



	REPORT No.: 2020-62
MEETING DATE: DECEMBER 17, 2020	DATE PREPARED: DECEMBER 3, 2020
SUBJECT: 2021 RURAL ONTARIO MUNICIPAL ASSOCIATION CONFERENCE BRIEFINGS PACKAGE	

RECOMMENDATION

THAT with respect to Report No. 2020-62 (CAO Division), we, The District of Thunder Bay Social Services Administration Board (TBDSSAB or the Board), approve the 2021 Rural Ontario Municipal Association (ROMA) Briefings Package, as presented;

AND THAT we direct the Chief Administrative Officer (CAO) to submit delegation requests to the appropriate provincial Ministries;

AND THAT the CAO attend the 2021 ROMA conference to provide support to the Board Chair and other Board members in their meetings with provincial officials regarding these issues.

REPORT SUMMARY

To present the 2021 Rural Ontario Municipal Association (ROMA) Briefings Package for review and approval.

BACKGROUND

ROMA will be holding its 2021 Annual Conference virtually, January 25-26, 2021. As part of the programming for the Annual Conference, municipal delegations may submit requests to meet with a Minister or Parliamentary Assistant.

COMMENTS

Briefings packages have been developed by the Integrated Social Services Division management team in consultation with the Office of the Chief Administrative Officer to bring forward issues identified by Administration to the Board that require advocacy with provincial Ministers. The ROMA conference that is scheduled for January 2021 is recommended as an opportunity for the Board to present these issues.

The Briefings Package contains 4 key recommendations.

- 1) The TBDSSAB encourages the Ministry of Health to partner with the Ministry of Municipal Affairs and Housing (MMAH) to provide funding designated for mental health and addictions agencies to provide direct supports for in situ Community Housing tenants as well as others that are seeking supportive housing.
- 2) With respect to the Child Care administration reductions scheduled for January 1, 2022, the TBDSSAB requests that the Minister reduce the administration threshold from 10% to 8%, rather than from 10% to 5%.
- 3) TBDSSAB urges the Ontario government to consider providing the resources to allow vulnerable people to access computer and phone technology and service plans, to remove barriers to accessing education, training, employment and community services.
- 4) The Minister of Municipal Affairs and Housing is requested to provide funding to offset revenue losses resulting from the provincial Rent Freeze policy as it will result in a higher levy in 2021 to member municipalities than under current policy.

FINANCIAL IMPLICATIONS



There are no financial implications related to this report.

CONCLUSION

It is concluded that the 2021 ROMA Briefings Package be reviewed and approved as presented.

REFERENCE MATERIALS ATTACHED

Attachment #1 [Rural Ontario Municipal Association 2021 Conference Briefing Package](#)

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Brief: Dedicated Housing with Supports for Tenants Experiencing Mental Health and Addictions

Hon. Christine Elliot, Minister of Health

Summary

The District of Thunder Bay Social Services Administration Board (TBDSSAB) recognizes and applauds the Government of Ontario's supportive approach to addressing homelessness to create permanent and independent housing solutions. However, additional resources are required to provide supports for in situ tenants of Community Housing and for the non-homeless requiring supports.

Therefore, TBDSSAB requests that the Ministry of Health (MOH) partner with the Ministry of Municipal Affairs and Housing (MMAH) to provide funding designated for mental health and addictions agencies to provide direct supports for in situ Community Housing tenants as well as others that are seeking supportive housing.

Background

It is evident that various supports from both the MOH and MMAH are required to ensure successful tenancies, prevent evictions, and to end the cycle of homelessness. For example, the Housing First approach to ending homelessness is well-known for its individualized and client-driven supports as a core principle in sustaining permanent housing. Similarly, the Home for Good (HFG) initiative launched by the Province has committed funding to help Service Managers house homeless individuals and connect them to appropriate supports.

The supportive approach implemented by MMAH to addressing homelessness is the proper method for creating permanent and independent housing solutions. However, the need to provide supports for in situ Community Housing tenants and additional resources for those requiring supports is an area that has been overlooked by the MOH.

In the context of Community Housing in the District of Thunder Bay there is need for additional supports given that the incidence of mental health and addictions is much higher in the District of Thunder Bay than the provincial average. Homelessness in the District of Thunder Bay is an issue of concern for the TBDSSAB, with 474 individuals declaring as homeless in the 2018 point in time count. Of these, 66% identified as Indigenous and 70.9% of survey participants reporting having an addiction.

The North West LHIN indicates that admission rate to inpatient adult mental health units is the 3rd highest rate in the province (33.7 per 1,000 population compared to 24.9 per 1,000 population provincially). The average length of stay in inpatient adult mental health units was the highest in the province at 34.9 days and the number of admissions to inpatient adult mental health units is the second highest in the province (671.1 per 100,000, compared to 511.7 per 100,000 population provincially). Additionally, Opioid-related morbidity and mortality in the District of Thunder Bay, like mental illness, occurs at a rate much higher than the provincial average.

2019 Comparative Opioid-related morbidity and mortality in Ontario and the District of Thunder Bay, rate per 100,000 people

	Ontario	District of Thunder Bay
Emergency Department Visits for Opioid Poisonings	71.6	117.8
Hospitalization Rates for Opioid Poisonings	13.6	23.3
Deaths from Opioid Poisonings	10.3	24.6

Source: Public Health Ontario, Interactive Opioid Tool

Research has shown that certain groups are more at risk for substance abuse related harms. These include people who have had adverse childhood experiences; people with mental health disorders; people with workplace injuries and older adults; youth who have a history of trauma or neglect; homeless people; people working in the sex trade; and Indigenous people.

Many of the vulnerable populations cited above are represented in TBDSSAB owned housing and as rent supplement tenants in the private market. As a cross section of the broader population, it is reasonable to assume that incidence of mental health and addictions in TBDSSAB tenant population occurs at a rate at least equal to the District as a whole. However, due to the circumstances faced by many community housing tenants, they find themselves preyed upon by drug dealers and criminals. Over the past two years, TBDSSAB has seen several ‘home take-overs’ by drug dealers imposing themselves on our most vulnerable tenants. This was not something that was prevalent in prior years but is becoming far too common now. This situation is supported by recent statistics that show the incidence of crime rate per 100,000 increase by 13.86% in the Thunder Bay census metropolitan area (CMA) between 2018 and 2019. This situation would not happen if those who experience mental health and addictions had an appropriate care environment, with 24/7 supports to assist them in managing their lives.

Through the creation of new supportive care housing, individuals in need would receive the care they require, and the burden of addictions would be reduced. This would also open space for those waiting to access community housing, reducing the homeless population and those struggling to pay rent in the private sector.

Starting in 2016, TBDSSAB began tracking the number of referrals of its tenants involved in some type of presumed mental health and addiction issue. Approximately 409 of the referrals in 2019 were for such issues. It is also estimated that an additional 100 referrals from the broader Community Housing sector were for mental health and addictions.

According to the City of Thunder Bay Police Service Annual Report they responded to 51,400 calls for service in the past year and only 17% were related to criminal code offences. Of the total calls received, 4,305 were related to mental health and alcohol use. The number of mental health calls has increased each year (1,548 in 2018; 1,288 in 2017).

In addition, the Canadian Mental Health Association (CMHA) Crisis Response fields approximately 3,500 calls per quarter, or approximately 14,000 calls annually. The Thunder Bay Regional Health Sciences Centre had 6,935 visits to the Emergency Department (ED) for mental health/substance related issues and the rate of 30-day repeat for mental health-related visits is 20% and substance use-related visits is 45%. The District of Thunder Bay has one of the highest percentages of people discharged from hospital to home who visit the ED within 30 days after discharge (19.9% compared to 13.2% provincial average). The North West LHIN indicates that the Rate of ED visits for mental health and addictions conditions is the highest in the province (48.1 visits per 1,000 population compared to 19.2 visits per 1,000 population).

Further, in 2019, the Balmoral Centre admitted 2,164 individuals into the residential withdrawal management program and was unable to accommodate an additional 2,555 individuals who had requested service due to lack of space. Dilico Anishinabek Family Care residential addictions program receives approximately 700 referrals per year but can only provide service to approximately 250 individuals per year. Dilico Anishinabek Family Care also offers pre-treatment and after care services in the City and in the District of Thunder Bay. The Thunder Bay Counselling Centre had approximately 950 individuals participate in community treatment and at that same time, 223 individuals were involved in case management services.

The North West LHIN indicates that the Rate of ED visits for mental health and addictions conditions is the highest in the province (48.1 visits per 1,000 population compared to 19.2 visits per 1,000 population). Admission rate to inpatient adult mental health units is the 3rd highest rate in the province (33.7 per 1000 population compared to 24.9 per 1,000 population provincially). The average length of stay in inpatient adult mental health units was the highest in the province at 34.9 days and the number of admissions to inpatient adult mental health units is the second highest in the province (671.1 per 100,000, compared to 511.7 per 100,000 population provincially).

The Thunder Bay District Mental Health and Addictions Network recently advocated for an integrated mental health and addictions crisis centre in the City of Thunder Bay which will add capacity to existing community-based mental health and addictions services by ensuring people have access to the most appropriate level of care when and where they need it. To adequately meet current community need, a 24-hour integrated mental health and addictions crisis centre with walk-in capacity will require 20 lower-threshold withdrawal management beds and an additional 20 crisis beds.

Where individuals are offered housing supports without the corresponding mental health and/or addictions supports, the results are rarely positive. One example of this is a 48-year-old individual who came to TBDSSAB Housing Programs from hospital. This was going to be a trial housing placement and homemaking supports were in place for three daily visits. The tenant was placed in an all-ages building, and over the 12 months of

tenancy the ambulance was called several times due to failing health. Two incidents in common spaces of the building resulted in specialized cleaning that cost upwards of \$4,000. The individual refused to stay in the hospital, was deemed eligible for Long Term Care (LTC) and eventually NWLHIN determined it necessary for the tenant to be moved back to the hospital to wait for LTC placement. The tenant's physical health was always poor and a supportive environment for consistency personal care would have been a more appropriate environment to meet their needs. The costs associated with the contact in and out of hospital, cleaning requirements and transportation could have been avoided by a proper initial housing placement.

In another example, a 51-year-old individual came to TBDSSAB Housing Programs after a lengthy hospital stay. The individual was provided a specialty care bed by the hospital and had serious medical needs that were beyond what could be addressed in an all-ages, independent living environment. The tenant was an amputee, diabetic, with colostomy support and suffered with addictions. The tenant was non-cooperative with services, had an unattended pot fire in the unit, and needed constant reminders about personal hygiene by housing staff. The tenant was not buying food and was provided with food security support by housing staff. The individual often fell while in the unit and required paramedics/police services to support. On two occasions the home needed to be professionally cleaned, at a total cost of about \$3,500, in order for health services to go into the unit and support the tenant. Finally, public health officials condemned the unit and tenant was moved to LTC. This tenant was placed into independent living by the hospital, when supportive housing for personal care and addictions support would have been the better fit to possibly find greater success. This tenancy impacted those living around the individual, as they felt obligated to support the individual and this impacted their health and reasonable enjoyment.

However, where supports are provided along with independent housing, the results can be very positive. One example is an individual who was in rehabilitation at Crossroads Centre for close to 1 year when asked to leave due to ongoing conflict with other residents. The individual began staying at an emergency shelter but was having difficulties feeling safe and staying sober. The client began to work with the HFG program through TBDSSAB in partnership with St. Joseph's Care Group and Dilico Anishinabek Family Care in August of 2019. The client began discussing housing options and looking into community resources to help maintain sobriety. The client struggled with finding apartments and stated that they felt isolated in Thunder Bay, with no family contact. The client was one of the first to move into the Lodge on Dawson in October 2019, a supportive transitional facility through St. Joseph's Care Group. While at the Lodge, the individual worked on budgeting skills, received counseling, reconnected with hobbies, participated in recreation activities, began opening up to staff, and was connected to a psychiatrist. A few months after living in the Lodge, the client informed the HFG worker that they felt safe and comfortable with the people around them and stated they had never felt like that before. In February of 2020, client and staff began the conversation of living independently. The client began to look for units regularly and felt ready for the next steps.

The client found a beautiful apartment and was accepted as a tenant in April 2020 and has been living there since then with no issues. The client has been sober since the move into the Lodge on Dawson. During the summer, the client began gardening and

was extremely proud to show visitors how the garden was doing. The client has gainful employment now and finds work extremely rewarding. A few months after living in the apartment, client excitedly called to inform staff that they had been able to reconnect with family, and that they recognized the changes made. They have been in regular weekly contact since then. This individual is extremely proud of life now and very grateful to the Lodge on Dawson and the HFG program for their positive experience in a supportive housing environment.

As the evidence demonstrates, the District of Thunder Bay has a much higher incidence of mental health and addictions when compared to the Ontario average. This creates more demand for services and supports that can be provided through supportive housing.

Supportive housing only works if the MOH and MMAH work together, with funding for dedicated health supports. A partnership is needed between MOH and MMAH to provide long-term, committed funding designated for supportive housing. Supportive housing for those who need round the clock supports for mental health and addictions will enable individuals to make progress toward living independently, while increasing quality of life for tenants in community housing.

Therefore, TBDSSAB requests that the Ministry of Health partner with the Ministry of Municipal Affairs and Housing to provide designated funding in the District of Thunder Bay for new purpose-built supportive housing project(s) consisting of a minimum of 50 units, and for mental health and addictions agencies to be provided a long-term commitment for support funding to provide direct supports for in situ Community Housing tenants as well as others that are seeking housing with supports.

Brief: Change of Administrative Threshold from 10% to 5%

Hon. Stephen Lecce, Minister of Education

Summary

With respect to the Child Care administration reductions scheduled for January 1, 2022, TBDSSAB requests that the Minister reduce the administration threshold from 10% to 8%, rather than from 10% to 5%.

Background

TBDSSAB received a letter from Jill Dubrick, Director, Early Years and Child Care Programs, Ministry of Education dated April 18, 2019. This letter announced new 2019 child care and early years allocations as well as changes resulting from EY Canada's line-by-line review, and the ideas identified in the Planning for Prosperity Survey and the Big Bold Ideas Challenge.

The changes announced through this letter include:

- A.** Updates to Child Care Funding Formula Data Elements
- B.** Changes to Municipal Cost-Sharing and Administrative Threshold
- C.** Changes to Fee Stabilization Support Funding
- D.** Updates to Contractual Service Targets
- E.** Continuation of Wage Enhancement Funding and Administrative Burden Reduction
- F.** Continuation of Base Funding for Licensed Home Child Care

In reference to this request, the reduction from 10% to 5% to the threshold for allowable administration funding Service Managers can spend on Child Care and Early Years is a significant burden to Service Managers who wish to continue to provide the same high level of service but are no longer being provided the adequate resources to do so.

For TBDSSAB, the 2021 calculation using the allowable 10% administration funding benchmark and the Wage Enhancement Grant results in \$1,175,690 available for the administration of Child Care and Early Years programs. A reduction of the administrative threshold to 5% and the Wage Enhancement Grant remaining the same, the TBDSSAB would see a net loss of \$553,140.

TBDSSAB applauds the Government of Ontario's commitment to ensuring investments are sustainable and modernized and that duplication is eliminated, and valuable programs and services are sustainable. However, TBDSSAB is concerned that the reduction in the threshold for allowable administration will jeopardize the Government of Ontario's stated commitment to healthy, safe, and high-quality child care and early years programs.

Ontario Municipalities and Service Managers cannot afford to shoulder the burden of the reduced administrative funding. At TBDSSAB, a 50% reduction to the administration threshold will result in the reduction of at least 1.0 FTE position (one of three positions) that delivers direct services, while placing additional pressures on the financial, technology and human resource staff that support this program. TBDSSAB Child Care and Early Years team is already low-staffed, with three staff responsible for application intake, eligibility review, and maintenance of the centralized waitlist, while engaging educators within 47 child care centres and 24 EarlyON programs across the District of Thunder Bay. While TBDSSAB is committed to ensuring healthy, safe, and high-quality child care and early years programs, a loss of one of our three staff puts this goal at risk.

However, in order to support the Government of Ontario's commitment to ensuring investments are sustainable and modernized and that duplication is eliminated, and valuable programs and services are sustainable TBDSSAB supports a reduction of the administration threshold from 10% to 8%. This more modest reduction will ensure healthy, safe, and high-quality child care and early years programming while allowing TBDSSAB to manage the system effectively.

Therefore, with respect to the Child Care administration reductions scheduled for January 1, 2022, TBDSSAB requests that the Minister reduce the administration threshold from 10% to 8%, rather than from 10% to 5%.

Brief: Increase access to telecommunications technology and service plans to remove barriers to employment, education, and community services for vulnerable people

Hon. Todd Smith, Minister of Children, Community and Social Services

Summary

Individuals and families without adequate resources to acquire communication devices face additional barriers in trying to access employment and training opportunities and accessing other community resources and services. The resources should exist to allow vulnerable people to access technology and service plans in order to remove barriers to accessing education, training, employment and community services.

Background

The inability to access communication services and devices by individuals and families supported by The District of Thunder Bay Social Services Administration Board (TBDSSAB) increases the barriers that people face in trying to access employment and training opportunities and limits access to other community resources and services.

There has been a shift towards increasing the number of support programs and services that are now available through a digital platform and a corresponding decrease in the number of services available in person. This shift includes services provided or funded by the Province of Ontario. The COVID-19 pandemic has highlighted this shift and poses a greater challenge for those without access to computer and/or smart phone technology.

In the wake of the COVID-19 pandemic, it became increasingly apparent that our tenants and clients are lacking in technological supports. There are many people that do not have the financial resources to ensure the same access that others in our community have. With the closure of many of the computer resource centres (libraries, community centres) across the District of Thunder Bay, many of those who had access to computers and internet no longer do. In a time of uncertainty and potential crisis, this means having no way to reach out for assistance, nor the ability to be reached by family or community organizations.

In response to this issue, the TBDSSAB entered into a partnership with Tbaytel, the largest independently owned telecommunications provider in Canada that offers products and services that include smart phones, mobility, and internet service. Tbaytel provided TBDSSAB with 66 phones to be distributed to clients and tenants in the District of Thunder Bay. These phones came with data packages and some with calling / texting capacity. These plans were set to expire at the end of June 2020, however TBDSSAB has committed to continue to fund these services through March 31, 2021.

For TBDSSAB clients, there are many barriers to directly accessing a device and data plan. If an individual were to arrange direct access of a device and connection package, the costs would be significant. Cell phone prices range from \$240 for an entry level smartphone (or \$10/month added to a data package over a 24-month term) to over \$2,000, and individuals can then expect to pay at least \$55/monthly for a limited voice and data package. For a single individual receiving Ontario Works basic needs benefits of \$343 /month, this \$55 fee represents almost 20% of their monthly income. In addition, signing up for a mobility plan requires a credit check and a two-year commitment. For most individuals, this poses an undue hardship in order to access telephone communication and basic supports and services, including online provincial programs.

The distribution of the 66 phones during the COVID-19 pandemic was intended to assist individuals with medical appointments that are now done via phone, counselling services being conducted online or over the phone and those suffering from isolation requiring a way to communicate. TBDSSAB distributed these phones between four priority groups.

The first group to receive phones was TBDSSAB's clients and tenants, with a total of 48 phones distributed.

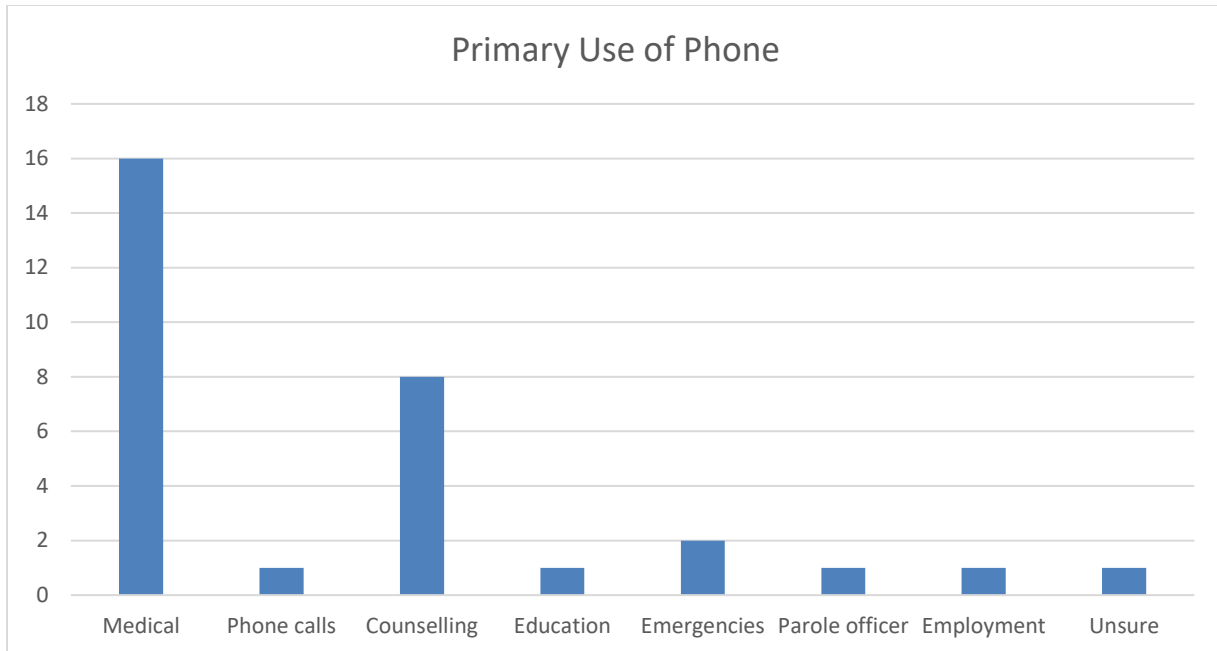
The second group to receive phones included clients who fall within the TBDSSAB's High Needs Homeless (HNN) population or those individuals supported through the Home For Good (HFG) program. This was done to ensure connection with support workers, connection to landlords in order to find accommodation, and to connect to other community programs. A total of 4 phones were distributed to the HNN/HFG population.

The third group to be given phones included youth who required a means to connect with counselling services or required the means to connect with their educational institution. A total of 3 devices were distributed to youth.

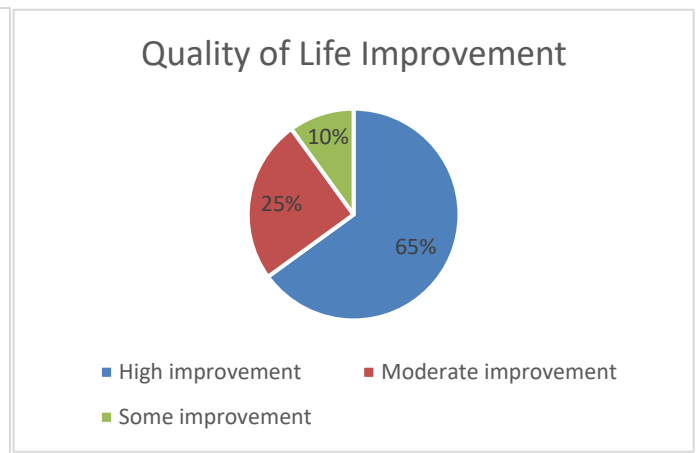
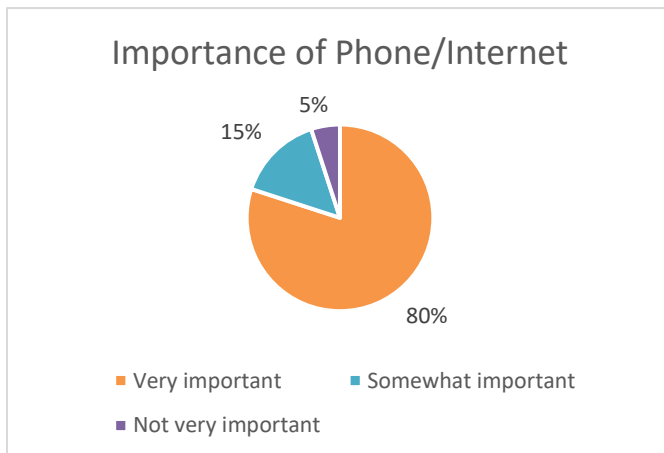
The final group that the TBDSSAB focused upon for distribution included clients and tenants who required a means to communicate for financial reasons, to connect with Ontario Works staff, to make employment connections, or for use to make EI inquiries. There were a total of 16 phones distributed to this group.

Through this pilot program, 66 vulnerable individuals and families now have the means to communicate to access employment and training opportunities and to access other community resources and services.

The TBDSSAB conducted a recent survey of the 66 individuals and families that were provided with communication devices and plans. Of the 21 survey respondents, 16 of the individuals use the communication device primarily for medical reasons, but all have indicated many secondary uses such as counselling services, seeking employment, education, food security, and staying connected to family and friends.



Survey participants were asked to rank the life improvement that access to a communication device has provided with 13 stating high improvement, 5 noting some improvement and 3 indicating some improvement. When asked to rank the importance of having access to a communication device all respondents (21) indicated that it is very important and are grateful for the program.



In June of 2020, a young 18-year-old dependant of a tenant with TBDSSAB housing required help to leave an unhealthy and unsafe living environment. Her family had addiction issues and she needed to leave for her safety and reached out to a TBDSSAB Tenant Support Coordinator. She was given a free phone along with free calling and data through Housing Programs. She was able to make contacts for help and leave her unsafe home environment. With the help of several community organizations, she was able to secure safe accommodations and apply for Ontario Works on her own. She secured employment through the summer allowing her to build on skills and confidence.

She is now back to school online and thriving. To this individual, that phone was a lifeline that would not been accessible otherwise.

In other examples, clients and tenants were thankful as they themselves are the ones with health concerns and live alone, so having a phone provided a sense of safety for them. One recipient said she carries it everywhere with her in her home in case she falls and needs help.

Overall, people were grateful and hopeful this program would continue as it has made their lives easier.

We recognize the success of programs like Canada's Connecting Families initiative, which aims to bridge the digital divide for Canadian families who may struggle to afford access to home internet through a \$10 monthly service plan. However, Connecting Families does not cover telephone and mobility plans or devices, and does not apply to low-income singles and seniors. The efforts to close the digital gap for low-income Canadians needs to be expanded to include single individuals and seniors, as well as the coverage of cell phones and data plans. Low-income individuals and families without access to a phone with data and voice plans will have a more difficult time securing employment, accessing services, and communicating with loved ones.

Therefore, TBDSSAB urges the Ontario government to establish a low-cost plan structure with the telecom industry that provides for access to telephone and internet technology for a reasonable \$10/month fee. Further, access to a home-based internet service, to allow individuals and families to connect to needed services and educational supports, should be structured at a similar \$10/month fee. This would remove barriers to accessing education, training, employment and community services.

Brief: 2021 Rent Freeze – Helping Tenants and Small Business Act, 2020

Hon. Steve Clark, Minister of Municipal Affairs and Housing

Summary

The District of Thunder Bay Social Services Administration Board (TBDSSAB) requests that the Minister of Municipal Affairs and Housing (MMAH) provide funding to offset revenue losses resulting from the provincial Rent Freeze policy as it will result in a higher levy in 2021 to member municipalities than under current policy

Background

In September 2020 legislation was amended to propose a freeze to the market rent rates previously determined for 2021 by the MMAH. This legislation was passed and will come into effect on January 1, 2021. The *Helping Tenants and Small Businesses Act* will freeze rent in 2021 over a one-year period for tenants of most rent-controlled and non-rent-controlled residential units. This includes municipally funded Community Housing rental units.

The *Helping Tenants and Small Businesses Act* further requires that a tenant's Rent Geared to Income (RGI) payment may not be increased between January 1, 2021 and December 31, 2021. If the RGI calculation results in an increase in 2021, that increase must be held until January 2022. If the RGI calculation results in a rent decrease payable by the tenant, the individual's rent payment would be decreased accordingly which is also the case under current legislation.

With this legislation approved, Community Housing Providers may not increase market rents for 2021 and must maintain the current 2020 market rates. In addition, for those tenants paying rent-geared to their incomes, there can be no increase to rents in those cases where tenant incomes have increased.

While the TBDSSAB understands the intent of the *Helping Tenants and Small Businesses Act*, the resulting rent freeze will cause a financial burden for Ontario's Service Managers.

The actual financial impact of the legislation is difficult to predict; however, based on the various component changes within the legislation, the impact on the 2021 TBDSSAB Budget includes:

- \$23,700 in additional subsidy will have to be provided to Provincial Reformed (with market component) housing providers to offset market rents not being increased by the MMAH benchmark index;
- \$13,300 in lost revenue on TBDSSAB direct-owned housing units as a result of not increasing market rents;

- \$40,200 for the Private Landlord and Not for Profit Rent Supplement program;
\$100,000 in lost revenue on TBDSSAB direct-owned housing units as a result of holding RGI rents.

Therefore, the total financial impact resulting from this legislative change is estimated to be \$177,200 in 2021.

Service Managers and Municipalities cannot shoulder these increased costs as demand for services continue to outpace the resources available.

Therefore, TBDSSAB requests that the Minister of Municipal Affairs and Housing provide funding to offset revenue losses resulting from provincial Rent Freeze policy as it will result in a higher levy in 2021 to member municipalities than under current policy.