Home Funding Update and RFP process, and;

THAT the Board delegates authority to the CAO to enter into contracts with the successful projects following the RFP evaluation process as set out in report HS34-21.

Stacey Cyopect reviewed the how the RFP for the additional allocation for Reaching Home funding would be designed, and that it would be issued over the summer. A sub-committee of the CAB will review the submissions in September and recommendations will be brought to the Board.

Carried

8.4 In Camera

RESOLUTION: #2021-63

Moved by: Chris Mayne

Seconded by: Amanda Smith

THAT the District of Nipissing Social Services Administration Board (DNSSAB) move in-camera at 1:56 PM to discuss matters of negotiation.

Carried

[In-camera minutes are filed separately.]

8.5 Adjourn In Camera

RESOLUTION: #2021-64

Moved by: Dan Roveda

Seconded by: Scott Robertson

THAT the District of Nipissing Social Services Administration Board (DNSSAB) adjourns in-camera at 2:07 PM.

Carried

8.5 Adjourn In Camera

RESOLUTION: #2021-65

Moved by: Dave Mendicino

Seconded by: Jane Dumas

THAT the District of Nipissing Social Services Administration Board (DNSSAB) approves the direction/action agreed to in the in-camera session.

9. NEW BUSINESS

There was no new business brought forward.

10. NEXT MEETING DATE

Wednesday, September 22, 2021

11. ADJOURNMENT

Resolution No. 2021-66

Moved by: Chris Mayne

Seconded by: Amanda Smith

Resolved THAT the Board meeting be adjourned at 2:09 PM.

Carried.

MARK KING
CHAIR OF THE BOARD

CATHERINE MATHESON
SECRETARY OF THE BOARD

Minutes of Proceedings Recorder: Marianne Zadra, Executive Coordinator

MINUTES OF PROCEEDINGS

COMMUNITY SERVICES COMMITTEE MEETING

WEDNESDAY, JUNE 23, 2021

Directly following Finance and Administration Committee - VIA ZOOM

MEMBERS PRESENT:

Mayor Dean Backer (East Nipissing)

Councillor Mark King – (North Bay)

Councillor Dave Mendicino - Vice Chair (North Bay)

Mayor Dan O'Mara (Temagami)

Councillor Scott Robertson (North Bay)

Councillor Dan Roveda - Chair (West Nipissing)

Representative Amanda Smith (Unincorporated)

Councillor Bill Vrebosch (North Bay)

Mayor Jane Dumas (South Algonquin)

REGRETS:

Councillor Mac Bain – (North Bay)

Councillor Chris Mayne (North Bay)

Councillor Terry Kelly – (East Ferris)

STAFF ATTENDANCE:

Catherine Matheson, CAO

Marianne Zadra, Executive Coordinator and Communications

Melanie Shaye, Director of Corporate Services

Michelle Glabb, Director of Social Services and Employment

Lynn Demore-Pitre, Director Children's Services

Stacey Cyopeck, Director, Housing Programs

Tracy Bethune, Acting Director, Housing Operations

Robert Smith, EMS Chief

Justin Avery, Manager of Finance

Dawn Carlyle, Project Manager

David Plumstead – Manager Planning, Outcomes & Analytics

1.1 CALL TO ORDER

The Community Services Committee was called to order at 12:01 PM by Chair Dan Roveda.

1.2 DECLARATION OF CONFLICTS OF INTEREST

No conflicts were declared.

2.0 CHAIR'S REMARKS

The Chair welcomed members, staff and guests. As this is the last regular meeting until September, he wished staff and board members a time to refresh over the summer.

3.0 ADOPTION OF THE AGENDA

RESOLUTION: #CS25-2021

MOVED BY: Dave Mendicino

SECONDED BY: Scott Robertson

That the agenda for the Community Services Committee is accepted as presented. It was noted a typo in the Consent Agenda accidentally omitted item 5.2 – members accepted the agenda with renumbering of the items from 5.1 to 5.5.

Carried.

4.0 DELEGATIONS

4.1 Program Data Update (for information) - David Plumstead, Manager Planning, Outcomes & Analytics

4.1 DELEGATIONS – Program Data Update (for information) - David Plumstead, Manager Planning, Outcomes & Analytics

David Plumstead introduced the type of data to be presented and how this will help with performance management. He explained the difference between inputs activities, outcomes and outputs. He also indicated that the pandemic has an evident impact on the data.

Michelle Glabb ran through the Ontario Works data for benefits, and the reductions in benefits due to CERB.

Lynn Demore-Pitre ran through the Children's Services data – indicating the closure of centres due to the pandemic and the reopening of centres in June at a reduced occupancy.

Stacey Cyopeck reviewed the Housing data – housing subsidies, which are reconciled annually, remained fairly constant. There were spikes in CHPI benefits (SSRF, MH&A Funding) due to the pandemic.

Tracey Bethune noted there was little movement in and out of housing units.

Rob Smith talked about the call volume data for EMS.

Dave and each director reported on the activity and trends of each program area.

There was some discussion on the trends relating to the pandemic.

5.0 CONSENT AGENDA

RESOLUTION: #CSC26-21

MOVED BY: Scott Robertson

SECONDED BY: Jane Dumas

THAT the Committee receives Consent Agenda items 5.1 to 5.5.

5.1 CS06-21 Child Care Policy Update: Provisional, Suspended or Revoked Licence

THAT the Community Services Committee accept and endorse the updated policy related to Provisional, Suspended or Revoked Licence as described in briefing note CS06-21 and attached as Appendix A.

5.2 HS32-21 COCHI/OPHI Year End – details on the “Canada-Ontario Community Housing Initiative (COCHI) & Ontario Priorities Housing Initiative (OPHI) – 2020-21 Year End” for information purposes.

Mark King asked that this item be pulled for discussion. Stacey indicated this is an information report on how the allocations were completed for 2021, which were all allocated before the March deadline. Some funding from both COCHI and OPHI went to purchase the modular units for Gateway House.

5.3 SSE06-21 ODSP Discretionary Benefits Local Policy

THAT the District of Nipissing Social Services Administration Board approve the Ontario Works/Ontario Disability Support Program Discretionary Benefits local policy as presented.

5.4 SSE07-21 AMO Response to Modernization provides information on the Association of Municipalities Ontario's response to the Ministry of Children, Community

and Social Services (MCCSS) Social Assistance Recovery and Renewal Plan.

5.5 EMS06-21 OAPC Ombudsman's Report – information on the findings of the Ontario Ombudsman Investigation into how the Ministry of Health oversees patient complaints and incident reports about ambulance services.

Jane dumas asked to pull this item. She asked about risk considerations in the report, citing concerns about EMS and public health being closely scrutinized by the public and province and the impact this will have on these services going forward. It was noted the public consultations were put on hold during the pandemic and will be reassessed again, and this will affect the workload of staff.

CARRIED.

6.0 MANAGERS' REPORTS – there were none.

7.0 OTHER BUSINESS

There was no other business.

8.0 NEXT MEETING DATE

Wednesday, September 22, 2021

9.0 ADJOURNMENT

RESOLUTION: #CSC27-2021

Moved by: Chris Mayne

Seconded by: Bill Vrebosch

***Resolved* That the Community Services Committee meeting be adjourned at 12:55 PM.**

Carried.

DAN ROVEDA

CHAIR OF THE COMMITTEE

CATHERINE MATHESON

SECRETARY OF THE BOARD

Minutes of Proceedings Recorder: Marianne Zadra, Executive Coordinator

BRIEFING NOTE B17-21

For Information For Approval

Date: September 22, 2021

Purpose: **Nipissing District Community Safety and Well-Being Plans**

Prepared by: Tyler Venable, Community Projects Planner

Reviewed by: Catherine Matheson, CAO

Report B17-21 provides information on the completed Community Safety and Well-Being Plans by Nipissing District municipalities.

BACKGROUND:

Effective January 1, 2019, as part of legislation under the *Police Services Act*, municipalities are required to develop and adopt community safety and well-being plans working in partnership with a multi-sectoral advisory committee comprised of representation from the police service board and other local service providers in health/mental health, education, community/social services, and children/youth services. This plan allows municipalities to take a leadership role in defining and addressing priority risks in the community through proactive, integrated strategies that ensure vulnerable populations receive the help they need from the providers best suited to support them.

Community Safety and Well-Being (CSWB) Plans were required to be developed and adopted by municipal councils by July 1st, 2021. Reporting requirements on plan progress and required plan updates have not been communicated to municipalities.

CSWB Plans play an important role in fostering healthy, safe, and inclusive communities. This aligns with DNSSAB's mission to proactively enable inclusive, healthy, and prosperous communities. It is, therefore, critically important to understand the various District plans and the priority risks identified by each municipality. Where feasible, DNSSAB can align corporate strategy, programs, and services with district community safety and well-being and play a role in the implementation of the plans.

REPORT:

Of the 11 District municipalities, eight have developed and approved their CSWB Plans. The municipalities that have yet to complete their plans include West Nipissing, Bonfield, and Temagami. These municipalities have all started their plans but are at various stages within their planning process. Larger municipalities have generally created their own CSWB Plans

while smaller municipalities have tended to partner with neighbouring municipalities to create regional plans.

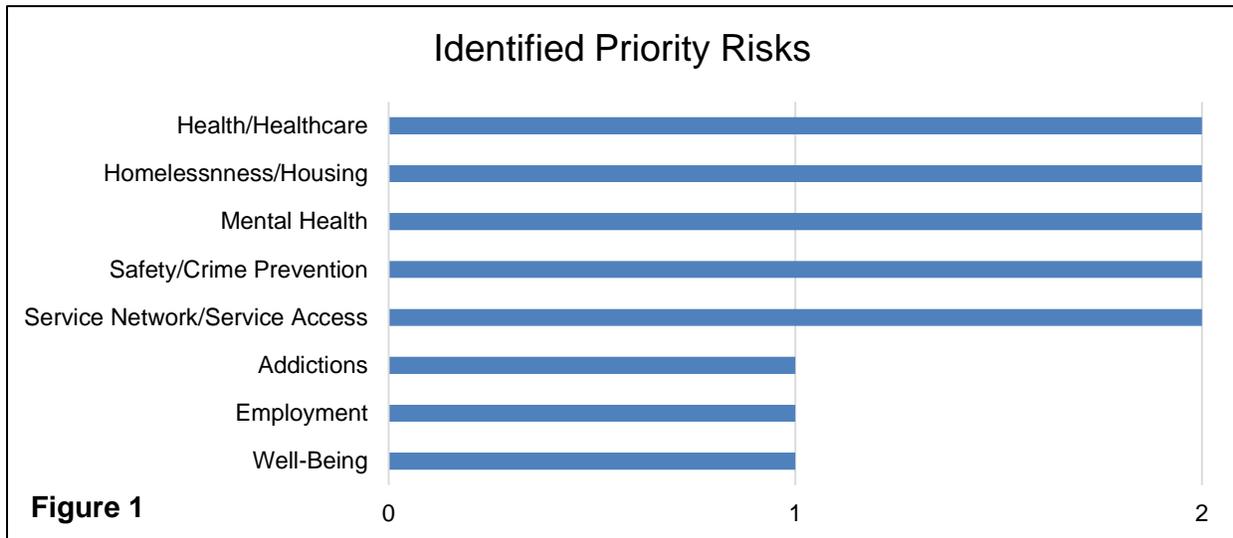
The CSWB Plans reviewed include the following:

- City of North Bay – Community Safety & Well-Being in North Bay: A plan to foster a safe, healthy and inclusive community. Web link: [Community Safety and Well-Being Plan | City of North Bay](#)
- Municipality of East Ferris – Community Safety & Well Being in East Ferris: A plan for our community! Web link: [Community Safety and Well-Being Plan and Results | News & Notices | Municipality of East Ferris](#)
- Town of Mattawa, Township of Papineau-Cameron, Municipality of Calvin, Municipality of Mattawan – The Mattawa & Area Community Safety Well-Being Plan: Communities Working Together for the Safety and Well-Being of all its Citizens.
- Municipality of Powassan, Municipality of Callander, Township of Nipissing, Township of Chisholm – Community Safety and Well-Being Plan Regional Report. Web link: [Regional Community Safety and Well-Being Plan June 2021.pdf \(mycallander.ca\)](#)
- Townships of Brudenell, Lyndoch and Raglan, Killaloe, Hagarty and Richards, Madawaska Valley, and South Algonquin – Community Safety and Well-being Plan.

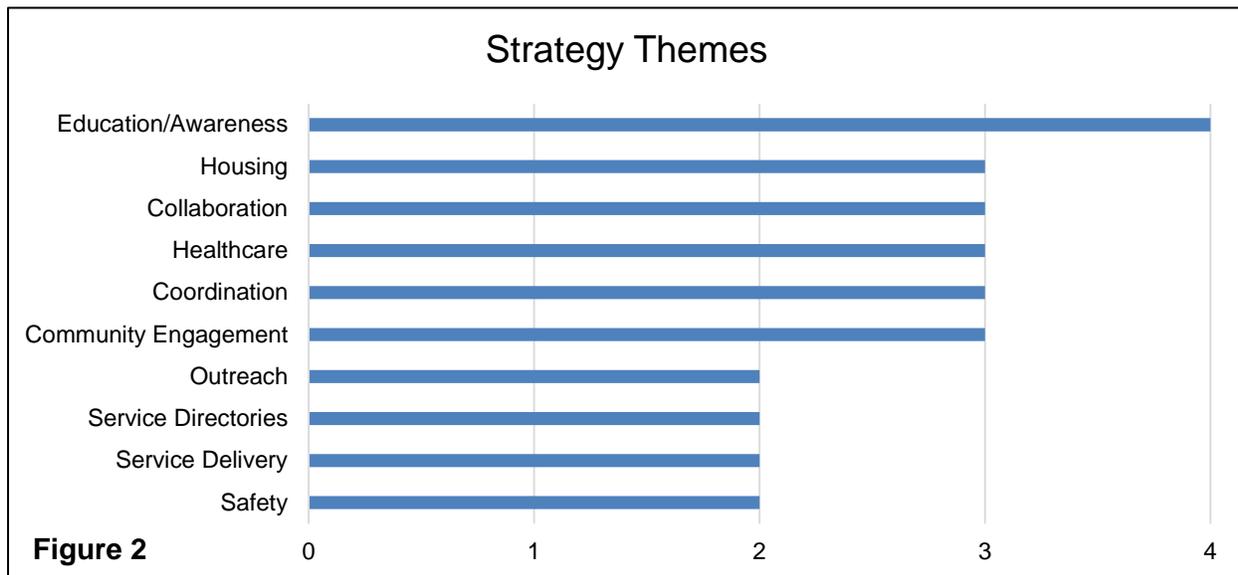
The CSWB Plans reviewed were on average 41 pages in size and were developed using a similar methodology. Beginning with the advisory committees, all plans were developed with a well-rounded multi-disciplinary advisory committee to inform the planning process. The majority of the advisory committees were developed specifically for the CSWB Plan with the exception of North Bay who utilized the Gateway Hub Executive Committee. In terms of a literature review, plans differed in the level of review conducted. The majority of plans focused on the municipality's demographic information largely found through Statistics Canada. Some plans did, however, broaden their literature reviews by including safety, health, and well-being related literature. Community consultations ultimately formed the largest component of most CSWB Plans. All plans reviewed were informed through the use of public surveys. This form of consultation was favoured due to the COVID-19 pandemic. The surveys tended to focus on the following three categories: sense of safety, sense of belonging, and sense of health and well-being. Surveys and/or interviews and focus groups were also held with members of the advisory committee or the larger service network. This along with the public data received formed the majority of consultations for the CSWB plans reviewed.

The research methodology assisted municipalities to identify priority risks. On average each CSWB Plan identified three priority risks to improve overall safety and well-being. As per Figure 1 on the following page, the main priority risks identified were health and healthcare, housing and homelessness, mental health, safety and crime prevention, and service network and access. Other priority risks identified once were addictions, employment, and well-being. Geographically, urban municipalities tended to focus on specific risks such as addictions,

homelessness, and mental health while rural municipalities focused more on broader risk categories such as health and healthcare, housing in general, and safety and crime prevention to name a few.



With regard to strategies to mitigate and reduce the priority risks, on average CSWB Plans featured 15 total strategies. In some cases, the strategies were further broken down into action items, however, not in every plan reviewed. A thematic analysis of the strategies revealed 10 themes that were mentioned in more than one plan. Figure 2 displays the themes by frequency of mention in individual CSWB Plans reviewed. For instance, education and awareness was a



theme found in four CSWB Plans reviewed.

Looking further into the major strategy themes, a common theme in the plans reviewed was the need for additional community education and awareness on various aspects of safety and well-being. Community education and awareness are also noted as an opportunity to inform the public about available resources in the community. Another theme commonly seen in CSWB Plans is housing. Overall, municipalities are looking to create more affordable housing and are looking at various planning tools to incentivize these types of developments. In North Bay, transitional and supportive housing was also noted as a need. To continue, the themes of collaboration and coordination were widely expressed. Municipalities are seeking to further collaborate with service system providers to achieve their safety and well-being outcomes while noting that the work that is currently being done in the community can be better coordinated. This can take the form of coordinating existing planning tables to aligning current initiatives and integrating services. The final major theme was healthcare. Enhancements to healthcare were also noted in multiple CSWB Plans reviewed. Municipalities are seeking to recruit additional healthcare professionals including psychiatrists, doctors, and nurse practitioners to meet the need expressed in their respective communities. Other enhancements include healthcare program improvements. Finally, municipalities acknowledged the need for further engagement of the community overall. Engagement was noted surrounding safety initiatives and reducing stigma. In East Ferris, a Teen Advisory Group is being proposed to keep teens involved in the community.

Other themes found in two CSWB Plans reviewed include the need for additional outreach services, enhanced service directories and service delivery, and increased safety precautions (i.e. traffic calming, lighting).

CONCLUSION:

In summary, although some District municipalities have yet to complete their CSWB Plans, key priority risks and themes are emerging on a District-scale. Health and healthcare, housing and homelessness, mental health, safety and crime prevention, and service network and service access are all risks that can be felt in multiple municipalities. Strategy themes such as community education and awareness, additional housing, enhanced healthcare, improved coordination and collaboration, and increased community engagement are all actions to work towards. DNSSAB as a key service provider in the District will inevitably be a partner in future CSWB Plan implementation efforts.

BRIEFING NOTE HS46-21

For Information For Approval

Date: September 22, 2021

Purpose: Homelessness Landscape in the Nipissing District – Review of Current Programs, Services, Supports and Investments in the Homelessness Sector

Prepared by: David Plumstead, Manager, Planning, Outcomes & Analytics
 Tyler Venable, Community Projects Planner

Reviewed by: Catherine Matheson, CAO

RECOMMENDATION:

WHEREAS the number of people experiencing homelessness (unsheltered and sheltered) in North Bay and the broader Nipissing District continues to rise, putting increased pressure on the emergency shelter and first response systems, and community social and health services; and

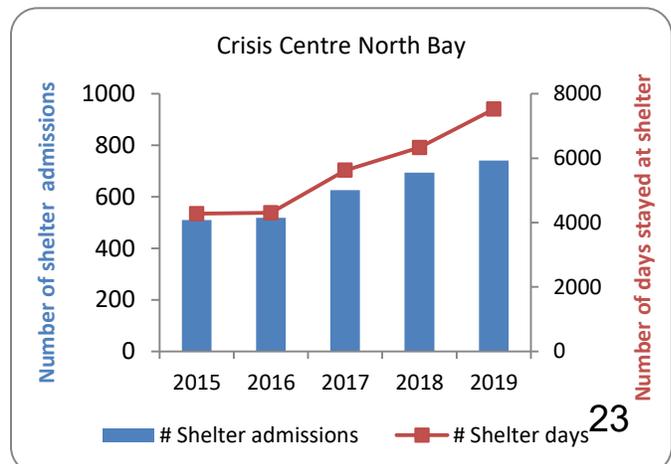
WHEREAS the homelessness situation was exacerbated with the COVID-19 pandemic which has further changed the landscape and conditions under which the Board was previously addressing homelessness and related issues;

THEREFORE BE IT RESOLVED that the Board accept the report “Homelessness Landscape in the Nipissing District” as described in HS46-21 and attached “A” (same title), which will then be followed by a Homelessness Action Plan in October.

BACKGROUND:

In view of the changing landscape and action taken to date, the supply of shelter beds and the current homelessness services are not meeting the demand as evidenced through an increase in homelessness, and data, research, and general observation.

This problem is occurring despite significant investment by the Board of \$19.5 Million over the past five years in the area of homelessness prevention, shelter solutions, and housing supports and services. The problem is also occurring despite the various community housing plans, strategies, and



recommendations underway to address homelessness and the associated mental health and addictions issues. This discrepancy illustrates societal changes and pressures on mental health, addictions, and housing leading to a needed reassessment of the situation and approach, and make any necessary changes to addressing homelessness going forward.

This paper and examination serve as an opportunity to reflect on the overall homelessness system and how funding investments should be prioritized and allocated for programs, supports, and services moving forward.

REPORT:

Homeless Landscape:

The homelessness landscape in North Bay looks very different today than it did a few years ago. Prior to 2019, the Board's involvement in addressing homelessness was mainly through priorities identified in various strategic plans (such as the Nipissing District 10-Year Housing and Homelessness Plan) and working with the Nipissing District Housing and Homelessness Partnership/ CAB on various community homelessness projects and initiatives. The turning point came in the fall of 2019 when the concern of North Bay residents for the number of homeless individuals in the downtown core reached a tipping point. At this same time, social service providers and those working in the area of mental health and addictions were experiencing a significant increase in the complexity of clients they were serving. In response to these concerns - and to what some were referring to as a community crisis - the Mayor of North Bay hosted a roundtable comprised of community leaders and stakeholders to discuss the concerns and issues, and form priorities for addressing them (Mayor's Roundtable Report, February 2020).¹

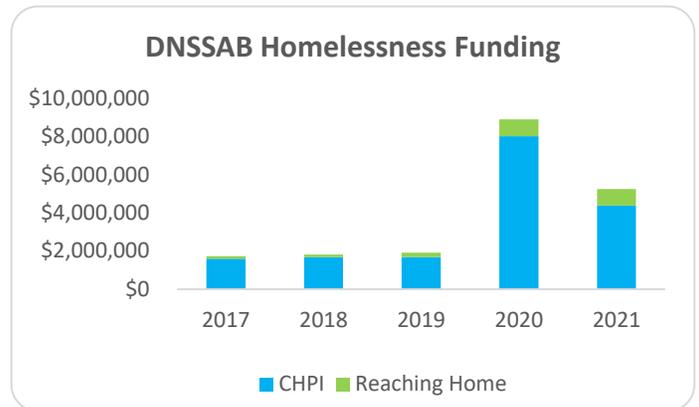
Plans and strategies have also been developed to address and reduce homelessness. At the local municipal level, and over the past decade, the District of Nipissing Social Services Administration Board (DNSSAB) and various community partners have also endeavoured to mitigate, lower, and ultimately eradicate homelessness through various plans and strategies. This has resulted in multiple plans and strategies with a wide array of action items all with a common vision: reducing or ending homelessness in the Nipissing District. Although a lot of planning has been done and various strategies are underway to combat local homelessness, the current problem still exists. It may be that the local plans (above) do not directly address the current problem - and new solutions are required - or the appropriate strategies have not yet been implemented or the commitment to execute them.

Homelessness Funding and Expenditure

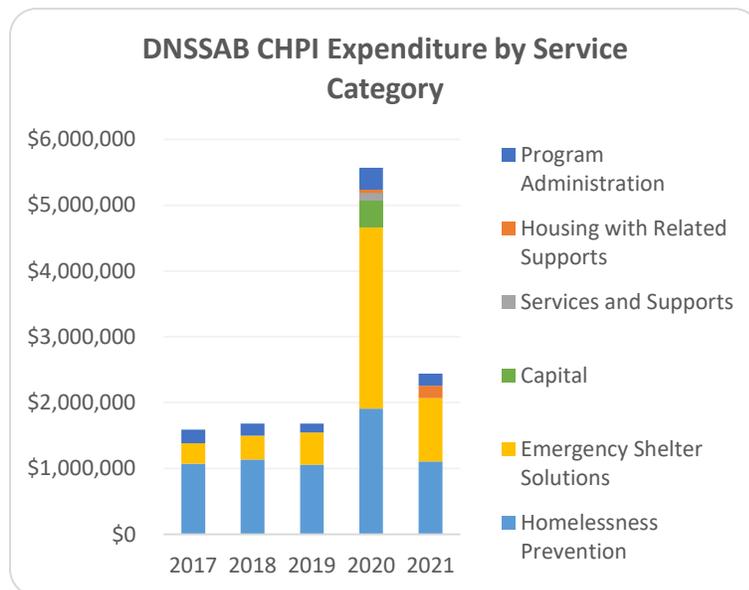
Prior to 2020 and the COVID-19 pandemic, through the provincial and federal governments, the Board was investing an average of \$1.8 Million/ year into various homelessness initiatives through the Community Homelessness Prevention Initiative (CHPI) and Reaching Home Funds.

¹ The three main priorities coming out of the Mayor's roundtable were *increasing addictions programming, notably Community Withdrawal Management Services (WMS); forming a variety of short-term transitional housing options; and providing 24/7 access to supports for mental health and addictions outside of a hospital Emergency Room setting.*

With the onset of the pandemic in the spring of 2020, the province rolled out emergency COVID funding in three phases to assist vulnerable populations during the virus outbreak. This boosted the local CHPI fund to about \$8 Million in 2020 and another \$4.5 Million this year (2021). The annual Reaching Home fund was also increased significantly by the federal government during this time, to the \$800,000+ range (from \$200,000+). Since this infusion of government pandemic funding, the Board's average investment in homelessness has nearly quadrupled to about \$7 Million annually. Note: at the time of this writing, the Board has learned that it will be receiving a further \$3 Million through the fourth phase of SSRF/CHPI funding.



In terms of CHPI Service Categories, over the past five years, close to half (48.5%) of the total CHPI funding has been allocated to homelessness prevention, on average. It can be noted, however, that prior to 2020 and the emergency COVID funding about two-thirds of the CHPI funds were going towards homelessness prevention services/ programs.



The next largest share of CHPI funding during the period has been directed to *Emergency Shelter Solutions* that accounts for an average of 37.6% of the total funding. Although before 2020 and emergency COVID funding, a little under one-quarter (23.5%) of CHPI was allocated to this service area. A significant increase can be noted in 2020 when about half the available CHPI funds for that year, went to delivering shelter solutions.

Shifting to funded programs and services, the two largest homelessness programs are

currently the CHPI Client Benefits and the Gateway House/Low-Barrier Shelter. Beginning with CHPI Client Benefits, the program provides emergency financial assistance to households at risk of, or experiencing, homelessness. Eligible benefits include first and last month's rent, rent and utility arrears, moving expenses, utility deposits, winter fuel heating, and select emergency household items. Since 2017, the program has averaged annual expenditures of \$658,484. Current pressures on the program are increased rental housing costs and rising expenditures for necessary household items.

More recently, the Board has engaged itself in the development of transitional/supportive housing and a low-barrier shelter. To date, the Board has invested \$2,838,768 in developing the low-barrier shelter and Gateway House (supportive housing). The low-barrier shelter has

accounted for 9.7% (\$276,051) of this funding with the Gateway House development accounting for the remaining 90.3%, (\$2,562,716). The shelter and supportive housing design and concept is still evolving and under development. Upon completion, this integrated housing with wrap-around services and supports will provide 24/7 supports to residents and will focus on life skills.

The annual operating costs for the low-barrier shelter are \$1,606,300. This includes 6 months of day programming that allow the low-barrier shelter to be open 24 hours per day. At this time, operating funding will allow services to continue at the low-barrier shelter until December 31st, 2021. Concerning Gateway House, the annual operating costs are \$1,238,122, which includes support services 24 hours per day.

RISK IDENTIFICATION AND MITIGATION:

Although this report does not contain any tangible actions and recommendations, it does serve as an opportunity to reflect on the current homelessness landscape. As illustrated in the report, the actions and investments to date have not resulted in a meaningful reduction in homelessness, given the increase in demand. The continuation of investing in long-funded programs, services, and supports is an option, however, meeting planning outcomes and reaching the goal of eradicating homelessness will require a reevaluation of the homelessness service system.

CONCLUSION:

In summary, this report illustrates the current homelessness landscape in North Bay and the broader Nipissing District. Although the current approach has served and supported numerous households and completed many homelessness projects, it has not led to a meaningful reduction in homelessness, given the increase in demand, and has added pressure on already stringent funding. With the advent of the COVID-19 pandemic, added pressures have been placed on the homelessness system and have resulted in the DNSSAB taking on a more direct role in homelessness services by funding the creation and operations of a low-barrier shelter and a supportive housing complex. On a positive note, the additional funding tied to the pandemic has facilitated much-needed bricks and mortar developments that are expected to have a big impact on stabilizing vulnerable individuals for years to come. This opportunity presents a time to reflect on the overall homelessness system and how funding investments should be prioritized and allocated for programs, supports, and services moving forward.



Homelessness Landscape in the Nipissing District

Review of Current Programs, Services, Supports
and Investments in the Homelessness Sector

September 2021

Table of Contents

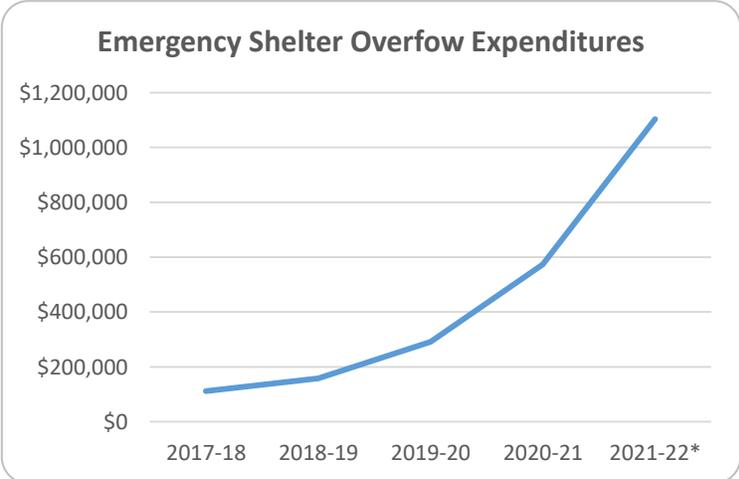
1.0 Purpose	1
2.0 The Current Problem	1
3.0 Homelessness Landscape	1
3.1 Changing Landscape	1
3.2 Existing Plans and Strategies	3
3.3 The Players	4
3.4 Information and Data Collection and Analysis	5
4.0 Homelessness Funding and Expenditures	5
4.1 Homelessness Funding 2017-2021	6
4.1.1 CHPI Service Categories	6
4.1.2 Reaching Home	7
4.2 Contracted and In-House Homelessness Programs/Services	8
4.2.1 Contracted Programs/Services	8
4.2.2 DNSSAB Programs/Services	8
4.2.2.1 CHPI Client Benefits	8
4.2.2.2 Low-Barrier Shelter and Gateway House	9
4.3 Outcomes and Social Return on Investment	9
5.0 Next Steps	10
Appendix A – Homelessness Infographic	12
Appendix B – DNSSAB Low-Barrier Shelter Demand	13
Appendix C – Reaching Home: District of Nipissing Homelessness Plan 2019-2024 Outcomes	14
Appendix D – CHPI Service Category Forecast	15
Appendix E – Chippewa Site Operating Costs	16

1.0 Purpose

As evidenced through data, research, and general observation, homelessness is on the rise in the Nipissing District, specifically North Bay, and is growing in complexity (see Appendix A). The situation was exacerbated with the COVID-19 pandemic which has further changed the landscape and conditions under which the Board was previously addressing homelessness and related issues. This paper and examination will act as a checkpoint and refocus staff and the Board on addressing the increase in homelessness by providing a clear path of action over the next 12 months that is realistic, attainable, and reflects the Board’s service scope and responsibilities in this area. The paper pulls from the existing community plans and strategies related to housing and homelessness while also introducing new information and points of reflection for moving forward.

2.0 The Current Problem

In view of the changing landscape (below) and action taken to date, the number of people experiencing homelessness (unsheltered and sheltered) in North Bay continues to rise, putting increased pressure on the emergency shelter and first response systems, and community social and health services. The increase in homelessness is also resulting in the need for substantially more shelter and service funding and is having undesirable effects on the city and its citizens including a negative impact on business and public concern for safety and well-being. Finally, there has been increased media exposure on the City’s homeless population and negative public perception surrounding the homelessness issues.



*Forecast to March 31, 2022 based on available monthly overflow expenditures to date.

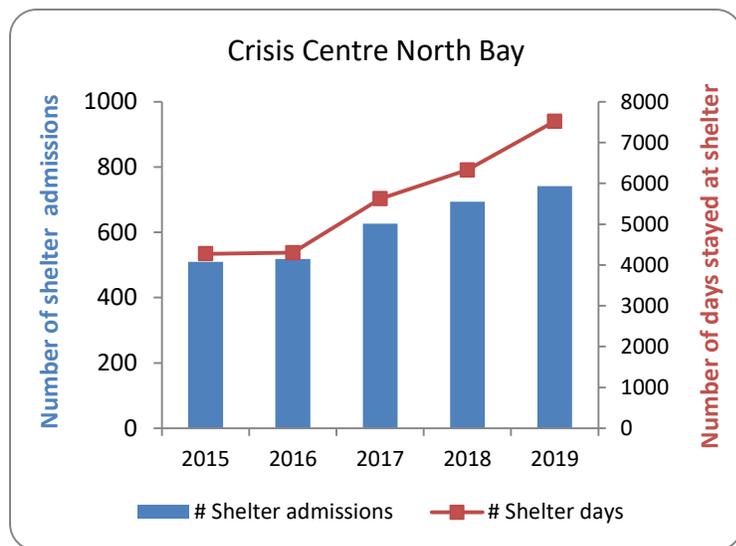
This problem is occurring despite significant investment by the Board of \$19.5 Million over the past five years in the area of homelessness prevention, shelter solutions, and housing supports and services. The problem is also occurring despite the various community housing plans, strategies, and recommendations underway to address homelessness and the associated mental health and addictions issues. This discrepancy illustrates societal changes and pressures on mental health, addictions, and housing leading to a needed reassessment of the situation and approach, and make any necessary changes to addressing homelessness going forward.

3.0 Homelessness Landscape

3.1 Changing Landscape

The homelessness landscape in North Bay looks very different today than it did a few years ago. Prior to 2019, the Board’s involvement in addressing homelessness was mainly through priorities identified in various strategic plans (such as the Nipissing District 10-Year Housing and

Homelessness Plan) and working with the Nipissing District Housing and Homelessness Partnership/ CAB on various community homelessness projects and initiatives. From a funding perspective, the Board made direct investments in homelessness through the available provincial CHPI funding and federal homelessness funding (currently, 'Reaching Home'). Additionally, some funding was directed to community homelessness initiatives through the municipal funds administered by the Board (currently, the Healthy Communities Fund) although this was a relatively small amount.



The above landscape changed somewhat abruptly with a notable increase in the local homeless population during 2018, as measured by shelter admissions and CHPI overflow expenditures. A Special Project Team was formed to look at the situation and a report of the findings and recommendations was presented to the Board in the spring of 2019.¹ It can be noted that the increase in homelessness was also becoming more visible (for example, in North Bay's downtown area and

various encampments) and was coinciding with an increase in mental health issues and addictions.

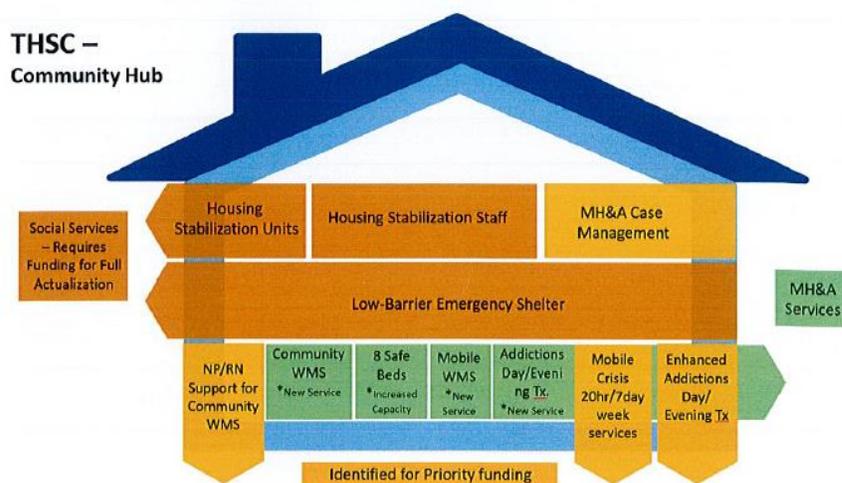
The turning point came in the fall of 2019 when the concern of North Bay residents for the number of homeless individuals in the downtown core reached a tipping point. At this same time, social service providers and those working in the area of mental health and addictions were experiencing a significant increase in the complexity of clients they were serving. In response to these concerns - and to what some were referring to as a community crisis - the Mayor of North Bay hosted a roundtable comprised of community leaders and stakeholders to discuss the concerns and issues, and form priorities for addressing them (Mayor's Roundtable Report, February 2020).²

Following the above roundtable, an Action Team was formed to develop and implement strategies to carry out the above priorities and stabilize the homelessness situation. One of the action team's main strategies was to develop a Transitional Housing and Stabilization Centre (THSC). The centre was based on the concept of integrating services for the homeless population and these would include withdrawal management services (WMS), mental health and addictions case management and treatment programs, and mobile crisis services.

¹ Homelessness in Nipissing District, Situation Analysis. DNSSAB & Community Special Project Team; March 6, 2019.

² The three main priorities coming out of the Mayor's roundtable were *increasing addictions programming, notably Community Withdrawal Management Services (WMS); forming a variety of short-term transitional housing options; and providing 24/7 access to supports for mental health and addictions outside of a hospital Emergency Room setting.*

Conceptually, the centre also included low-barrier emergency shelter beds, safe beds, and transitional housing.



To get the THSC off the ground the action team was able to form additional community partnerships and realign about \$2M in existing funding. It was recognized, however, that an additional \$2M would be required to bring the THSC concept and development fully to life.

As a member of the Mayor’s Roundtable and

Action Team, the DNSSAB played a central role in developing the above concept and bringing it to fruition. The Board would go on to take a leadership role in the centre’s development, raising additional funds and leasing the land and buildings later in 2020. The centre would become the ‘Gateway House’ and the Board found itself as the new owner of a low barrier shelter and transitional housing, and contractor of homelessness services.³ Since its inception, the low barrier shelter has averaged about 680 people/ month (which can include duplicate admissions) although this number can vary by a few hundred due to the seasonal nature of homelessness (see Appendix B). The Gateway House initiative has fundamentally changed the Board’s direction and involvement with homelessness, since that time (see also, Gateway House).

3.2 Existing Plans and Strategies

Plans and strategies to address and reduce homelessness exist at all levels of government. The federal government’s National Housing Strategy and Ontario’s Community Housing Renewal Strategy both include strategies, actions, and funding to address and combat homelessness across the country and province. At the local municipal level, and over the past decade, the District of Nipissing Social Services Administration Board (DNSSAB) and various community partners have also endeavoured to mitigate, lower, and ultimately eradicate homelessness through various plans and strategies. This has resulted in multiple plans and strategies with a wide array of action items all with a common vision: reducing or ending homelessness in the Nipissing District.

Some of DNSSAB’s more recent active plans and strategies that pertain to homelessness include the following:

- A Place to Call Home: 2014-2024 5-Year Review of Nipissing District’s 10-Year Housing and Homelessness Plan (DNSSAB, 2019)

³ Increasing the supply of transitional housing is also one of the Board’s strategies to increase housing affordability and options in the community (A Place to Call Home: 2014-2024).

- Reaching Home: District of Nipissing Homelessness Plan 2019-2024 (DNSSAB/NDHHP, 2019)
- Low-Barrier Shelter Services in North Bay – Framework (DNSSAB, 2020)
- Framework for the Integrated Program for Homelessness, Housing, Mental Health and Addictions, North Bay and Nipissing District (DNSSAB, 2020)

Other recent *community* plans that pertain to homelessness include the following:

- Community Safety and Well-Being Plans (various Nipissing municipalities, 2021)
- Homelessness Prevention Framework: Community Gaps and Potential Solutions (NDHHP, 2021)
- Integrating Social Services and Mental Health and Addiction Services for Vulnerable Populations (Mayor’s Roundtable on Mental Health and Addictions’ Action Team, 2020)
- Reaching Out: Health Services and Homelessness in North Bay Action Plan (NBPSDHU, 2019)

So, although a lot of planning has been done and various strategies are underway to combat local homelessness, the current problem still exists. It may be that the local plans (above) do not directly address the current problem - and new solutions are required - or the appropriate strategies have not yet been implemented or require the commitment to execute them.

3.3 The Players

While the Board plays a significant role in addressing homelessness through planning and service delivery at the municipal level, there are many other community service providers and organizations that are also involved with homelessness, whether through their mandates, mission, or general community partnerships and service collaboration. For example, the Nipissing District Homelessness and Housing Partnership (which also serves as the Community Advisory Board for the federal homelessness program, Reaching Home) has a membership of 20 organizations and has developed a community homelessness plan (previous page) with a number of outcome targets for reducing local homelessness (see Appendix C). There are also other community planning tables and organizations that deal with co-related issues such as mental health, addictions, and poverty where the planning work and clientele cross-over. Finally, recognizing the complexity of homelessness, many of the strategies and action items in the plans listed on the previous page take a multifaceted approach and involve other service providers and organizations to fully implement them.

Addressing the current homelessness problem will require strong collaboration and coordination with some of these other community service providers and organizations. Recent research shows that there is a strong, local service network in place that is highly integrated with strong collaboration between service organizations across multiple sectors (CSWB Plan-City of North Bay; Community Asset Mapping, May 2021). The DNSSAB Housing Programs department

provides a good example of this, collaborating with about 65 other community organizations during the course of its general planning and operations.⁴

However, the research also shows a very complicated service network that is difficult to navigate and lacks overall system coordination, common goals, and accountability (this is interesting to think about in the current context, i.e., *who owns the problem of an increase in local homelessness?*). Effectively addressing and combatting the increase in homelessness will require optimal service coordination with key players who join around a common goal and take collective ownership of the problem. Ensuring this level of coordination is in place is the next step going forward.

3.4 Information and Data Collection and Analysis

Access to reliable information and data regarding homelessness and related programming is critical to support evidence-based decision-making and monitor the progress and achievement of outcomes. Data collection on the homeless and vulnerable populations has primarily been through program reporting, homeless counts, and the outdated HIFIS 3.8 system.



The current program reporting is in place to meet conformance and reporting guidelines for the government CHPI and Reaching Home funding. Staff and external service providers complete template reports and submit them to the respective government ministries. The reports largely contain counts such as the number of households served or services provided and thus lend themselves more to output reporting. It is difficult to determine social impact outcomes or a return on the funding investment given the present information and data collected, and program evaluation methods (see also, Outcomes and Social Return on Investment).

The present version of HIFIS 3.8 is utilized by three community service providers and stores the data on the service providers' individual servers. This form of data collection and storage is challenging because service providers collect different data from one another and is not easily accessible and available in real-time. Through Reaching Home, DNSSAB is implementing HIFIS 4.0 that is expected to greatly improve data collection and analysis. HIFIS 4.0 will allow for multiple service providers to access real-time homelessness data on a shared server with a common assessment. Through HIFIS 4.0 a by-name list will also be formed of all known people experiencing homelessness in the community.

Homeless counts are another data collection tool utilized to better understand the homeless population. To date, DNSSAB has conducted three homeless counts with another planned for October 13th, 2021. These counts provide valuable information to the DNSSAB and community partners by giving an insight into the number of homeless individuals in the community and various demographic information about this population. Although homeless counts provide important information, it should be noted that the counts are often viewed as an

⁴ In this context, 'collaboration' refers to referring (or accepting) clients; coordinating service/program delivery; sharing information and data; participating in joint planning sessions; attending meetings; general communications; funding; or any combination of these.

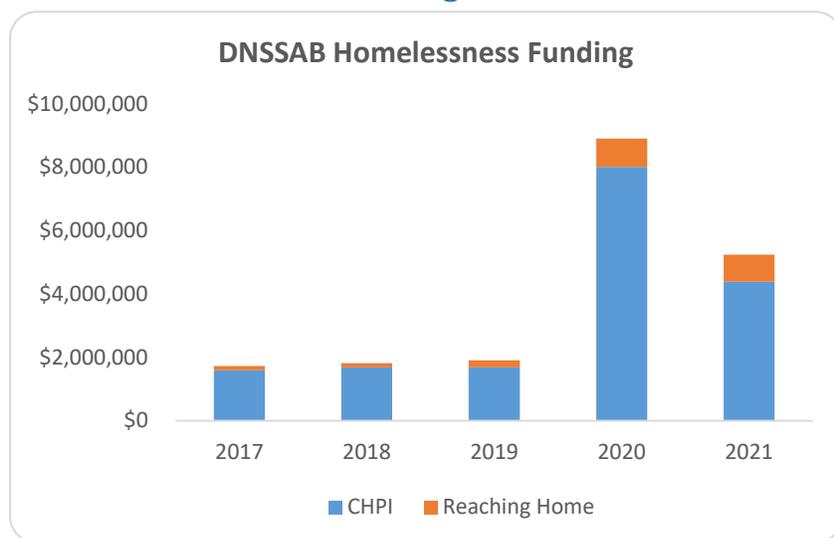
underrepresentation of the homeless population because of the challenge to accurately capture the entire population, especially those that are classified as “hidden homelessness”.

4.0 Homelessness Funding and Expenditures

The current funding for homelessness programs is provided through multiple levels of government. The largest funding program is the provincial Community Homelessness Prevention Initiative (CHPI), followed by the federal Reaching Home Strategy, and the municipal Healthy Communities Fund (HCF). It is important to note, although the HCF does fund homelessness-related programs, it is a relatively small amount and is not limited to these programs given its broad funding eligibility. Thus, it is not included in the following funding analysis.

The following subsections provide a summary of the Board’s homelessness funding over the past five years and how the funds have been distributed and invested.

4.1 Homelessness Funding 2017 - 2021



As noted earlier, the Board has invested nearly \$20 Million in homelessness over the past five years, with the majority of the funds coming through the provincial COVID emergency SSRF (CHPI) funding and expended over the past 15 months.

Prior to 2020 and the pandemic, through the provincial and federal governments, the Board was investing an average of \$1.8 Million/ year into various

homelessness initiatives through the CHPI and Reaching Home Funds. With the onset of the pandemic in the spring of 2020, the province rolled out emergency COVID funding in three phases to assist vulnerable populations during the virus outbreak. This boosted the local CHPI fund to about \$8 Million in 2020 and another \$4.5 Million this year (2021). The annual Reaching Home fund was also increased significantly by the federal government during this time, to the \$800,000+ range (from \$200,000+). Since this infusion of government pandemic funding, the Board’s average investment in homelessness has nearly quadrupled to about \$7 Million annually. Note: at the time of this writing, the Board has learned that it will be receiving a further \$3 Million through the fourth phase of SSRF/CHPI funding which is not included in the above analysis.

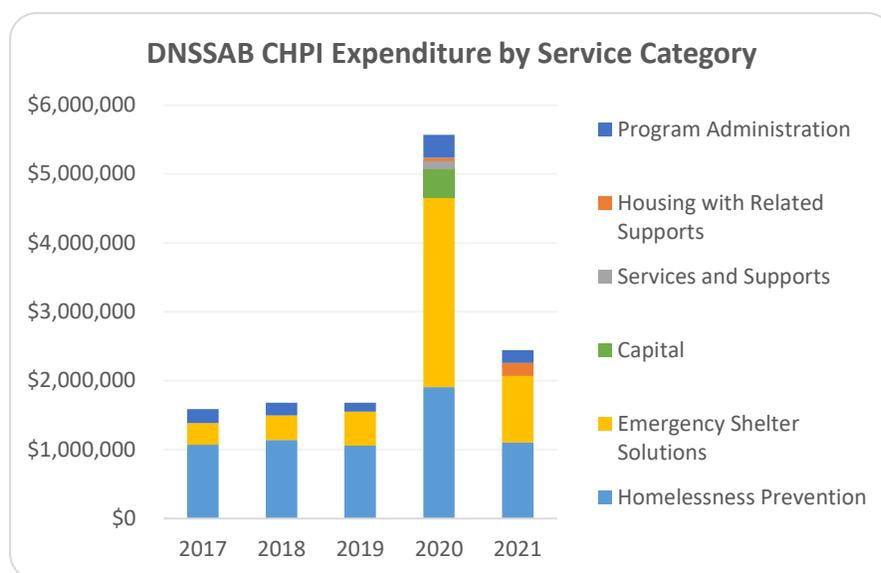
The following subsections look at CHPI and Reaching Home independently:

4.1.1 CHPI Service Categories

The provincial CHPI is designed to meet the needs of households who are *experiencing homelessness* or are *at risk of homelessness*. To meet these program objectives service

managers can use the funding in any of four prescribed service areas, which are *homelessness prevention*, *emergency shelter solutions*, *housing with related supports*, and *other services and supports*. More recently, the province also added a *capital* component.

As noted by the chart, the Board’s primary focus over the past five years has been on homelessness prevention but this switched over to providing shelter solutions due to the increased demand and cost pressure on shelters (including overflow and creation of the low barrier shelter) which was accelerated by the pandemic.



Over the past five years, close to half (48.5%) of the total CHPI funding has been allocated to homelessness prevention, on average. It can be noted, however, that prior to 2020 and the emergency COVID funding about two-thirds of the CHPI funds were going towards homelessness prevention services/ programs.

The next largest share of CHPI funding during the

period has been directed to *Emergency Shelter Solutions* that accounts for an average of 37.6% of the total funding. Although before 2020 and emergency COVID funding, a little under one-quarter (23.5%) of CHPI was allocated to this service area. A significant increase can be noted in 2020 when about half the available CHPI funds for that year, went to delivering shelter solutions. It is interesting to note that based on the current rates and spending pattern, forecasts indicate that expenditures for Emergency Shelter Solutions will surpass Homelessness Prevention in the 2032-33 fiscal year (see Appendix D).

Due to the rise in expenditures for emergency shelters and the continued need for the well-established programs under homelessness prevention, little funding has been left-over to explore other service categories such as Housing with Related Supports and Other Services and Supports. It can be noted that before 2020 there was no CHPI funding directed to these services /programs. Following 2020, about 9.5% of the available CHPI funds have gone into these other service areas. This includes 5.0% for *capital*, 3.0% for *housing with related supports*, and 1.5% for *services and supports*. On average, the DNSSAB has also retained 8.0% of the CHPI funds for *program administration* over the five-year period.

4.1.2 Reaching Home

The federal Reaching Home program is intended to ‘prevent and reduce homelessness’ by providing direct support and funding for local homelessness programs/ services and projects, including housing and shelter supports. These funds are administered by the DNSSAB and allocated to community service providers with input and guidance from the Community Advisory Board.

Emergency COVID funding aside, over the past five years the average Reaching Home (and its predecessor: Homelessness Partnering Strategy) funds allocated to homelessness in the community have been about \$194,000 annually. During the pandemic (2020/2021), an additional \$603,000 was added to the Board's Reaching Home base funding (see also, Contracted Programs/Services below).

4.2 Contracted and In-House Homelessness Programs/Services

Year	Contract	DNSSAB	Total
2017	\$695,698	\$1,029,626	\$1,725,324
2018	\$668,973	\$1,147,227	\$1,816,200
2019	\$761,605	\$1,148,034	\$1,909,639
2020	\$854,868	\$8,047,303	\$8,902,171
2021	\$830,692	\$4,405,314	\$5,236,006
Total	3,811,836	15,777,504	19,589,340

The side table shows the distribution of the above homelessness funds based on the outsourcing/ insourcing of programs and services. The Board has typically allocated some of the funds to community service providers for the contracted delivery of homelessness services and community projects while keeping the remainder for the in-house delivery of client benefits, low barrier shelter

investments, and program administration.

Prior to 2020 and the pandemic, the outsourced funds to service providers ranged between 37% - 40% of the total (or between \$670k - \$760k). Following the increased pandemic funding in 2020, this percentage fell below 16% as the Board retained most of the funds to invest in the low barrier shelter and transitional housing (Gateway House). In dollar terms, however, the community service providers received more (\$830k - \$855k) than previous years for contracted homelessness services and projects.

4.2.1 Contracted Homelessness Programs/ Services

The majority of contracted services in the above table are funded through the provincial CHPI although as noted earlier, Reaching Home also funds some community programs/ services and projects. Over the five-year period, the bulk of the outsourced CHPI funds have gone to service providers who contract out homelessness prevention programs and provide emergency shelter services (including shelter overflow). Other contracted homelessness programs/ services funded during this period include emergency homelessness funding, mobile resource programs, trusteeship, and housing supports. Of particular note, in the first few years of the CHPI program, emergency shelter overflow funding averaged 15% of the total allocation. However, over the last three years, this has risen to 24%, which reflects the rise in homelessness and increased pressure on costs and the shelter system.

Under Reaching Home and its predecessor Homelessness Partnering Strategy (HPS), the majority of the contract funding - including the emergency COVID funds - has gone to community organizations providing transitional housing assistance and shelter supports.

Going forward to 2024, an average of about \$150,000 annually is available through Reaching Home for community programs/ services and projects to address homelessness and \$52,000 for the implementation and ongoing costs associated with a Coordinated Access System.

4.2.2 DNSSAB Homelessness Programs/ Services

Prior to 2020, the Board also retained CHPI homelessness funding to deliver direct client benefits. Since then, the Board has also retained a large share of the funding for investment in the low-barrier shelter and Gateway House. These are summarized below:

4.2.2.1 CHPI Client Benefits (< 2020)

CHPI client benefits are directly administered by the DNSSAB to provide emergency financial assistance to households at risk of, or experiencing, homelessness. Eligible benefits include first and last month's rent, rent and utility arrears, moving expenses, utility deposits, winter fuel heating, and select emergency household items. Since 2017, the program has averaged annual expenditures of \$658,484. Current pressures on the program are increased rental housing costs and rising expenditures for necessary household items.

4.2.2.2 Low-Barrier Shelter and Gateway House (2020>)

To date, through provincial funding, the Board has invested \$2,838,768 in developing the low-barrier shelter and Gateway House (supportive housing). The low-barrier shelter has accounted for 9.7% (\$276,051) of this funding with the Gateway House development accounting for the remaining 90.3%, (\$2,562,716). The shelter and supportive housing design and concept is still evolving and under development. Upon completion, this integrated housing with wrap-around services and supports will provide 24/7 supports to residents and will focus on life skills.

As per Appendix E, the annual operating costs for the low-barrier shelter are \$1,606,300. This includes 6 months of day programming that allow the low-barrier shelter to be open 24 hours per day. At this time, operating funding will allow services to continue at the low-barrier shelter until December 31st, 2021. Concerning Gateway House, the annual operating costs are \$1,238,122, which includes support services 24 hours per day.



4.3 Outcomes and Social Return on Investment

By its nature, homelessness is complex and can involve any combination of personal problems mixed with social, health, and/or economic issues. Not surprisingly then, homelessness is difficult to measure and the tangible outcomes of service interventions and investments are hard to observe and evaluate. As shown in this paper, the Board has made significant investments, though provincial and federal funding, in addressing local homelessness and this will continue into the future. Ensuring that the intended results and outcomes are being met while optimizing investments will be paramount to moving forward.

Funding and investments in social services are often linked to outcomes to allow funders to better understand the impact of the funding in the community. As identified in section 3.2, several plans and strategies have been created over the last 5 years to tackle the various aspects of local housing and homelessness. Overall, the plans are primarily seeking to reduce homelessness, with a focus on chronic homelessness, and coordinate community resources. In many cases, these plans have identified outcomes although the extent to which the outcomes

are being achieved is not always clear. This is an important consideration and acknowledgement when planning future homelessness efforts and action.

As mentioned earlier, measuring tangible outcomes or a 'return on investment' can be difficult in the area of homelessness or social services in general. However, the concept of a Social Return on Investment (SROI) offers a broader concept of value which the Board can apply when making investment decisions and measuring the effectiveness of homelessness funding that goes beyond just a financial statement. SROI takes into account the financial value of actions by analyzing the impact of investments on social, environmental, and economic costs and benefits. For instance, investments in addictions may have multiple benefits such as reduced costs for emergency response, improved community safety and well-being, reduced homelessness, etc.

Although SROI has not been measured at the local level, several Canadian studies have calculated SROI as it pertains to investments in homelessness and associated support services. For example, in 2018, BC Housing determined that for every dollar invested in dedicated-site supportive housing, approximately four to five dollars in social and economic value was created. In 2019, Calgary's Inn from the Cold Program (shelter with housing supports) found that for every dollar invested in the operation of Inn from the Cold's shelter and housing programming, nearly \$5 in social and economic value was created. In Ontario, the Region of Waterloo found that their STEP Home Program, which provides intensive supports to those experiencing persistent homelessness, has an average SROI value of \$9.45 for every dollar invested. Unfortunately, this report was completed in late 2013 and can be considered outdated.

Ultimately, these studies have all found that investing in homelessness and support services has a big impact on communities with the added social and economic value created from every dollar invested. Measures such as SROI are another important consideration for the Board in taking the next steps on addressing local homelessness.

5.0 Next Steps

In summary, this report illustrates the current homelessness landscape in North Bay and the broader Nipissing District. Although the current approach has served and supported numerous households and completed many homelessness projects, it has not led to a meaningful reduction in homelessness, given the increase in demand, and has added pressure on already stringent funding. With the advent of the COVID-19 pandemic, added pressures have been placed on the homelessness system and have resulted in the DNSSAB taking on a more direct role in homelessness services by funding the creation and operations of a low-barrier shelter and a supportive housing complex. On a positive note, the additional funding tied to the pandemic has facilitated much-needed bricks and mortar developments that are expected to have a big impact on stabilizing vulnerable individuals for years to come. This opportunity presents a time to reflect on the overall homelessness system and how the Board's priorities enabled through provincial funding should be prioritized and allocated for programs, supports, and services moving forward.

Appendix

Appendix A – Homelessness Infographic

HOMELESSNESS IN NIPISSING DISTRICT

293

HOMELESS INDIVIDUALS IN THE DISTRICT

Based on 2020 PiT Count Homelessness Survey Data

61% Increase in Homelessness Compared to 2018 Count Figures

91

ABSOLUTE HOMELESSNESS



159

PROVISIONALLY ACCOMODATED



10

TRANSITIONALLY HOUSED



33

DEPENDENT CHILDREN



42%

Identified as Indigenous

59%

First experienced homelessness before the age of 25

27%

Identified having been in foster care/group home

5%

Identified as a veteran or RCMP

70%

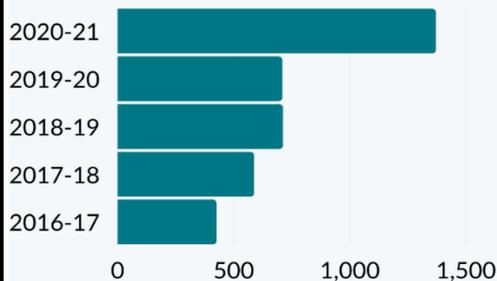
Income source was social assistance (OW/ODSP)

83%

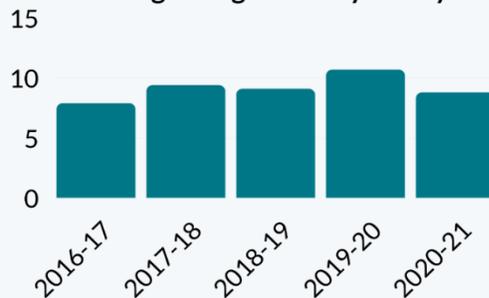
Single adults

EMERGENCY SHELTER STATISTICS

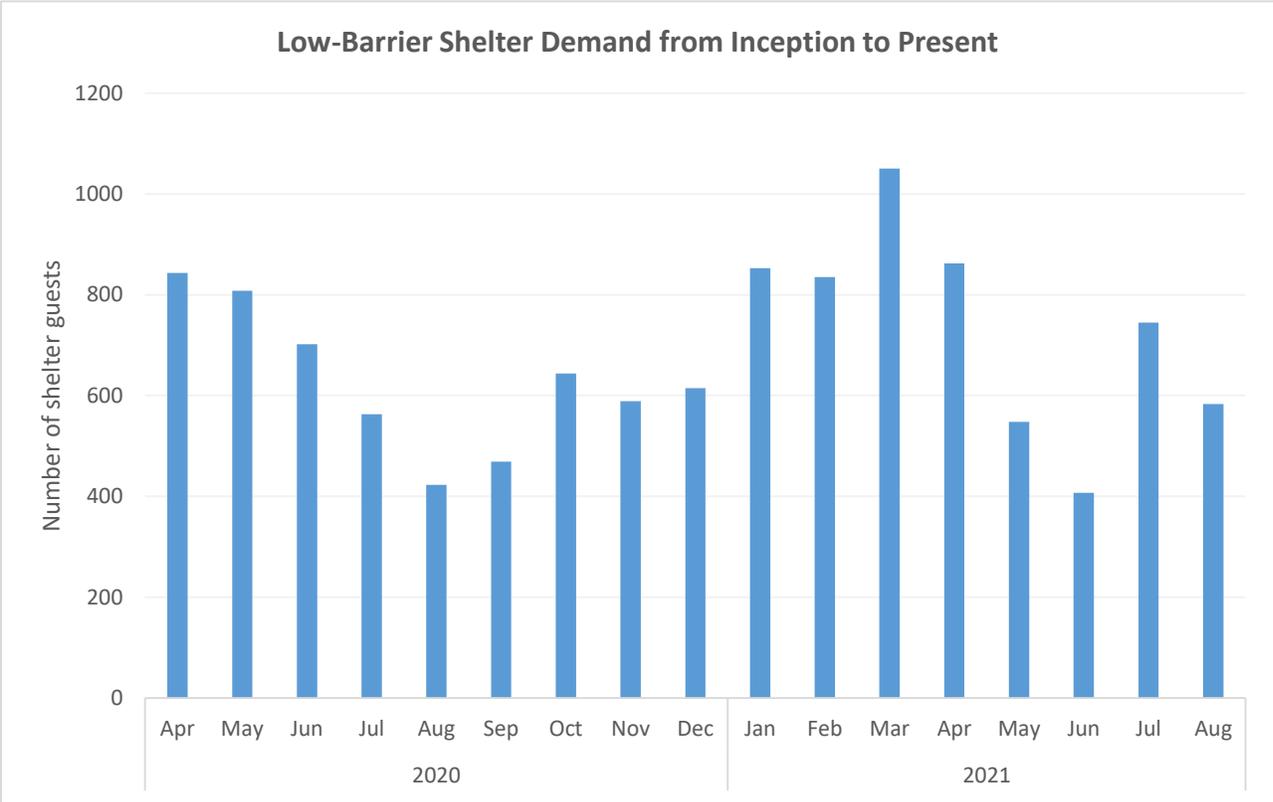
Number of Households that Stayed in an Emergency Shelter



Average Length of Stay in Days



Appendix B – DNSSAB Low-Barrier Shelter Demand

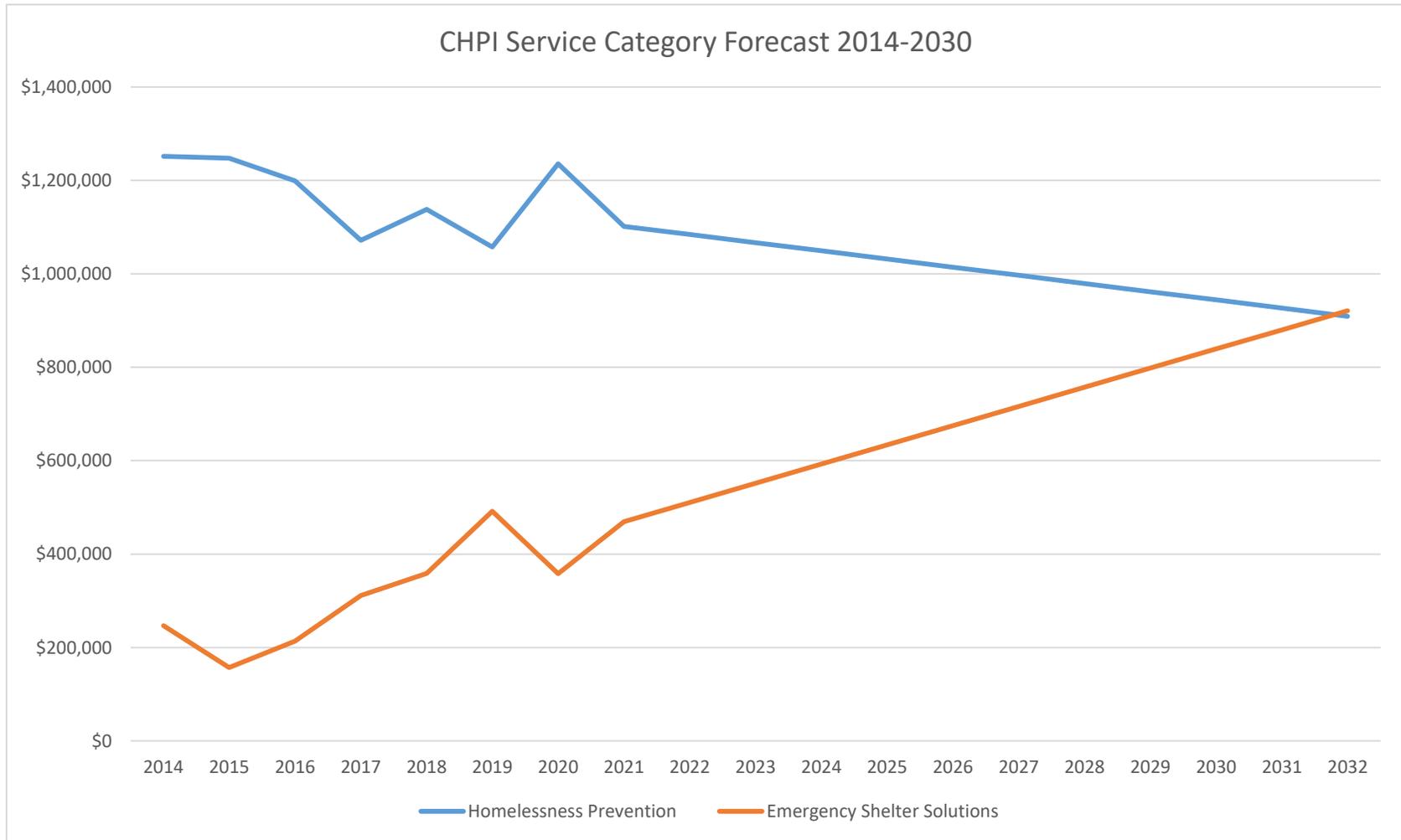


Appendix C – Reaching Home: District of Nipissing Homelessness Plan 2019-2024 Outcomes

The DNSSAB in collaboration with the CAB will track the following four federally mandated outcomes under Reaching Home:

1. Chronic homelessness in the community is reduced (by 50% by 2027-28);
2. Homelessness in the community is reduced overall, and for priority populations (i.e. individuals who identify as Indigenous, youth, individuals affected by mental illness and addictions, and individuals with income security challenges);
3. New inflows into homelessness are reduced; and
4. Returns to homelessness from housing are reduced.
5. Discharges from Public Institutions into Homelessness are reduced.
 - a. This will be tracked by service providers as mandatory fields within HIFIS that will provide greater details. Nipissing District currently struggles with institutional and NGO service providers (ex. Detox & Bail Programs) discharging individuals to homelessness. The CAB and our last two Homelessness Counts identified this as a local priority. The CCI steering committee will be responsible for the data collection to determine our local baseline. The CAB is targeting a 50% reduction by 2027-28.

Appendix D – CHPI Service Category Forecast



Appendix E – Chippewa Site Operating Costs

Annual Low-Barrier Shelter Operating Costs		
Month	Operating Cost	Description
January	\$163,077.47	24 Hour Service
February	\$163,077.47	24 Hour Service
March	\$163,077.47	24 Hour Service
April	\$104,639.17	12 Hour Service
May	\$104,639.17	12 Hour Service
June	\$104,639.17	12 Hour Service
July	\$104,639.17	12 Hour Service
August	\$104,639.17	12 Hour Service
September	\$104,639.17	12 Hour Service
October	\$163,077.47	24 Hour Service
November	\$163,077.47	24 Hour Service
December	\$163,077.47	24 Hour Service
TOTAL	\$1,606,299.84	

Annual Gateway House Operating Costs		
Month	Operating Cost	Description
January	\$103,176.83	24 Hour Service
February	\$103,176.83	24 Hour Service
March	\$103,176.83	24 Hour Service
April	\$103,176.83	24 Hour Service
May	\$103,176.83	24 Hour Service
June	\$103,176.83	24 Hour Service
July	\$103,176.83	24 Hour Service
August	\$103,176.83	24 Hour Service
September	\$103,176.84	24 Hour Service
October	\$103,176.84	24 Hour Service
November	\$103,176.84	24 Hour Service
December	\$103,176.84	24 Hour Service
TOTAL	\$1,238,122.00	

BRIEFING NOTE B14-21

For information For Approval

Date: September 22, 2021

Purpose: **COVID-19 Workplace Pandemic Plan Update**

Prepared by: Melanie Shaye, Director of Corporate Services

Reviewed by: Catherine Matheson, CAO

RECOMMENDATION:

THAT the District of Nipissing Social Services Administration Board accepts Briefing Note B14-21; COVID-19 Workplace Pandemic Plan Update, dated September 22, 2021; and

THAT the Board supports the approach of the updated Plan, which focuses on the continuation of services during the pandemic, with primary consideration for the health and safety of employees, clients and tenants.

BACKGROUND:

The DNSSAB's planning and response to the COVID-19 pandemic began March 2, 2020. Since then the Board has been updated through FA09-20 COVID-19 Workplace Pandemic Plan Update and B12-20 COVID-19 Workplace Pandemic Plan.

Following the guidance of the Provincial and Federal government and the North Bay and Parry Sound District Health Unit, and through engagement with both the two DNSSAB Joint Health and Safety Committees and the two unions, the Pandemic Plan continues to be updated as new guidance arises in the interest of ensuring the safety of staff, clients and tenants.

Additionally, the senior management team meets regularly to ensure the DNSSAB's pandemic response is appropriate and meets the evolving needs of staff, clients and tenants.

REPORT:

As an employer, it's the DNSSAB's responsibility under the *Occupational Health and Safety Act* to take every precaution reasonable in the circumstance to protect workers. The Pandemic Plan (attachment A) provides the overarching guidelines the DNSSAB is following in relation to the pandemic.

By law, all organizations in Ontario must have a written COVID-19 Safety Plan. As an attachment to the DNSSAB's Pandemic Plan, a written Safety Plan (attachment A) provides more specific detail on:

- Minimizing COVID-19 risks in the workplace
- Understanding the risks
- Communication
- Training and adherence

The Safety Plan also supports workplace safety by providing the following documents:

- **COVID-19 Infection Prevention Protocol**
Provides specific guidance on understanding and controlling COVID-19 risks, including detailed instructions on physical distancing, hand hygiene, proper personal protective equipment, and specific instruction on room limits, including lunch and break times.
- **COVID-19 Employee Reporting Protocol**
Used to assess COVID-19 symptoms and account for sick or other time off in relation to COVID-19.
- **COVID-19 Safe Handling Protocol**
Procedures for handling mail, paperwork and drop box material.
- **COVID-19 Cleaning Protocol**
Procedures for cleaning in the workplace.
- **In-Office Health Screening Protocol- Direction for Staff**
Guidelines for completing in-office health screening for members of the public and employees.
- **Mandatory Use of Face Coverings within the DNSSAB Offices Public Protocol**
Direction to the public regarding face coverings.
- **Mandatory Use of Face Coverings within the DNSSAB Offices Public Protocol- Direction for Staff**
Guidance on face covering exemptions and administering the protocol.

With each step of the Province's re-opening the senior management team considers how the changes impact the DNSSAB's services, and the Pandemic Plan and Safety Plan are adjusted accordingly.

NEXT STEPS:

The DNSSAB senior management team will continue to meet frequently to discuss the Pandemic Plan and Safety Plan to ensure both documents continue to meet the needs of staff, clients and tenants.

With COVID-19 numbers once again on the rise, a steady approach with a primary focus on health and safety will continue to be the primary focus.

ATTACHMENT:

Attachment A: DNSSAB Pandemic Plan

Attachment B: DNSSAB COVID-19 Workplace Safety Plan

COVID-19 Pandemic Business Continuity Plan

Issued: July 13, 2021, 3:00 pm effective this date and time

Purpose

This document serves as a guide to facilitate the continuation of services and/or functions during the various phases of the pandemic emergency as listed below.

- 1. Containment (pre-pandemic)**- steps introduced to prevent COVID-19 from spreading for as long as possible, including introducing infection control protocols.
- 2. Mitigation Response (pandemic)**- enacted when the World Health Organization, or the Provincial or Federal government declare a full emergency, or the Local Public Health Unit announces confirmed cases of COVID-19 in Nipissing District, or when Provincial direction creates limits on service delivery.

On November 5, 2020 the Province moved to a five level color-coded COVID-19 response framework. On June 11, 2021 Ontario moved from the five level color-coded response framework to step one of a three step re-opening plan. The re-opening plan is guided by the gradual lifting of Public Health Unit measures.

- 3. Recovery (post-pandemic)**- when COVID-19 cases are resolved in Nipissing District and operationally the Provincial or Federal government, or the Local Public Health Unit declares there is no longer a risk.

Decisions and plans will be based upon the health and safety of staff, clients and the community. In accordance with the Ontario Occupational Health and Safety Act, the DNSSAB will take every reasonable precaution to ensure the health and safety of staff is maintained.

There are many functions of the DNSSAB that are critical to vulnerable people in the community. The Province will guide many decisions of the DNSSAB given our service management role.

Background

According to the World Health Organization, a pandemic is the worldwide spread of a new disease. A pandemic may affect a significant number of employees at any given time, removing them from the workforce for a variety of reasons.

Pandemic Emergency Operations Centre (EOC) Team

The DNSSAB's goal is to maintain operations and continuity of service to the extent possible during a pandemic.

The DNSSAB has designated the Senior Team as the Pandemic EOC Team, comprised of: Chief Administrative Officer, Communications & Executive Coordinator, Director of Corporate Services, Director of Employment and Social Services, Director Children's Services, Manager Planning, Outcomes & Analytics, Director of Housing Operations, Director of Housing Programs and Chief of Emergency Medical Services (EMS). Each member of the Pandemic Response Team has also designated a back-up in the event that a member becomes ill or is otherwise unable to perform their duties.

The role of the Pandemic EOC Team is to:

- monitor information related to the pandemic;
- establish when the various steps of the Plan must be implemented, and whether any steps of the Plan need to be amended to address the unique nature of the pandemic threat;
- determine how long the Plan will be kept in effect;
- communicate with public health agencies, emergency responders and others as required in the event that an employee, client, customer or visitor is confirmed as having the virus, or is displaying symptoms;
- confirm or define "high risk areas" on an ongoing basis for the purposes of notification under this Plan;
- coordinate the central distribution of information and materials to employees, Board and Community;
- enact strategies at each of the containment, mitigation and recovery phases;
- identify the essential functions or services of DNSSAB which will be continued and how they will be carried out during the pandemic outbreak.

The Pandemic EOC team will meet as a team at a minimum weekly via videoconference to discuss current needs as well as plan for next steps surrounding pandemic planning.

The Pandemic EOC team will consider the following during each of the pandemic phases:

- a) Core Services by Department and Pandemic Phases
- b) Health and Safety
- c) Human Resources and Labour Relations
- d) Communications
- e) Privacy and Confidentiality
- f) Contracted Agencies
- g) COVID-19 Public Health Measures

Pandemic EOC Team Considerations

a) Core Services by Department and Pandemic Phases

Decisions regarding business continuity activities are based on the well-being of clients, tenants, staff, communities and the organization as a whole, and follow the direction of the local Health Unit. Critical business functions are those required to continue during all phases of the pandemic, while non-critical functions may be suspended during the mitigation phase of the pandemic.

Decisions on which functions are suspended and which continue are department-specific.

b) Health and Safety

All employees will be expected to take precautions, as per the COVID-19 Workplace Safety Plan

<http://dnssabintranet/Corporate/HumanResources/Forms/Forms/AllItems.aspx?RootFolder=%2FCorporate%2FHumanResources%2FForms%2FCOVID%2019%2FPandemic%20Plan>

Pursuant to the *Occupational Health and Safety Act* (OHSA), the DNSSAB and all employees have duties and responsibilities to control hazards in the workplace and ensure a safe working environment. The DNSSAB will continue to comply with and satisfy its obligations pursuant to the OHSA in the event of a potential pandemic, including its obligations with respect to:

- (a) the provision of information, instruction and supervision;
- (b) taking reasonable precautions for the protection of workers;

- (c) providing required equipment, material and protective devices;
- (d) reporting occupational illnesses; and
- (e) considering work refusals in accordance with the OHSA.

The DNSSAB will continue to comply with its obligations under the *Human Rights Code*, including its duty to accommodate.

Role of the DNSSAB's Joint Health and Safety Committees (JHSC)

JHSC members are mutually committed to improving health and safety conditions in the workplace. The JHSC's identifies potential health and safety issues and brings them to the organization's attention and must be kept informed of health and safety developments in the workplace by the DNSSAB.

The JHSC's are an advisory body that helps to stimulate or raise awareness of health and safety issues in the workplace, recognizes and identifies workplace risks and develops recommendations for the employer to address these risks.

It is the expectation that in the event of a pandemic, the JHSC's will employ the applicable recommendations of the governing public health authority (i.e. North Bay Parry Sound District Health Unit).

For additional information regarding Health and Safety Principles:

http://dnssabintranet/Corporate/HumanResources/Poli/Health_and_Safety_Principles_Policy_2018.pdf

c) Human Resources and Labour Relations

This is an exceptional situation. During the pandemic, and where possible, staff will be cross-trained and redeployed as required and where needed throughout the pandemic to ensure the maintenance of core services, staff safety, client and community well-being.

The DNSSAB will engage and consult on policy and protocols impacting staffing and service delivery with the Joint Health and Safety Committees and the executive of CUPE locals 4720-1 and 4720-2.

d) Communications

Staff, clients, Board and community will be kept up to date as the situation changes. Consistent messaging will be communicated through the DNSSAB CAO e-mails, website, video and teleconference meetings and EOC emails.

A fan out process of communication will be used to reach staff after hours, in addition to the DNSSAB website. Department leads are responsible for fanning out information to their staff and departments regarding critical information and during non-business hours. The CAO will advise on all communication strategies, including the use of appropriate channels for dissemination, and coordinate the production of materials for internal and external communications, including those for social media, media relations and mass communications, by the DNSSAB. The CAO or Board Chair can also act as spokesperson. All staff, board and community communications will be approved by the CAO. In the event emergency communications with all staff are necessary, they will be communicated by the CAO or designate via email to employees' company email addresses. Personal email, text or a phone call may be necessary in some circumstances. The Project Manager will help to coordinate such communication.

Signage promoting hand hygiene, cough and sneeze etiquette, proper use of Personal Protective Equipment (PPE) and social/physical distancing will be posted throughout the workplace as applicable.

The EOC Team will ensure that the DNSSAB's Pandemic Response Plan is communicated and implemented in the workplace. Messaging and risk communications during an emerging infectious disease or pandemic will be conducted by EOC Team.

The CAO or designate will determine strategies for internal and external communication and for media. Other individuals shall refrain from *ad hoc* or spontaneous comments or communications, as contradictory or unclear information can create confusion and detract from the Response Plan. Communication will be as warranted and will be carried out in a controlled fashion, only by designated spokespersons and using official channels.

e) Privacy and Confidentiality

When addressing requests for information in the event of a pandemic response, it is important to consider issues of privacy and confidentiality. Depending on the situation, confidentiality may be required by statutes, regulations, policies or contracts.

Before responding to any requests for disclosure of information or providing such information to anyone, consult with a member of management staff. This includes requests for information from police, government officials or media. If disclosure is made, CAO should be informed immediately.

Nothing in this section prohibits the release of personal information of any person to police or CAS if the purpose is to mitigate an imminent risk of harm to any person or significant damage to DNSSAB resources. All other matters regarding personal information will be processed through the FOI Coordinators.

For additional information regarding Confidentiality of Information Policy:

[http://dnssabintranet/Corporate/HumanResources/Pol/Confidentiality of Information Policy Mar 2020.pdf](http://dnssabintranet/Corporate/HumanResources/Pol/Confidentiality_of_Information_Policy_Mar_2020.pdf)

f) Contracted Agencies

Some of the DNSSAB services are performed by contracted agencies. Continuity of service may depend on their business continuity plans. These agencies are responsible for communicating with individuals and families that they service.

g) COVID-19 Public Health Measures

Health guidelines are frequently updated. The EOC monitors these guidelines to ensure the DNSSAB's response is appropriate. General advice in containment and mitigation include:

- Stay home if you have symptoms, even if they're mild
- Wash your hands thoroughly and regularly
- Avoid close contact and maintain a minimum of 2 metres/6 feet of physical distancing
- Wear a face covering when appropriate
- Cover your cough
- Stay home as much as possible
- Avoid social gatherings
- Limit close contacts to your household
- Work remotely, where applicable and approved
- Avoid travel except for essential reasons

Pandemic Response Phases

1. Containment Phase

1. Infection Prevention Protocol issued
2. Infection Prevention Strategies enacted
 - Include communication on hand washing
 - Prevention posters
 - Hand sanitizers and wipes
 - Increased cleaning of all offices, including high touch areas
3. Technology review
 - Inventory of hardware and software
4. Communication plan
 - Staff
 - Board
 - Clients/Tenants

5. Preparedness
 - Re-deploy staff towards updating procedures related to critical functions
6. Monitor Public Health Canada and local Public Health notices

2. Mitigation Phase

The following plan would be fully executed through the Mitigation Response process, if/when a community outbreak occurs, or if the situation meets the definition listed above.

During this phase staff may be directed to work at alternate sites or remotely, or on a rotating basis, and the focus may be from day-to-day work to critical services only.

The DNSSAB would be guided by the local Public Health Unit and the Provincial government as to when the organization moves through the five color-coded levels of the Provincial plan, or when other restrictions/limitations are implemented or reduced that impact the District.

Visitors, Clients and Tenants

During mitigation, all visitors, clients and tenants will be asked to refrain attending the workplace if they develop any pandemic symptoms, if they have been in a “high risk area” in the 14-day period that precedes their visit, or for reasons listed in the COVID-19 Employee Reporting Protocol.

All visitors, clients and tenants are encouraged to contact employees of the DNSSAB by e-mail or telephone, instead of through an in-person visit.

Visitors, clients and tenants can be offered participation through telephone or teleconference for those who cannot attend in person.

Restricted Access to DNSSAB Offices in Step 1 of Reopening

The DNSSAB doors will be locked and all clients, tenants and visitors will be asked to contact staff via telephone or email. All in-person interviews are to be rescheduled and completed through telephone interviews, when required.

Restricted access may continue in in other steps of re-opening.

- There will be an active screening script for any in-office appointment that can't be conducted via telephone or other means.

- Unless a client or tenant presents a true emergency visit, all clients and tenants will be asked to call the office to receive services over the phone or where staff deem necessary book an appointment to visit the office. (There may be exceptions for people with no phones or homeless). All office visits will be by appointment only.
- Individuals arriving at the office presenting with pandemic symptoms will not be permitted into DNSSAB workspaces. Those with access to a phone will be asked to leave the workplace and contact the DNSSAB. At the time of contact a DNSSAB staff member will assist them with their application/requests and/or questions in relation to their individual needs. It will also be recommended that they contact their healthcare provider or Tele health Ontario immediately to be assessed.

Individuals in receipt of DNSSAB assistance or those needing to apply, without access to a phone will be screened in order to gather basic information to assess eligibility for emergency/ongoing assistance using the safest means possible. Infection Prevention Protocols will be utilized at all times in all in-person interactions.

- Individuals applying for DNSSAB assistance or those in receipt of benefits will not be denied due their inability to provide necessary documentation and/or signatures on applicable forms.

Designated Locations for Business when City Hall or Main Street are closed

- Designate alternate sites, such as satellite office or community partner office (e.g. ODSP) for continuing operations,
- Ensure adequate testing has been performed to ensure functionality of critical functions (such as cheque printing).

Business Continuity

The Pandemic EOC Team is responsible for developing contingencies for dealing with the impact a health emergency may have on the continued operation of the DNSSAB's services. This may involve the following considerations:

- determining the core aspects of the service which must be carried out in order to sustain operations;
- identifying the personnel, systems, sites, supply methods, transportation requirements, utilities etc. that are required to maintain core functions;

- identifying whether aspects of the operation would have to be closed temporarily;
- developing, in conjunction with the Communications designate, plans for communicating to vendors, suppliers and customers;
- identifying internal and external dependencies;
- identifying essential positions and considering cross-training employees or training and drawing upon an ancillary workforce (for example, contractors or retirees);
- identifying and planning for employees who may be at higher risk, for example pregnant women and employees with certain chronic conditions, and considering accommodations as necessary in accordance with human rights obligations;
- maintaining a list of duties that employees can perform remotely, as well as any equipment that may be necessary to perform those duties. Supervisors can then draw on this list to have those duties performed by employees remotely should it become necessary;
- considering how business activities can be modified to reduce face to face contact, for example by setting up meetings through teleconferencing rather than in person; and
- employees may be required to perform duties in all programs as needed.

Travel

All non-essential travel will be cancelled during the mitigation phase.

During mitigation, the DNSSAB will operationally consider returning some staff to the workplace, where operationally necessary, with a clear focus on the health and safety of both staff and clients.

The local Public Health Unit will be engaged to ensure the highest level of health, safety and infection prevention possible are maintained.

3. Recovery Phase

The DNSSAB would move to this phase when there was no longer a risk in the District as directed by the Provincial or Federal government or the local Public Health Unit, and the pandemic was no longer in place.

During the recovery phase, the DNSSAB will:

- Compile measurable pandemic-related data to allow for fulsome assessment of successes and opportunities for learning;
- Determine if any of the changes made during the mitigation phase need to be maintained;
- Determine if some practices, e.g. remote work and/or heightened hygiene practices, should be continued in some way;
- Establish a process to move back to business as normal;
- Activate process to communicate with staff, clients, tenants and community partners;
- Create opportunity for de-briefing amongst staff and EOC;
- Gather input from the union, JHSC's, community partners, clients, tenants and staff;
- Reconcile financial costs associated with the pandemic;
- Ensure adequate supports continue to be available for staff to support their health, safety and mental health and physical well-being;
- Evaluate internal ability to improve emergency response knowledge and capacity;
- Continue to monitor the pandemic related news, to ensure vigilance in the case of a re-occurrence;
- Update pandemic plan to be used for future emergency situations, which could include, but are not limited to pandemic situations.

The District of Nipissing Social Services Administration Board

COVID-19 Workplace Safety Plan

Issued February 2, 2021, 3:00 pm.

PURPOSE:

To provide safety guidelines to employees in the workplace. This safety plan is guided by direction from the Provincial government related to the development of a COVID-19 Workplace Safety Plan. This guide is supported by the following DNSSAB documents:

- **COVID-19 Pandemic Plan**
The overarching pandemic response plan for the corporation, divided into 3 stages: containment, mitigation and recovery.
- **COVID-19 Infection Prevention Protocol**
Provides specific guidance on understanding and controlling COVID-19 risks, including detailed instructions on physical distancing, hand hygiene, proper personal protective equipment, and specific instruction on room limits, including lunch and break times.
- **COVID-19 Employee Reporting Protocol**
Used to assess COVID-19 symptoms and account for sick or other time off in relation to COVID-19.
- **COVID-19 Safe Handling Protocol**
Procedures for handling mail, paperwork and drop box material.
- **COVID-19 Cleaning Protocol**
Procedures for cleaning in the workplace.
- **In-Office Health Screening Protocol- Direction for Staff**
Guidelines for completing in-office health screening for members of the public and employees.
- **Mandatory Use of Face Coverings within the DNSSAB Offices Public Protocol**
Direction to the public regarding face coverings.
- **Mandatory Use of Face Coverings within the DNSSAB Offices Public Protocol- Direction for Staff**
Guidance on face covering exemptions and administering the protocol.

This plan has been reviewed by the Co-Chairs of both of the DNSSAB's Joint Health and Safety Committees, and both Unions and is consistent with the DNSSAB's responsibility under the Occupational Health and Safety Act to take every precaution reasonable in the circumstances to protect a worker in the workplace. This plan will be re-reviewed as changes occur, or quarterly, to ensure its effectiveness.

In addition, the DNSSAB also has protocols related to Remote Work, to ensure the health and safety of employees while working remotely.

MINIMIZING COVID-19 RISKS:

The DNSSAB will put the following measures in place in response to COVID-19:

- **Screen employees and visitors, and support employees with symptoms to self-isolate:** in accordance with the COVID-19 Employee Reporting Protocol and the In-Office Screening Protocol, employees are required to complete a self-assessment screening tool prior to presenting at work, and are required to stay home if they are sick and self-isolate under the direction of the local Public Health Unit. Visitors are required to be screened prior to interacting with staff.
- **Employees are required to maintain a physical distance of two metres (6 feet) or more and wear appropriate personal protective equipment (PPE):** through the Infection Prevention Protocol, which employees are required to acknowledge, sign and abide by the protocol, through signage posted in the workplace, and through regular communication from the employer, employees are aware of the requirements to make physical distancing their first choice in the prevention of COVID-19, along with wearing the appropriate PPE.
- **Disinfect surfaces and objects:** in accordance with the Infection Prevention Protocol, and through specific instructions outlined in the COVID-19 Cleaning Protocol and COVID-19 Safe Handling Protocol, employees are required to acknowledge, sign and abide by these protocols, which direct employees to take cleaning and disinfecting seriously. These Protocols also outline that third party cleaning has been heightened during the pandemic, and additional cleaning will be performed in high touch areas.
- **Support hand hygiene, particularly handwashing and remind employees about good cough and sneeze etiquette and to avoid touching their face:** these items are outlined in the Infection Prevention Protocol, and additional signage is posted in all DNSSAB washrooms and lunch rooms to remind staff of the importance of hand hygiene.
- **Work with the local Public Health Unit if any employees have COVID-19 or are exposed to someone with COVID-19:** in accordance with the Employee Reporting Protocol, employees are required to notify their supervisor or the human resources department if they have COVID-19 or are exposed to someone with COVID-19.

UNDERSTANDING THE RISK:

COVID-19 can be spread in the workplace in two main ways:

- Person to person, by people who are in close contact
- By surfaces or objects, when people touch their face with contaminated hands

The risk of getting COVID-19 is higher if you:

- Spend more time with potentially infected people
- Work in close proximity to others
- Interact with more people
- Work in enclosed spaces

It is possible for COVID-19 to be spread by people who do not show or display any symptoms. This plan's controls are set up as if everyone is infected. Specific workplace controls are outlined in the Infection Prevention Protocol.

COMMUNICATION:

As safety precautions evolve in response to COVID-19, the DNSSAB will continue to communicate with employees regarding protocols. The DNSSAB also recognizes that mental health and social supports are important during this unprecedented time. Communication will occur through:

- Regular all staff emails, which include protocol updates and mental health resources
- Virtual monthly all staff meetings
- Virtual team meetings
- Postings throughout the workplace
- Website alerts
- Sharepoint (shared drive for employee files) index of all COVID-19 plans and protocols

The DNSSAB will endeavor to share new information as soon as possible.

TRAINING AND ADHERENCE:

All employees are required to review and sign to acknowledge they have read all the DNSSAB COVID-19 Plans and Protocols.

Additionally, all employees have been required to participate in HR Downloads Health and Safety Refresher training and Infection Prevention training. Employees working remotely during the pandemic are also required to participate in HR Downloads Ergonomic Refresher training.

BRIEFING NOTE HS42-21

For Information or For Approval

DATE: September 22, 2021

PURPOSE: **Coordinated Access Update – Nipissing Counts 2021, By Name List, HIFIS 4.0**

PREPARED BY: Stacey Cyopeck, Director, Housing Programs

REVIEWED BY: Catherine Matheson, CAO

Report HS42-21 provides and update on the implementation of Coordinated Access, By Name List, and HIFIS 4.0, as well as Nipissing Counts 2021 Homeless Enumeration, for information purposes.

BACKGROUND:

Although the need for Coordinated Access was identified in the 10 Year Housing and Homelessness Plan, the timeline focused sharply when both levels of government, Federal and Provincial, mandated the change within the District's funding agreements for homelessness.

Federally:

Reaching Home Designated Communities must have a Homelessness Management Information System (HIFIS) and Coordinated Access implemented by March 31, 2022 and must conduct a formal enumeration of homelessness every two years. The last enumeration was completed in March 2020.

Provincially:

Service Managers must have a By-Name List (BNL) in place by January 1, 2022, and must conduct a formal enumeration of homelessness every two years, beginning in 2021 and the count must encompass 100% of a Service Manager's Area. In addition, the By-Name list must cover at least 90% of the Service Manager's Area. To aid in the development of a By-Name list in Service Manager Areas that have not yet implemented a list, the Government of Ontario engaged the services of Built For Zero Canada to provide resources and coaching to facilitate the process across the province.

REPORT:

This year's Point in Time (PiT) Count will be held over a 24-hour period from Wednesday, October 13th to Thursday October 14th, 2021. In addition to the 24 hour count, two Registry Days will be held on October 14th and 15th, 2021 to kick start the By-Name List. Nipissing Counts 2021 will paint a picture of homelessness within the entire District. Individuals who identify as being homeless during the 24 hours of the PiT Count, and during the two Registry Days that follow, will be asked if they are willing to answer more detailed questions and whether they would consent to have their information placed on the By-Name list. A By-Name List is a real-time list of all people experiencing homelessness in the community. It can be used collaboratively to connect people to a range of housing options and supports. Protocols will be utilized to maintain the By-Name list in real time, so

that at any time, there is a clear picture of both the numbers and the people who are experiencing homelessness in the District.

The value of a By-Name List is in its accuracy and the processes that exist to keep it up to date. In Nipissing, a combination of Excel and HIFIS will be used. HIFIS has been used across Canada since the early 2000's. The previous versions did not fully facilitate collaboration or Coordinated Access because the data was kept by each individual agency. HIFIS 4.0 allows web based sharing of both data and, when agreements are in place, case management information and shared services. HIFIS 4.0 is web based and secure, with all of the security and privacy regulations that are required to share aggregate, non-identifying, data across Canada. Community Partners including the DNSSAB, that use HIFIS 4.0, will be required to sign a Data Sharing Agreement to mark their commitment to shared data, processes and collaborative service.

The implementation of HIFIS 4.0 will facilitate collection of data throughout the District of Nipissing. The data gathered can then be used for planning at all levels of service and governance, and also for the creation of a collaborative and data-driven continuum of services for the individuals who are represented by the data: Coordinated Access Nipissing.

“A coordinated access system is the process by which individuals and families who are experiencing homelessness or are at-risk of homelessness are directed to community-level access points. At these access points, trained workers will use a common assessment tool to evaluate the individual or family's depth of need, prioritize them for housing support services, and then help to match them to available housing focused interventions. “

- Reaching Home Directives

Coordinated Access Nipissing Steps and Timeline:

July – September 2021	
June – August 2021	HIFIS 4.0 training conducted with service provider staff (first training with Four Elms, Futures, NBIFC staff completed)
July 2021	<ul style="list-style-type: none"> ▪ Homelessness and Housing Partnership Community Advisor Board is briefed on Nipissing Counts 2021 and dates are set for the PiT Count and Registry Days. ▪ Invitations sent out to potential community partners. ▪ First media release sent out (“What is taking place in the fall?”) ▪ VIP letters sent out ▪ Community Partner registration forms sent out
August 2021	<ul style="list-style-type: none"> ▪ Nipissing Counts steering committee created with membership from various sectors and District locations ▪ Data Sharing Agreement is finalized with the addition of reference to the By-Name List
September 2021	<ul style="list-style-type: none"> ▪ <i>BNL Progress Report Survey due to MMAH</i> ▪ <i>Fully implemented and signed Data Sharing Agreement in place</i> ▪ Volunteer training for PiT Count and Registry Days ▪ Second media release to be sent out (“What is the purpose of a PiT Count?”) ▪ <i>Have BNL Excel Workbook, Online Survey Form and HIFIS 4.0 Ready to go</i>
October – December 2021	
October 2021	<ul style="list-style-type: none"> ▪ <i>Final preparation for Nipissing Counts 2021</i> ▪ Purchase and collect supplies needed for survey kits ▪ Volunteer tokens of appreciation ▪ Collect supplies for care packages ▪ Begin preparing survey kits / care packages ▪ <i>Anti-stigma campaign begins</i>

	<ul style="list-style-type: none"> ▪ <i>World Homelessness Day</i> ▪ <i>Reminder media release</i> ▪ <i>Nipissing Counts 2021 begins – October 13th 8:00AM EST</i> ▪ <i>Nipissing Counts 2021 Registry Days – October 14th and 15th</i> ▪ <i>Collection/sorting of surveys</i> ▪ <i>Reviewing of surveys</i> ▪ <i>Begin data entry</i>
November 2021	<i>Using data from Nipissing Counts 2021, First version of By-Name List up and functioning</i>
December 2021	<ul style="list-style-type: none"> ▪ <i>Deadline to complete analysis on Nipissing Counts 2021 Data – December 15th</i> ▪ <i>Deadline to submit Nipissing Counts 2021 report to MMAH – December 31st</i>
January – March 2022	
January 1, 2022	<i>Fully functioning By-Name List in use in at least 90% of District of Nipissing</i>
January – February 2022	<i>Develop, test, and implement shared forms and processes for By-Name List and Coordinated Access within District</i>
March 31	<i>Coordinated Access Nipissing fully implemented</i>

CONCLUSION:

As of 2022, all Federal and Provincial homelessness funding will be tied to mandated requirements for regular enumeration, data compilation, and service and housing prioritization and collaboration. The implementation of Coordinated Access, PiT Counts, Registry Days, HFIS 4.0 and the creation of shared processes, consents and assessments will fulfill the mandatory requirements of the funders while strengthening the District’s Homelessness system. With the successful and collaborative implementation of Coordinated Access Nipissing it is anticipated that many of those individuals who are counted on October 13, 14, 15, 2021, will not be counted again in 2022 because they will have successfully been connected to appropriate supports.

BRIEFING NOTE HS43-21

For Information or For Approval

DATE: September 22, 2021

PURPOSE: **Procurement in Emergencies – COVID Isolation Centre**

PREPARED BY: Stacey Cyopeck, Director, Housing Programs

REVIEWED BY: Catherine Matheson, CAO

Report HS43-21 is provided for information, in accordance with the Board's Purchasing Policy #CORP-01, under the authority of the DNSSAB Procedural Bylaw 2020-01.

BACKGROUND:

In May, 2021 four temporary beds were secured at a small local motel for isolation beds on an as needed basis. However, from the end of May to August 1, the number of COVID-19 positive and high risk contact cases within the homeless population surged, exceeding the number of rooms available. The need for isolation beds reached a peak at the end of June into the beginning of July.

REPORT:

By mid-June, the number of cases had risen to a point that exceeded the capacity of the small local motel secured for isolation, requiring significant co-ordination. A larger local motel agreed to provide rooms for isolation, and 14 rooms were initially secured.

However, the situation continued to escalate requiring formal emergency management, through the City of North Bay's Emergency Operations Committee. The CNB's EOC contracted the services of a third party to manage the coordination and operation of the isolation site. The DNSSAB agreed to provide \$75,000 for shelter and security during a two week period at the request of the City. That funding was to be reimbursed should Federal Surge funding be received.

Although the DNSSAB has a clear process for procurement, if an emergency exists requiring the immediate procurement of goods, services or construction, the CAO/CEO or a Director has the authority to requisition the required goods, services or construction by the most expedient and economical means available, notwithstanding any other provision of the Purchasing Policy.

RISK IDENTIFICATION AND MITIGATION:

The \$75,000 was assigned through SSRF Phase 3 funds, and intended to be reimbursed once Surge funding is received.

Conclusion:

At the height of the surge within the District's homeless population, there was concern that the wave of positive cases would continue to grow well into the Fall. The collaboration between community service providers, the North Bay Parry Sound District Health Unit, and the City of North Bay, provided a proactive response that significantly mitigated the risk to the most vulnerable individuals in the district. The isolation center, along with an organized and targeted response of testing and vaccination clinics, lowered both the risks and the numbers very quickly. As of July 31st, there were no new cases requiring isolation and the isolation center was closed except for a command center that continued to be operated in stand-by status in case isolation beds were needed again.



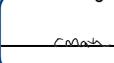
Direct Negotiation Form

There are certain circumstances where the standard procurement methods as outlined in the Purchasing Policy cannot be followed, such as:

1. Single Source
2. Sole Source
3. Ministry Directed Funds

In such instances, a Direct Negotiation Form is to be completed by the requisitioning Department outlining the reasons for pursuing Direct Negotiation. This form must be reviewed and endorsed by the Contract Specialist and final approval will be in compliance with the Approval Authorities outlined in Schedule A, Table 1 a or b as required.

The Direct Negotiation Form must be kept with the Contract. Any time Direct Negotiation is pursued, the requisitioning Department must negotiate to obtain the best value in the circumstances for NDHC and the DNSSAB.

General Information	
Name:	Stacey Cyopeck
Department:	Housing Services
Program/Project Name:	COVID Isolation Centre
Type of Direct Negotiation:	<input checked="" type="checkbox"/> Single Source <input type="checkbox"/> Sole Source <input type="checkbox"/> Ministry Directed Funds
Allowable Exception (reference exception number from Schedule B, ex. 1 f.):	Schedule B, 1 (b)
Explanation/Rationale for pursuing Direct Negotiation:	<p>On May 1st, 2021, the operations of the Low Barrier Shelter beds were transferred from Nipissing Mental Health and Housing Support Services (now CMHA-NBD) to Crisis Centre North Bay. At the same time, the four COVID-19 isolation beds that had been overseen by NMHSS became unavailable due to the sale of the former GdZGo location on Main Street in which the beds had been located. Access to four temporary beds were arranged at a small motel on an as needed basis.</p> <p>From the end of May 2021 to August 1, 2021 the number of COVID-19 positive and high risk contact cases within the homeless population surged and the need for isolation beds reached a peak at the end of June 2021 into the beginning of July 2021.</p> <p>By mid-June-2021, the number of COVID-19 cases had risen to a point that exceeded the capacity of the small local motel secured for isolation, requiring significant co-ordination. Two community agencies stepped in to lead the coordination and operation of a larger isolation site, with the support of the North Bay Parry Sound District Health Unit, and several other community partners/service providers. A larger local motel agreed to provide rooms for isolation, and 14 rooms were initially secured.</p> <p>However, the situation continued to escalate requiring formal emergency management, through the City of North Bay's Emergency Operations Committee. The CNB's EOC contracted the services of Gervais Emergency Consulting to manage the coordination and operation of the isolation site.</p> <p>At the same time, the Low Barrier Shelter was moved from the Chippewa site, to another local motel, to reduce the risk of exposure and transmission amongst the homeless, given the congregative nature of the LBS.</p> <p>The Health Unit drafted and submitted an application for Federal COVID-19 Surge Support Funding to help offset the costs of operating the isolation site through to the end of July. However, in order to secure and sustain the motel rooms, as well as the necessary support services, immediate funding was needed while the EOC awaited for the result of Federal COVID-19 Surge Funding. The DNSSAB agreed to provide \$75,000 to assist with the initial costs, to be reimbursed should Surge funding be received.</p> <p>Although the DNSSAB has a clear process for procurement, if an emergency exists requiring the immediate procurement of goods, services or construction, the CAO/CEO or a Director has the authority to requisition the required goods, services or construction by the most expedient and economical means available, notwithstanding any other provision of the Purchasing Policy.</p>
Form Review	
Form reviewed by Contract Specialist:	<input checked="" type="checkbox"/> 
Requestor	
I certify that this form is in compliance with the Purchasing Policy.	
Manager/Director Name:	Stacey Cyopeck
Manager/Director Signature:	
Date:	9/13/2021
Authorization	
Manager/Director/CAO/CEO Name:	Catherine Matheson
Manager/Director/CAO/CEO Signature:	
Board Resolution Number (if applicable):	7F6E1BB165AA475...
Date:	9/13/2021

BRIEFING NOTE HS39-21

For Information or For Approval

Date: September 22, 2021

Purpose: **Sale of Affordable Housing project located at 70 John Street, Sturgeon Falls**

Prepared by: Stacey Cyopeck, Director, Housing Programs

Reviewed by: Catherine Matheson, Chief Administrative Officer

Report HS39-21 outlines the details of the sale and early withdrawal of the Canada-Ontario Affordable Housing Program (AHP) (2003) project located at 70 John Street in Sturgeon Falls, and is provided for information purposes.

BACKGROUND:

- In September 2009, through an agreement with the Ministry of Municipal Affairs and Housing (MMAH), 1732965 Ontario Limited built 18 affordable units at 145 Main Street, and two affordable units at 70 John Street in Sturgeon Falls, ON.
- The two units located at 70 John Street were sold in November 2010 to 1892959 Ontario Ltd. (Sasha Rainville, sole shareholder), and a separate Contribution Agreement was set up with this new proponent.
- On June 2, 2021, 1892959 Ontario Ltd. notified the DNSSAB and the Ministry of its intent, under the terms of the agreement, to withdraw from the Contribution Agreement, repay the balance of the unforgiven loan, and sell the property to a new owner who would not be assuming the Contribution Agreement.
- The current owner sought direction from the Ministry in facilitating the repayment/withdrawal.

CURRENT STATUS/STEPS TAKEN TO DATE:

- The Ministry has reached out directly to 1892959 Ontario Ltd. to negotiate the possibility of the buyer assuming the Contribution Agreement.
- On August 11, 2021, the DNSSAB received communications from the Ministry that the Ministry has accepted the request from the seller regarding the early withdrawal from the agreement, thus also accepting the repayment of the unforgiven loan and release from the PCA.
- Further to this, the DNSSAB requested that final notification be provided once the Ministry and the owner finalize the withdrawal/sale.

RISK IDENTIFICATION AND MITIGATION:

- The sale of this project will not have any effect on the program's budget as the agreement for this project is directly with the MMAH and therefore the project does not receive any funding from the DNSSAB.
- However, the sale of this project will remove two units from the affordable housing stock in the district.

CONCLUSION:

- The DNSSAB will continue to liaise with both the MMAH and the buyer/seller regarding the sale of this property, and will assist all parties as required/necessary.



BRIEFING NOTE EMS08-21

For Information or For Approval

Date: September 23, 2021

Purpose: Response Time Standard 2022 Plan

Prepared by: Robert Smith; Chief of EMS

Reviewed by: Catherine Matheson, DNSSAB CAO

RECOMMENDATION:

THAT the District of Nipissing Social Services Administration Board approve the Response Time Standard (RTS) plan for calendar year 2022 for submission to the Minister of Health, as described in briefing note EMS08-21.

EXECUTIVE SUMMARY

The purpose of this report is to provide the District of Nipissing Social Services Administration Board with a Response Time Standard (RTS) plan for calendar year 2022, and to obtain approval for submission of the plan to the Ministry of Health (MOH) by October 1, 2021. Additionally, this report will provide the Board of Directors with specific information related to response capacity in order that future strategic planning can be managed in an informed manner.

BACKGROUND

The 2022 Provincial Ambulance Response Time Standard plan has grown out of previous year's plans, capturing incremental improvements since the program was first implemented. Next year will mark the tenth year for this model of reporting, one that requires submission of both annual target intent and target compliance.

The Response Time Standard (RTS) plan submission publicly presents the Paramedic Service's response goals, based upon patient acuity and deployment modeling. The information helps to inform stakeholders of the service levels and permits discussion regarding the delivery of Paramedic Services in any community.

RTS PLAN STRUCTURE

RTS plan targets are broken out by patient acuity, with the goal of arriving to those in the most need in the shortest time. One of the most serious of conditions encountered by Paramedics is a patient who has suffered Sudden Cardiac Arrest (SCA), and while a cardiac arrest is a condition familiar to most people, there are a number of other metrics utilized in development of the plan. Annual RTS reporting is based upon the response time, stratified by patient acuity, and captured once Paramedics reach the patient. This fact is important and will be revisited throughout this submission. The Canadian Triage and Acuity Scale (CTAS) of 1 to 5 measures patient acuity.

The following information defines CTAS scoring criteria:

CTAS 1: Critically ill/injured and requires resuscitation to prevent an immediate threat to life, or imminent risk of deterioration. Such patients require immediate and aggressive interventions. Examples include cardiac/respiratory arrest, major trauma, or myocardial infarction.

CTAS 2: Patient requires emergent care and rapid medical intervention to prevent a potential mortality/morbidity threat. Patients require rapid medical intervention. Examples include closed head injury, chest pain, or internal bleeding.

CTAS 3: Patients require urgent care, and included conditions that could potentially result in deterioration. Examples include mild/moderate asthma, less severe trauma, pediatric protracted vomiting/diarrhea.

CTAS 4: Patients require non-urgent care, and includes conditions related advanced age, ongoing distress, or where there is a potential for deterioration, or where the patient might benefit from one or more interventions. Examples include urinary tract symptoms, mild abdominal pain, or an earache.

CTAS 5: Patients require non-urgent care, and includes conditions in treatments and investigations could be delayed, or where patients may be better managed in other areas of the health care system. Examples include sore throat, conditions related to chronic problems.

Target success times are set out in Legislation only for Sudden Cardiac Arrest responses (6 minutes from Paramedic notification) and for CTAS 1 responses (8 minutes from Paramedic notification). The service must establish the percentage of the

time where resources, including in SCA events any defibrillator, can arrive to the patient.

For CTAS 2 through 5 responses, target success times, and percentage success are both determined by the organization. This method allows for Upper Tier Municipalities (UTMs) /Designated Delivery Agents (DDAs) to better describe their response design. Unfortunately, introducing multiple variables challenges effective comparisons to other communities.

REPORT SUBMISSION TIMELINES/DESIGN

RTS submissions times are set out in Regulation. By October 1st of each year, UTM/DDAs are responsible to develop, approve, and submit their RTS plan for the following calendar year. The plan brought forward today will capture the 2022 calendar year.

On the 31st of March each year, UTM/DDAs are required to report to the MOH the community's RTS target performance from the previous year. The 2021 data will be submitted in March of 2022. It is important to note that the reported RTS target success is based on determinations that are eighteen months old. Planning for success beyond the horizon results in generally more conservative plans, but despite this approach, staff regularly monitor and when necessary amend RTS plans.

CHALLENGES TO TARGET COMPLIANCE

Response to sudden cardiac arrest events is specifically set at six minutes from notification, but these calls are extremely infrequent representing ½ of one percent of the total Paramedic call completion, and far less when considering total responses. As such, response target compliance is impacted significantly with few outliers. The law of small numbers can influence RTS achievement by 1-2% either way. In 2020, the service was engaged in 75 SCA call. Similarly small numbers apply to CTAS 1 events, where the 2020 data suggests this call acuity represented only 1.4% of the total call completion. The 2021 data for SCA and CTAS 1 events appears to be relatively unchanged, and staff plan to maintain targets for these two event types in 2022.

Compliance challenges also exist due to population density and staffing models. The rural nature of some of the Nipissing District causes longer response times. A six or eight minute response target, associated with a mobilization time of two minutes when the Paramedics are on site, limits target success to no more than six kilometers from the station location. The Deployment Plan for Nipissing District uses a combination of

on site and on call modeling. While on site Paramedics are required to be mobile within two minutes of notification, target success for six or eight-minute responses are unachievable. Strategic and tactical planning processes allow staff to examine methods to help improve response times across the spectrum of calls, focusing on the most serious events.

Response target compliance is impacted by resource degradation. The utilization of Paramedic resources for non-urgent activities, often out of the District, leaves communities without emergency coverage. The result is the need to assign Paramedics from farther away to high acuity events, resulting in much longer responses. The need for non-urgent patient transport services to manage the necessary movement of patients to the decisions to regionalize health care services must be prioritized to address impact on emergency responses.

Finally, risk to RTS compliance results from communications centre decision making. The tools used by the MOH communications centres apply information received to determine an assigned call priority. The priority system is designed to err on the side of caution, while the RTS target compliance is based on patient acuity following Paramedic arrival and assessment. The majority of responses are assigned at a higher level when compared to the Paramedic assessment on arrival. While the current process is intended to be accurate, it is not. Once a Paramedic crew is assigned to an emergency response, they are committed to that call, and can't be reassigned a call that is more serious. The MOH has staggered the implementation of a new system, Medical Priority Dispatch System (MPDS). Centres where MPDS has been introduced have seen improved accuracy. Nipissing District remains some years from having this newer system available.

2022 RTS PLAN

The RTS plans have remained stagnant for a number of years, seeming to meet the 1996 requirements set out by the MOH. Given work being completed within the organization around the service delivery model, including a review of staffing levels, staff have determined that the 2022 plan should remain unchanged. There is a commitment to ensure the ongoing program assessments will include the potential to amend the plan in year, should that be warranted.

CONCLUSION:

Following Board direction, DNSSAB staff will submit the final version of the 2022 Response Time Standard plan to the Ministry of Health as attached below to this report. The plan had been established based upon data available to date and represents overall achievable goals. Staff believe the above noted goals to be attainable given the commitment.

District of Nipissing Social Services Administration Board, Emergency Medical Services - Response Time Standard Performance Plan 2022

This performance plan sets out response time targets for the calendar year of 2022.

Service Number	,469, 287	Service Name	Mattawa Hospital, NBRHC, Municipality of Temagami
Community Name	District of Nipissing Social Services Administration Board		
Mailing Address	200 McIntyre Street East North Bay , Ontario P1B 8J8		
Telephone	705-474-2151 ext. 3135	Facsimile	705-474-7155
Chief Administrative Officer/ Band Chief/ Manager]	Catherine Matheson CAO	Email	Catherine.matheson@dnssab.ca
		Telephone	705-474-2151 ext.3116
Name & Title of Party Responsible for Completing Submission	Robert Smith; Chief of EMS	Email	Rob.smith@dnssab.ca
		Telephone	705-474-2151 ext. 3135

i. Sudden Cardiac Arrest (SCA)

The service will endeavour to have a responder equipped and ready to use an AED at the location of a patient determined to be in SCA within 6 minutes from the time ambulance dispatch conveys the call information to the paramedic 40% of the time.

ii. CTAS 1

The service will endeavour to have a paramedic as defined by the Ambulance Act and duly equipped at the location of a patient determined to be CTAS 1 within 8 minutes from the time ambulance dispatch conveys the call information to the paramedic 70% of the time.

iii. CTAS 2, 3, 4, 5

The service will endeavour to have a paramedic as defined by the Ambulance Act and duly equipped at the location of a patient determined to be CTAS 2, 3, 4, 5 within the time specified in the table below. The percentage of time the target time will be achieved is also specified in the table below.

CTAS	Target time*	% of target**
2	15.45	90%
3	15.45	90%
4	15.45	90%

5	15.45	90%
---	-------	-----

*Target time: the amount of time (minutes) from paramedic notification (T2) until on scene (T4)

** % of target: percentage of time the target time will be achieved



BRIEFING NOTE EMS09-21

For Information or For Approval

Date: September 23, 2021

Purpose: **Community Paramedicine: Joint Submission by AMO and OAPC**

Prepared by: Robert Smith, EMS Chief

Reviewed by: Catherine Matheson, CAO

Report EMS09-21 details for information a recent submission to the Minister of Health (MOH) and Minister of Long Term Care (MLTC) prepared by the Association of Municipalities of Ontario (AMO) and the Ontario Association of Paramedic Chiefs (OAPC). The submission focuses on Community Paramedicine programming across the Province.

EXECUTIVE SUMMARY

Community Paramedicine (CP) programs have been implemented across Ontario, in an ad hoc manner with a variety of iterations. The programs have proven cost effective and operationally efficient for provision of de-institutional healthcare to citizens in Ontario. Programs were developed to meet specific needs of communities, partner agencies, and clients, and are agile and able to meet emerging and evolving needs. CP programs provide clinical care to vulnerable patients in their own homes, effectively reducing dependence on the 9-1-1 system, preventing Emergency Department (ED) visits, and avoiding hospital admissions. CP programs help to reduce pressure on the health care system while improving quality of life for the patient population.

Despite the efficacy of the existing CP programs, they remain entirely pilot projects not supported through any permanent funding. Nor are the programs supported through any legislative or policy framework. The MOH recently confirmed the existence of 263 individual pilot CP programs within 43 of the 52 Upper Tier Municipalities (UTMs), District Social Services Administration Boards (DSASABs), and First Nations (FN) Paramedic Services. There are currently three separate CP projects being delivered in

Nipissing District. Two are funded by the MOH, directly to NBRHC, and the third funded by the MLTC to the DSSAB.

The joint submission by AMO and OAPC requests the MOH and MLTC develop regulatory language, policy framework, and permanent streams to lay the foundation for community paramedicine to be an entrenched component of primary health care in Ontario. The submission specifically requests that the Ministries work with AMO, OAPC and the City of Toronto to establish a working group to develop a Community Paramedicine policy framework and accompanying legislation by fall 2022. The specific inclusion of the City of Toronto pertains to the City of Toronto Act, which compels government to discuss issues with the City that have legislative impacts. A number of other UTM/DSSAB/FNs will also be engaged in the process through OAPC and AMO.

BACKGROUND

The MOH's Emergency Health Service Branch (EHS) is responsible for regulatory oversight for each of the paramedic services mandated to UTMs, DSSABs, or FN communities. The overall cost of paramedic services is \$1.5-billion, and is funded jointly by the province and municipal levies. Services include the 61 paramedic services, Central Ambulance Communications Centres (CACCs) and Base Hospital (BH) programs. The DNSSAB currently contracts service delivery to NBRHC, Mattawa Hospital, and the Municipality of Temagami.

Municipal governments have always been actively engaged in the health system delivery across Ontario. While health services remain defined as a provincial responsibility, Municipalities and DSSABs fund and deliver several health services, and assess and respond to the community specific health needs in an effort to positively impact outcomes. These facts are borne out as municipal governments spent \$2.23 billion for health-related costs in 2018. Costs included the municipal portions of public health, paramedic services and long-term care homes. In other provinces, such health-related costs are provincially funded.

While the 9-1-1 paramedic services are captured under legislation and within a provincial framework, community paramedicine is more nuanced. CP staff provide care in community, and deliver a collaborative approach that engages with Family Health Teams, Ontario Health Home and Community staff, hospital discharge planning teams, and, more recently, public health units. The programs effectively prevent the need for transport of patients to health facilities. CP programs are not specifically captured in legislation, nor are they a mandated service. Program funding is fragmented.

Municipalities have recognized the importance of CP initiatives as mitigation strategies designed to improve outcomes for citizens.

In 2014, the Local Health Integration Networks (LHINs) responded to recommendations in the Ontario Senior's Strategy that related to community paramedicine to advance an aging at home strategy. Since that time, the LHINs have been responsible for determining which CP programs would be funded, or not, using the nearly \$6 million envelope. Those dollars supported 30 UTM/DDSAB CP programs, some with very limited funding.

In 2020, Ontario Health temporarily funded a high intensity project to focus on a specific set of clients with multiple needs. This \$10 million dollar project was only funded through the end of March 2021

In 2021, the MLTC began funding a number of CP programs for up to three years, focusing on seniors on Long Term Care waitlists, or at risk for requiring placement. The goal was to help these citizens remain at home, living independently.

FUNDING CHALLENGES

There are currently three specific funding sources for community paramedicine programs. The total annual funding exceeds \$64 million. None of these projects are permanent, and there has been no increase in the initial 2014 funding since that time. All annual program increases have been covered locally, or through service reduction. Additionally, the community paramedicine programs funded through the MOH are subject to a process where the dollars can't be issued directly to the delivery agent. As such, a paymaster arrangement has to be developed to flow the dollars through a third party. The rationale is that municipal governments/DSSABs are not considered health service providers within the LHIN Act. The only program that does fund directly to the UTMs/DSSABs is the MLTC.

The AMO/OPAC submission requests the MOH/MLTC to make permanent the funding sources and to adjust the methods for flowing of the dollars to eliminate the need for unnecessary workarounds. Additionally, they request that the programs be fully funded by the province.

MEDICAL OVERSIGHT

The role of medical oversight within the paramedic service system is long standing. The Paramedic industry is heavily regulated within the 9-1-1 response model, with medical oversight managed by a series of regional Base Hospital (BH) programs. Medical

control for the services operated in Nipissing District is managed through Health Sciences North Centre for Prehospital Care (HSNCPC). The costs associated with BH program delivery are fully borne by the Province. Community paramedicine medical oversight is included in the BH program. Services must contract with one or more physicians to permit the provision of CP care. The contracting of medical oversight between the UTM/DSSAB and the physician is done as a fee for service.

There are inherent and accepted risks associated with patient care. Such risks are shared between the CP, the physician and the employer. The AMO/OAPC submission calls for a standardized approach to the medical oversight of CP programs. The submission also requests the MOH consider designation of paramedics as regulated health professionals, something discussed for more than a decade.

CURRENT STATE/NEXT STEPS

The evolution of community paramedicine initiatives across Ontario have had a significant positive impact on patient outcomes and on the system impacts. Data has shown that these programs reduce 9-1-1 repeated service requests, reduce ED visits and are effective as an admission avoidance strategy. CP programs keep citizens in their homes and in a healthier state, something that is the ideal choice of clients.

CP programs have proven themselves to be effective and financially responsible. They are able to evolve to meet emerging needs and able to fill existing gaps in home and community health service delivery, something of significance in rural and northern communities. The CP programs allow for outreach to patients who lack primary health care, and who consume health services through emergency services and hospital systems.

CP programs have also been instrumental in mitigating the impact of COVID-19 in many communities. Staff have worked closely with PHU personnel to rollout mobile community testing and vaccination efforts in mass clinics, or for homebound community members. Vaccination delivery by CP personnel will continue to evolve, and include mirrored programs for influenza programs.

CONCLUSION

As of this year, there exists three separate community paramedicine programs in Ontario. Each has a different set of funding parameters, and two different ministries operate them. Each has separate reporting processes, but interestingly, they all focus

on the same patient populations. There is overlap in clients. The overarching program designs are disjointed, but there could be changes made to allow for a more systematic approach, one that while allowing for community specific efforts, would span the entire province.

The AMO/OAPC submission makes the argument for a framework for the introduction of legislation to incorporate community paramedicine into the scope of paramedic systems rather than the adjunct design currently in place. The submission also asserts that the funding for community paramedicine should be the responsibility of the provincial government, similarly shared across the province, and made permanent. Finally, the submission speaks to the potential for implementing alternatives for medical oversight. The current model of oversight is external to the Base Hospital Program, through contracted physician services. The submission speaks to the longstanding efforts to move paramedics into a regulated health profession. This final item will remain a more long-term effort.

BRIEFING NOTE B18-21

For information For Approval

Date: September 22, 2021

Purpose: **National Day for Truth and Reconciliation**

Prepared by: Melanie Shaye, Director of Corporate Services

Reviewed by: Catherine Matheson, CAO

Briefing Note B18-21 provides information for the Board on the National Day of Truth and Reconciliation and its observance by the District of Nipissing Social Services Administration Board (DNSSAB) staff.

BACKGROUND:

The government of Canada recently passed legislation making September 30th a federal statutory holiday called the National Day for Truth and Reconciliation. The day is intended to provide an opportunity to recognize and commemorate the legacy of residential schools. This may present itself as a day of quiet reflection or participation in a community event.

CURRENT STATUS:

The DNSSAB staff will observe the National Day of Truth and Reconciliation. The DNSSAB's decision is consistent with the City of North Bay's decision to recognize the September 30th date. The DNSSAB wellness committee has further shared information on events at the North Bay Indigenous Friendship Centre on September 30th.

Further, through the DNSSAB's staff development half day educational event on September 23, 2021 guest speaker Roger Assiniwe, Cultural Resource Coordinator at the Indigenous Friendship Centre will speak to all staff about the effects the residential

schools had on the Indigenous culture, and explain ways we can help individuals on their healing journey.

NEXT STEPS:

The DNSSAB continues to seek ways to support staff in understanding both the challenges of the Indigenous community as well as supporting an understanding of cultural diversity. In 2021 the DNSSAB also provided all staff with cultural diversity training through Diversity at Work Nipissing.

BRIEFING NOTE B20-21

For Information or For Approval

DATE: September 22, 2021
PURPOSE: Endorsement of NOSDA Resolutions
PREPARED BY: Marianne Zadra, Executive Coordinator
REVIEWED BY: Catherine Matheson, CAO

RECOMMENDATION:

THAT the District of Nipissing Social Services Administration Board (DNSSAB) agrees to endorse the attached Northern Ontario Service Deliverers Association (NOSDA) resolutions 2021-6 to 2021-17, as presented at their AGM.

REPORT:

In July, 2021 NOSDA requested that members DSSABs endorse the resolutions approved at their Annual General Meeting. These resolutions were circulated to DNSSAB members and are attached for this Board's endorsement.



2021 Annual General Meeting
Virtual AGM

Resolution # 2021- 6

Subject: **Public Health Crisis in the North**

Date: June 22, 2021

Moved By: **Richard Malette**

Seconded By: **Brian Bigger**

WHEREAS Northern Ontario is in the middle of Public Health Crisis where the number of opioid deaths has far exceeded the number of deaths related to the COVID-19 Pandemic; and

WHEREAS the deaths related to COVID are tragic and have been felt all across Northern Ontario, the Mental Health and Addictions Crisis is devastating to communities because of the lack of Mental Health and Addictions resources available in Northern Ontario; and

WHEREAS this Public Health Crisis affects all aspects of the services and people NOSDA members serve; and

WHEREAS the province and each provincial Ministry has a role to play in dealing with this Public Health Crisis; and

WHEREAS the Ministry of Municipal Affairs and Housing is responsible for providing safe and affordable housing; and

WHEREAS the Ministry of Children, Community & Social Services is responsible for financial assistance to the most vulnerable; and

WHEREAS the Ministry of Health is responsible for providing Emergency Health Services and health services; and

WHEREAS the Ministry of Education is responsible for providing safe, affordable and quality Early Learning and Child Care;

WHEREAS the Ministry of Solicitor General is responsible for Correctional Facilities and the safe discharge planning for those in their custody; and

WHEREAS the Ministry of Labour, Training and Skills Development is responsible for working to prevent workplace injuries and illnesses, promoting and enforcing employment standards including the Health and Safety of all employees; and

WHEREAS the Ministry of Long Term Care is responsible for working to end hallway medicine, reduce waitlists and ensure that our long-term care sector has a proper path forward to handle the growing elderly population.

THEREFORE BE IT RESOLVED THAT NOSDA calls on the Premier to take an all of government approach to manage and find solutions to the Public Health Crisis in the North; and

FURTHER BE IT RESOLVED THAT NOSDA calls on the Premier to establish a Northern Ontario Joint Partnership table to manage the Public Health Crisis in Northern Ontario.

FURTHER BE IT RESOLVED THAT NOSDA work with the Northwestern Ontario Municipal Association (NOMA) and Federation of Northern Ontario Municipalities (FONOM) to work with the province to deal with Public Health Crisis.



Michelle Boileau
NOSDA Chair



2021 Annual General Meeting
Virtual AGM

Resolution # 2021- 7

Subject: **Mental Health and Addictions**

Date: June 22, 2021

Moved By: **Doug Jelly**

Seconded By: **Brian Bigger**

WHEREAS the Northern Ontario region has significant access issues and wait-lists for mental health and addictions services impacting our communities and clients; and

WHEREAS NOSDA members do not have the capacity to address mental health or addiction issues facing their clients in Ontario Works, Community Housing and Paramedic Services without the help of community service delivery partners; and

WHEREAS NOSDA members deliver services that are integral to the health service continuum and yet those services are limited in their efficacy due to the lack of integration with health service providers

THEREFORE BE IT RESOLVED THAT the Ministry of Health establish a joint partnership committee with the Ontario Health agency and NOSDA members, recognizing the Service System Manager role of the NOSDA members, to ensure direct funding is secured by the mental health and addictions service providers to provide the necessary supports to NOSDA members as required; and

FURTHER BE IT RESOLVED THAT NOSDA continue to advocate for mental health and addictions system capacity so that those Mental Health Associations and organizations can and will provide appropriate support to community housing residents that require service.

A handwritten signature in black ink, appearing to read 'mboileau', is positioned above a horizontal line.

Michelle Boileau
NOSDA Chair



2021 Annual General Meeting
Virtual AGM

Resolution # 2021- 8

Originator: **Housing Services & Homelessness Working Group**
Subject: **Community Homelessness Prevention Initiative (CHPI) Funding**

Date: June 22, 2021

Moved By: **Debbie Ewald**

Seconded By: **Lucy Kloosterhuis**

WHEREAS NOSDA members are concerned with current allocation method used by the province under the Social Services Relief Fund; and

WHEREAS the funding formula for the Social Services Relief Fund does not appear to be based on evidence and/or statistical data and in the attempt to appear equitable has precluded a strategic response to actual need; and

WHEREAS NOSDA members are concerned that the province will look at a new funding allocation for the Community Homelessness Prevention Initiative (CHPI) and Home for Good programs which may mirror the Social Services Relief Fund allocations.

THEREFORE BE IT RESOLVED THAT NOSDA call on the province to maintain the current CHPI funding allocations as a minimum threshold and that additional funds be allocated based on a strategic response to demonstrated need.

A handwritten signature in black ink, appearing to read 'mboileau', is positioned above a horizontal line.

Michelle Boileau
NOSDA Chair



2021 Annual General Meeting
Virtual AGM

Resolution # 2021- 9

Originator: **Children’s Services Working Group**
Subject: **Service System Management Responsibility for EarlyON**

Date: June 22, 2021

Moved By: **David Plourde**

Seconded By: **Michelle Boileau**

WHEREAS in 2018, the Provincial government transferred the service system management and funding of EarlyON Child and Family Centres (formerly Ontario Early Years Child and Family Centres) to CMSM/DSSABs; and

WHEREAS an Early Years Provincial Network (EYPN) existed prior to 2018, with representation of provincially funded Ontario Early Years Child and Family Centre providers, with a direct connection to the Ministry of Education; and

WHEREAS this EYPN continues to meet with the Ministry of Education on matters that should be addressed through service system managers; and

WHEREAS it is important for the EYPN and the Province to recognize the CMSM/DSSAB service system management role that is imbedded in the provincial service agreements with CMSM/DSSABs;

THEREFORE BE IT RESOLVED THAT NOSDA requests that the Honourable Stephen Lecce, Minister of Education, direct EYPN to consult and collaborate directly with CMSM/DSSABs, recognizing the role of the CMSM/DSSAB as the Service System Manager for early years services in the province, and that the Ministry of Education cease to meet with this EYPN accordingly.

A handwritten signature in black ink, appearing to read 'mboileau', is positioned above a horizontal line.

Michelle Boileau
NOSDA Chair



2021 Annual General Meeting
Virtual AGM

Resolution # 2021- 10

Originator: **Children’s Services Working Group**
Subject: **Support for National Child Care Plan**
Date: June 22, 2021

Moved By: **Andrew Hallikas**

Seconded By: **Brian Bigger**

WHEREAS the Federal Government announced a commitment to invest up to \$30B into the development of a national early learning and child care strategy over the next five years in its 2021 budget tabled on April 19, 2021, and to provide permanent ongoing funding of \$8.3B annually by 2025-26; and

WHEREAS new federal investments will reduce fees in regulated child care by 50% on average by 2022; and

WHEREAS federal funding will enable an average of \$10 per day child care by 2026 everywhere in Canada outside of Quebec; and

WHEREAS federal funding will support additional spaces for before-and-after school care for families; and

WHEREAS federal funding will create new enhancements for Indigenous early learning and child care programs; and

WHEREAS the Federal budget announcement offers an unprecedented investment to make early learning and child care more affordable and accessible for families across the country; and

WHEREAS the COVID-19 pandemic has demonstrated how essential child care is for families, communities, and employers, and how precarious the current early learning and child care system in Ontario is without sufficient and stable government funding; and

WHEREAS territories and provinces must enter into bilateral agreements with the Federal government agreeing to targets on areas such as affordability, quality of care, and training of early childhood educators in order to access the new funding as outlined in the federal budget.

THEREFORE BE IT RESOLVED THAT NOSDA advise the Honourable Stephen Lecce, Minister of Education of its support for a National Child Care Plan and NOSDA will work with the Province in developing a responsive, affordable, and high quality early learning and child care system that recognizes the value and contribution of early years professionals.

A handwritten signature in black ink, appearing to read 'mboileau', is positioned above a horizontal line.

Michelle Boileau
NOSDA Chair

2021 Annual General Meeting
Virtual AGM

Resolution # 2021- 11

Originator: **Income Support & Employment Services Working Group**
Subject: **Ontario's Vision for Social Assistance Transformation**

Date: June 22, 2021

Moved By: **Richard Malette**

Seconded By: **Debbie Ewald**

WHEREAS the province of Ontario has announced its vision for a renewed social assistance system; and

WHEREAS at the core of this transformation are the province has established the following principles:

- prioritizing the outcomes of employment, financial resilience, independence, and well-being
- supporting positive client and staff experiences
- assigning roles to where they make the most sense and improve efficiency
- improving program integrity by leveraging data and technology
- designing in partnership with municipal delivery partners
- building a system that puts people at the centre, with services that work effectively together to support them
- using data, evidence, and the voice of clients to inform design

WHEREAS the vision makes sense to NOSDA and once realized, will provide for more effective people-centred services to improve client outcomes and NOSDA supports AMO's assertion that these changes must be implemented without an increase in municipal program delivery costs and that the changes do not alter the current provincial-municipal cost-sharing arrangements; and

WHEREAS Provincial–municipal collaboration has resulted in a social assistance framework based on helping people achieve stability in their lives. This means a system where caseworkers focus on the building blocks of greater independence and long-term employability, using their time with clients to understand people's needs; and

WHEREAS the Province, Municipalities and the community at large must all work together to create a system that will achieve the goals of life stabilization and better outcomes for those who need help; and

WHEREAS NOSDA members have been recognized as the Municipal Service System Managers for Human Services within the communities they have jurisdiction over; and

WHEREAS NOSDA members are recognized as valued partners and key stakeholders by School Boards, Public Health Units, Hospitals, Non-Profit Housing Providers, Local Health Integration Networks, Community Agencies, and municipalities; and

WHEREAS access to financial assistance is not enough, it takes a lot of support in terms of mental health, addictions services, primary care, parenting, family supports, youth programs, affordable housing, and child care, etc.

THEREFORE BE IT RESOLVED THAT NOSDA members are cautiously optimistic on the provinces vision as it makes some important moves in the right direction and the provinces willingness to co-design the new system with NOSDA members is encouraging; and

FURTHER BE IT RESOLVED THAT NOSDA members call on the province to clearly define Life Stabilization as well as the outcome model framework in order to define success. Recognize that Life Stabilization activities can be intense, long term, and non-linear;and

FURTHER BE IT RESOLVED THAT the new funding needs to recognize the work involved and the supports needed for both clients and staff.



Michelle Boileau
NOSDA Chair



2021 Annual General Meeting

Virtual AGM

Resolution # 2021- 12

Originator: **Income Support & Employment Services Working Group**
Subject: **Social Services Simplification**

Date: June 22, 2021

Moved By: **George Pirie**

Seconded By: **Bruce Killah**

WHEREAS the province of Ontario has announced its vision for a renewed social assistance system; and

WHEREAS the province has introduced Bill 276, the Supporting Recovery and Competitiveness Act, 2021; and

WHEREAS the vision makes sense to NOSDA and once realized, will provide for more effective people-centred services to improve client outcomes and NOSDA supports AMO's assertion that these changes must be implemented without an increase in municipal program delivery costs and that the changes do not alter the current provincial-municipal cost-sharing arrangements; and

WHEREAS the changes proposed in Bill 276 do not deal with the over 800 rules within the Social Services System that require significant staff time; and

WHEREAS the changes proposed in Bill 276 do not deal with the adequacy of allowances.

THEREFORE BE IT RESOLVED THAT NOSDA calls on the Premier of Ontario to move forward with the vision for a renewed social assistance system however vision cannot be accomplished unless the province deals with the simplification of the system and the adequacy of allowances; and

FURTHER BE IT RESOLVED THAT the Premier directs the Minister of Children, Community & Social Services who is responsible for Social Services System to immediately start working on simplification of the Social Services System as they co-design the Vision for Social Assistance Transformation with CMSM/DSSAB's.

A handwritten signature in black ink, appearing to read 'mboileau', is positioned above a horizontal line.

Michelle Boileau
NOSDA Chair



2021 Annual General Meeting
Virtual AGM

Resolution # 2021- 13

Originator: **Income Support & Employment Services Working Group**
Subject: **Employment Services Transformation**

Date: June 22, 2021

Moved By: **Mark King**

Seconded By: **Dan Roveda**

WHEREAS the province is transforming Ontario's employment services to make them more efficient, more streamlined, and outcomes focused; and

WHEREAS As part of Employment Services Transformation, a new service delivery model will integrate social assistance employment services, as well as other government employment services, into Employment Ontario. This new system will be more responsive to the needs of job seekers, businesses, and local communities; and

WHEREAS the Ministry of Labour, Training and Skills Development is transforming the employment services system to reduce fragmentation and duplication between provincial employment systems to improve client service, increase accountability and achieve better outcomes for all job seekers and employers; and

WHEREAS the Ministry of Labour, Training and Skills Development is currently in the process of selecting the 15 Service System Managers to create a locally responsive employment services system that delivers sustained employment outcomes for all individuals and businesses, based on their needs; and

WHEREAS the Ministry of Labour, Training and Skills Development has designated 2 geographical regions in the North, being Northeastern Ontario and Northwestern Ontario; and

WHEREAS NOSDA members are concerned that the two Northern regions are too large and vast a geographic area for two Service System Managers to appropriately manage; and

WHEREAS it has also been acknowledged that other municipally delivered services including Housing Services and Children's Services are fundamental to assisting individuals along the continuum of employment; and

THEREFORE BE IT RESOLVED THAT NOSDA call on the Premier of Ontario to move forward with the transformation of the employment services system and more specifically that the province engage CMSM/DSSABs as full partners in managing and planning employment services in their communities; and

FURTHER BE IT RESOLVED THAT the Honorable Monte McNaughton, Minister of Labour, Training and Skills Development work with NOSDA members to determine the best approach for Service System Management of Employment Services in the North.



Michelle Boileau
NOSDA Chair



2021 Annual General Meeting
Virtual AGM

Resolution # 2021- 14

Subject: **Community Paramedicine Funding**
Date: June 22, 2021

Moved By: **Richard Malette**

Seconded By: **Doug Jelly**

WHEREAS the province provides funding for High Intensity Supports and Community Paramedicine through the Ministry of Health's Ontario Health Teams (formerly the LHINs) to select Paramedic Services; and

WHEREAS the province has recently provided funding for Community Paramedicine for Long Term Care through the Ministry of Long-Term care to only Paramedic Services with existing High Intensity Supports Community Paramedicine programs; and

WHEREAS Community Paramedicine programs contribute greatly to community health and well-being by providing health care assessment and service in individuals homes versus acute care centres.

THEREFORE BE IT RESOLVED THAT the Northern Ontario Service Deliverers Association (NOSDA) requests that the Minister of Health and the Minister of Long-Term Care provide equitable Community Paramedicine Program funding throughout all of Northern Ontario.

A handwritten signature in black ink that reads 'mboileau'.

Michelle Boileau
NOSDA Chair



2021 Annual General Meeting
Virtual AGM

Resolution # 2021- 15

Subject: **Paramedic Services Modernization**

Date: June 22, 2021

Moved By: **George Pirie**

Seconded By: **Geoff McCausland**

WHEREAS in the fall of 2019, the province as part of Ontario's comprehensive plan to end hallway health care, we will be modernizing both public health and emergency health services to meet the evolving needs of communities across Ontario; and

WHEREAS in the fall of 2019, the Ontario government introduced Jim Pine, as the advisor who will lead the Ministry of Health's engagements with municipal governments and the public health and emergency health services sectors to strengthen and modernize public health and emergency health services; and

WHEREAS the Minister of Health has clearly indicated their intent to proceed with the modernizing emergency health services once the COVID-19 pandemic is over; and

WHEREAS Paramedic Services in Northern Ontario provide coverage for vast geographic areas; and many Paramedic Stations in the North are single vehicle stations staffed with one crew and in many cases operating on a call back system in the evenings; and the next closest ambulance may be more than one hour away; and

WHEREAS Northern municipalities and the Designated Delivery Agent for Paramedic Services already struggle to maintain services and response times across the vast geographic areas; and

WHEREAS Northern municipalities are struggling to maintain appropriate funding to continue services, in both rural and urban areas, to a level and quality of service both expected and experienced in other parts of the province.

THEREFORE BE IT RESOLVED that the Northern Services Delivery Association (NOSDA) calls upon the Minister of Health to work closely with NOSDA members as it proceeds with the modernizing emergency health services; and

FURTHER BE IT RESOLVED that any modernization of Emergency Health Services ensures that the 144 municipalities across Northern Ontario have a say in the provision of services within their catchment area; and

FURTHER BE IT RESOLVED that any modernization of Emergency Health Services does not increase the current municipal share of Emergency Health Services.

A handwritten signature in black ink, appearing to read 'Michelle Boileau', is positioned above a horizontal line.

Michelle Boileau,
NOSDA Chair



2021 Annual General Meeting

Virtual AGM

Resolution # 2021- 16

Subject: **Non-Urgent Patient Transfers**

Date: June 22, 2021

Moved By: **Norm Mann**

Seconded By: **Patricia Hewitt**

WHEREAS the Province has created a Regionalized Health Care System to maximize service to patients in a central location; and

WHEREAS non-urgent transfer patients generally do not require the use of an ambulance, however, in Northern Ontario ambulances are utilized extensively, as alternate, less costly and more efficient Medical transport services have not been developed by Northern hospitals; and

WHEREAS the use of local ambulance resources for non-urgent transfers places communities at risk for delays in response to emergent calls for service, particularly in one ambulance communities; and

WHEREAS in Southern Ontario, non-urgent patient transfers are provincially funded at 100%, through the use of medical transport services, at a much lower cost than utilizing Paramedic Services and eliminating the risk of delay in response to emergent calls; and

WHEREAS in Northern Ontario the cost of non-urgent transfers is borne of at least 50% cost to the local taxpayers and places the citizens at risk of delays in emergent response; and

WHEREAS Ontario health has committed to reduce the use of Paramedic Service for non-urgent patient transfers through funding for Medical Transport Services, change has been limited with inconsistent application of resources and a failure to meet the needs of the municipally funded Paramedic Services and the citizens of Northern Ontario

THEREFORE BE IT RESOLVED THAT NOSDA requests the Ministry of Health and Long Term Care take the immediate necessary steps to fund Medical Transport Services equitably across Northern Ontario; and

FURTHER BE IT RESOLVED THAT steps to reduce hospital dependencies on Paramedic Services for non-urgent patient transports be established immediately; and

FURTHER BE IT RESOLVED THAT a copy of this Resolution be circulated to the Premier of Ontario, Minister of Health & Long Term Care, Ontario Health - North, AMO, NOMA, FONOM, OAPC, OMA and Northern Ontario Paramedic Service providers.

A handwritten signature in black ink, appearing to read 'Michelle Boileau', is positioned above a horizontal line.

Michelle Boileau
NOSDA Chair



2021 Annual General Meeting

Virtual AGM

Resolution # 2021- 17

Subject: **Correctional Facilities Discharge Planning**

Date: June 22, 2021

Moved By: **George Pirie**

Seconded By: **Mark King**

WHEREAS the Ministry of the Solicitor General made difficult decisions during the COVID-19 Pandemic around the release of inmates and individuals from the Correctional System for Health and Safety Reasons; and

WHEREAS during the COVID-19 Pandemic it became apparent that in some cases inmates were being released from Jails and Correctional Facilities into homelessness which put a real strain on the municipal emergency shelters, homelessness systems and community safety and wellbeing plans; and

WHEREAS the COVID-19 Pandemic has highlighted the importance having adequate housing infrastructure and partnership with Consolidated Municipal Service Managers and District Social Services Administration Boards in the development of Discharge Planning Strategies; and

WHEREAS NOSDA members want to work with the Honourable Sylvia Jones, Solicitor General to ensure the safety of all community members.

WHEREAS this issue is being compounded by recent changes in the Federal Bill C75 *“an Act to amend the Criminal Code, the Youth Criminal Justice Act and other Acts and to make consequential amendments to other Acts”* and the change to bail court provision that no longer require incarceration prior to bail court

THEREFORE BE IT RESOLVED THAT NOSDA asks that the Honourable Sylvia Jones, Solicitor General work with NOSDA members to develop a protocol in Northern Ontario for appropriate and effective Discharge Planning Strategies of individuals from Jails and Correctional Facilities into Northern Communities to ensure their safety and the safety of all community members.

A handwritten signature in black ink, appearing to read 'mboileau', is positioned above a horizontal line.

Michelle Boileau
NOSDA Chair

BRIEFING NOTE HS41-21

For Information or For Approval

Date: September 22, 2021

Purpose: **Native People of Nipissing Non-Profit Residential Development Corporation (NPON) Phase I End of Operating Agreement**

Prepared by: Stacey Cyopeck, Director, Housing Programs

Reviewed by: Catherine Matheson, Chief Administrative Officer

RECOMMENDATION:

That the District of Nipissing Social Services Administration Board (DNSSAB) receives for approval report HS41-21, regarding the End of Operating Agreement for the Native People of Nipissing Non-Profit Residential Development Corporation (NPON) Phase I scattered units, and;

THAT the DNSSAB continue to fund the 15 Urban Native units through the COCHI Rent Supplement allocation from the 2021-22 and 2022-23 fiscal years.

BACKGROUND:

In 1986, the Native People of Nipissing Non-Profit Residential Development Corporation (NPON) signed a 35-year operating agreement with the DNSSAB that consisted of fifteen (15) scattered units (all semi-detached homes) located within the City of North Bay. These units consist of fourteen (14) 3-bedroom homes and one (1) 4-bedroom home.

The NPON's operating agreement is set to expire in October 2021 with the last mortgage payment provided on August 25th, 2021. The DNSSAB has been working closely over the past year with the NPON Executive Director to ensure a stable plan is in place that provides sustainability for the 15-units beyond their expiry.

As announced in April 2019, the Canada-Ontario Community Housing Initiative (COCHI) & Ontario Priorities Housing Initiative (OPHI) are joint initiatives between the federal and provincial government for the delivery of affordable and social housing. COCHI funding represents a re-investment of federal funding that has been declining under the Canada-Ontario Social Housing Agreement. More specifically,

the Rent Supplement component aligns with the program mandate of preserving Urban Native Housing units and ensuring there is no net loss of units while providing adequate rental affordability.

CURRENT STATUS/STEPS TAKEN TO DATE:

- Ongoing communications with the Executive Director of NPON regarding the EOA and transitioning the 15 units to the COCHI Rent Supplement Program until March 31, 2022.
- The Owner agrees to continue administering the rent calculations for this project as well as maintain its own waitlist while under the COCHI agreement.
- Further communications are to take place with the Executive Director of NPON that focus on April 1, 2022 and beyond regarding transitioning the units to the Commercial Rent Supplement Program.
- A draft agreement is being finalized and will be presented to NPON once it is complete outlining the following:
 - COCHI Guidelines
 - Building & Maintenance Standards
 - Unit Allocation Process
 - RGI Administration Guidelines & Legislation
 - Social Housing Notification
 - Owner Reporting Requirements
 - Service Manager & Owner Responsibilities

RESOURCES REQUIRED:

- Executed COCHI Rent Supplement contract with NPON for the 15 scattered RGI units located within North Bay from October 1, 2021 to March 31, 2023 as the COCHI/OPHI allocations were received from MMAH on August 23, 2021 for the upcoming 2022-23 fiscal year.
- COCHI Rent Supplement budget of \$51,000 from the 2021-22 allocation has been dedicated to NPON for the remainder of the fiscal year (6-month period after expiry) from October 1, 2021 – March 31, 2022, while \$102,000 from the 2022-23 allocation will be allocated to NPON for the upcoming fiscal year.
- Transitioning the NPON to the regulated Simplified RGI Calculation method upon the execution of the COCHI Rent Supplement contract.
- ONPHA online training for staff of NPON specific to the Simplified RGI Calculation method
- Ongoing support and additional training and resources from Housing Administrators in relation to the Simplified RGI Calculation method as necessary.

RISK IDENTIFICATION AND MITIGATION:

The provision of COCHI Rent Supplement funding aligns with the COCHI/OPHI program requirements to ensure that there is no net-loss of Urban Native Units in the District.

Staff will continue to evaluate the ability to continue to leverage provincial funding to support these units in the upcoming years. Should the COCHI/OPHI funding allocations, or alternative funding sources, not be sufficient to support these units beyond 2022-23, consideration will be given to continue the funding under Commercial Rent Supplement.

CONCLUSION:

With the signing of the contract, the DNSSAB will be able to secure the 15 Urban Native units within its portfolio ensuring that there is no net loss of Urban Native units within the District and further assuring that these units are sustained with adequate rental affordability.

The necessity for affordable housing in Nipissing District, including dedicated Urban Native housing, will continue to be a priority and the DNSSAB will continue to facilitate, support, and maintain the integrity of the social housing system through financial programs and assistance.