

City of Toronto Response and the Ongoing Management of Emergency City Business during the COVID-19 Pandemic

Date: April 27, 2020

To: City Council

From: City Manager

Wards: All

SUMMARY

This report provides City Council with information on the actions taken to date by the City's senior leadership and the Medical Officer of Health in response to the COVID-19 health crisis, and the ongoing management of the emergency.

City officials have ensured that City business and divisional operating and capital activities continue to move forward during the State of Emergency in the City of Toronto declared by Mayor Tory on March 23, 2020, while ensuring that our public health objectives remain the City's priority.

The actions of senior City officials during the current emergency, including service adjustments, new partnerships and coordination with other cities, will continue as the City learns from others and shares our learnings with our colleagues across Canada and around the world in this ever changing, challenging and demanding crisis.

RECOMMENDATIONS

The City Manager recommends that:

1. City Council receive this report for information.

FINANCIAL IMPACT

It is estimated that the City has incurred \$260 million in COVID-19 related costs and revenue losses as of April 19, 2020 and are forecasting a potential 2020 impact of \$1.5 - \$2.8 billion.

Further details on anticipated COVID-19 financial impacts are provided in Section G. Brief overview of the financial picture of this report.

The Chief Financial Officer and Treasurer has reviewed this report and agrees with the financial impact information.

DECISION HISTORY

On March 23, 2020, an emergency was declared by the Mayor pursuant to s.59-5.1 of Toronto Municipal Code Chapter 59, Emergency Management due to the risk to the health of the residents of the City of Toronto arising from spread of COVID-19 and its presence within the City of Toronto (the "Emergency").

Chapter 59, Emergency Management of the Toronto Municipal Code guides the roles, responsibilities and authorities of City officials, including the Mayor, during an Emergency https://www.toronto.ca/legdocs/municode/1184_059.pdf.

Chapter 59, Emergency Management was last reviewed and substantively amended by City Council at its meeting on November 7, 2017. Amendments included updating the membership of the Toronto Emergency Management Program Committee and other procedural matters informed by the City's experience with prior emergencies.

COMMENTS

Toronto's Emergency Operations Centre (EOC) was first activated on March 12, 2020 to support the local response to COVID-19. Originally activated at a Level One, it escalated to a Level Three on March 17, 2020 to better respond to the emerging situation. On March 23, 2020 Mayor John Tory, based on advice from Toronto's Medical Officer of Health and the Office of Emergency Management, declared a State of Emergency in the City of Toronto.

The City responded quickly to the pandemic, working with other levels of government, agencies, corporations, businesses, and community organizations to prioritize Toronto Public Health's objectives to reduce the loss of life from COVID-19, stay within the capacity of the health care system, and minimize the impact on the economy.

When considering which services to continue or enhance, the City has based decisions and acted on the expert advice of public health officials. The City's senior leadership, Officers, Agencies and Corporations have responded quickly, effectively and sensitively to Toronto residents and businesses.

Critical action taken by the Medical Officer of Health and Toronto Public Health since the first case of COVID-19 was identified in Toronto include:

- Conducting more than 4,000 investigations into cases of COVID-19;
- Issuing a class Order under the Health Protection and Promotion Act requiring self-isolation for those with confirmed and suspected cases of COVID-19 and their close contacts;

- Developing the Coronavirus Rapid Entry Case and Contact Management System (CORES) to enable Toronto Public Health to follow up on COVID-19 cases in a timely manner; and
- Promoting physical distancing (i.e., 6 ft.) by closing all park amenities, and cancelling recreation programs, City-led events and permits for events on streets and in City facilities.

Under the Declaration of Emergency, the City's actions include:

- Securing supplies of personal protective equipment for frontline workers;
- Opening 11 new shelters with more than 470 new spaces, securing 11 hotels with more than 1,020 rooms, and establishing one hotel with 200 rooms as a dedicated recovery site;
- Enabled physical distancing for Ontario Works recipients picking up their cheques;
- Implementing the Food Access Strategy, detailed below;
- Opening 6 emergency child care centres for frontline healthcare and essential City workers;
- Launching a Community Coordination Plan in partnership with United Way Greater Toronto to support community organizations and vulnerable residents;
- Launching and expanding support for businesses through BusinessTO Support Centre, Digital Main Street program and Distantly.ca a tool to donate online to small businesses;
- Maintained normal police, fire and paramedic services operations;
- Launching DonateTO for businesses and residents to make online donations of products, services and funds to support the City's pandemic relief efforts (\$1.7 million to date);
- Maintaining organic, garbage and recycling collection, resuming yard waste collection;
- Working with telecom and community partners to provide free wifi to apartment buildings in low income neighbourhoods, long term care homes and City shelters;
- Chatbot support and mobile contact centres for 311 and Toronto Public Health;
- Burial permit application automated with Funeral homes;
- Redeploying nearly 500 staff to critical City services such as shelters and long-term care homes; and,
- Delivering the first-ever virtual Toronto City Council meeting.

A. COVID-19 Evolution in Toronto and Public Health Measures Taken

In January 2020, a novel (new) coronavirus (SARS-CoV-2) was identified as the cause of an outbreak originating in Wuhan, China. The first case of the disease caused by SARS-CoV-2 was confirmed on January 25, 2020. On March 11, 2020 the World Health Organization (WHO) classified COVID-19 as a pandemic.

Evolution in Toronto

The spread of COVID-19 quickly became a local, provincial, and national emergency due to the health, social and economic impacts on the City and its residents. Mayor Tory declared a state of emergency in Toronto on March 23, 2020. As of April 27, 2020 there are 4,973 cases of COVID-19 in Toronto, including 4,493 confirmed cases and

480 probable ones, 308 people in hospital, 104 people in intensive care, and tragically, 297 deaths.

Together with the City and Province, Toronto Public Health has responded to COVID-19 through a number of public health interventions. Intensive case and contact tracing of COVID-19 cases has been implemented and Toronto Public Health is actively managing outbreaks in institutions and congregate settings, such as long-term care homes and shelters. The Medical Officer of Health issued a class Order, under the Health Protection and Promotion Act to emphasize the significance of self-isolation for those diagnosed with COVID-19 and their close contacts, or those at high-risk of COVID-19 infection. Working with City partners, such as Municipal Licensing and Standards and Toronto Police Services, Toronto Public Health has put a strong education and compliance campaign in place to enforce public health measures, such as physical distancing. Finally, Toronto Public Health set up a hotline to answer COVID-19 inquiries from the public.

Current Status

Data suggests that we are in the peak period of the COVID-19 outbreak in the community; however, there continues to be a large number of COVID-19 cases in institutions and congregate settings, such as long-term care, retirement homes, and shelter settings. To date, there is no available vaccine. While there have been over 4,000 laboratory-confirmed cases of COVID-19 that occurred in Toronto, it has yet to be determined whether the infection leads to the development of short-term or long-term immunity.

In order to ease public health measures, we would need to observe a sustained reduction in daily COVID-19 cases, have strategies in place to manage outbreaks in congregate settings, such as long-term care homes and shelters, and the provincial government would need to continue to make testing available and expand testing measures, as necessary. Additional requirements include the ability for hospitals to treat all patients requiring hospitalization, the availability of sufficient personal protective equipment (PPE) to protect all health care workers, and the ability for Toronto Public Health to identify and isolate COVID-19 cases and their close contacts, while continuing to ensure implementation of physical distancing and infection control prevention.

At this time, Toronto Public Health will continue intensive COVID-19 case and contact management, supporting health care institutions to manage outbreaks, and implementing and educating the public on public health measures.

Going forward, Toronto Public Health will work closely with the City to develop a strategy that would enable the gradual easing of public health measures. This includes working closely with the Toronto Office of Recovery and Rebuild, under the guidance and leadership of Mr. Saäd Rafi and Dr. David Mowat. Toronto Public Health will provide public health expertise to support decision-making for when and how to re-open City services and the City in general while protecting the health of the public.

B. Emergency Operations Centre (EOC) COVID-19 Response Overview

Timeline

Work and proactive planning in Toronto began before the first reported case of COVID-19 in Canada. In January 2020, the City commenced coordination meetings across each division and agency. Fire Chief, Matthew Pegg, has been the COVID-19 Incident Commander and is the lead of the City's coordinated response. As this is a public health emergency, medical jurisdictional authority is with Dr. De Villa and all medical aspects of the response are informed by the Medical Officer of Health. Deputy Fire Chief Jim Jessop, was appointed to lead the EOC as its Director, reporting directly to Chief Pegg. The City is currently operating the largest incident management system structure ever implemented in Toronto, with more than 40 separate sectors, functions and task groups working daily.

From the outset of EOC activation, the following strategic priorities have been in place, which guide all aspects of decision making within the EOC:

- Priority One: Save lives;
- Priority Two: Prevent overwhelming Toronto's healthcare systems;
- Priority Three: Protect the Social and Financial economies.

On March 9, 2020, the Office of Emergency Management (OEM) assembled the COVID-19 Planning Task Force, the team that commenced proactive COVID-19 planning and that laid the foundation for the response that would follow. On March 11, the EOC was activated at Level 1 and one day later was escalated activation to level 2 by Chief Pegg. On March 17, EOC operations were elevated to a full level 3 activation, which is the highest level of activation. This is the longest continuous activation of the EOC in Toronto's history.

Key Issues

PPE has been a key issue and a significant challenge from the outset of the COVID-19 pandemic. The global nature of COVID-19 has placed unprecedented demands on the global PPE supply chain. The EOC has had to deal with several issues that include: lack of availability, severe delivery delays, price gouging and scams, introduction of fraudulent and poor quality PPE into the supply chain and rapidly changing and increasing demands from the City's frontlines.

As a result of the tireless work of the EOC's PPE task force, the City has been able to maintain a working inventory of PPE that continues to meet the needs of City staff. This includes the creation and implementation of the City's first ever PPE Inventory Management Dashboard that analyzes current consumption/inventory levels and also leverages predictive analytics to enable accurate PPE demand forecasting.

Decision-Making and Governance

Formal Senior Leadership Team escalation processes were implemented on March 11, so that the EOC can escalate critical decisions for immediate action. To date, over 35 decisions have been escalated with full outcome and accountability tracking mechanisms embedded in the process. On March 23, the COVID-19 Strategic Command Team was established to ensure clear strategic oversight of key emerging issues of the response. This team is chaired by Chief Pegg in his role as the COVID-19

Incident Commander. This team convenes daily and includes the Mayor, City Manager and other senior leaders. This team provides the strategic direction and oversight for all aspects of the City's COVID-19 response.

Divisions and Agencies, through the EOC-led Incident Management Process, also collaborate daily to ensure creative solutions are developed to meet emerging needs. Examples include decision-making on enabling capacity for over 6,000 staff to work remotely, working with TTC to support Paramedic services with repurposing decommissioned buses and dedicated transportation services for shelter clients who require travel to be tested, decisions related to food security and shelter programs (described below).

C. Community and Social Services: COVID-19 Response

Community and Social Services, with City divisions and City and community agencies, has worked to support vulnerable residents, families, neighbourhoods and businesses during the pandemic. A City-Community Response Table was immediately convened with representatives from over 75 community agencies and 11 City divisions. The Table continues to meet three times per week to identify issues affecting vulnerable Torontonians, understand the community sector's capacity to respond, and leverage their combined expertise and resources to meet the needs of, and sustain, vulnerable populations during this crisis.

Supporting Local Community Response: Community Coordination Plan

Many situations affecting vulnerable people require a local response. The City partnered with United Way to coordinate service provision to vulnerable residents at the neighbourhood and community level, and to ensure resource sharing across the community sector. The City was divided into 10 geographic areas (clusters). Dedicated coordinators engage with local service providers to identify needs and issues at the local level and rapidly coordinate necessary supports and services. There are also three city-wide clusters: one working with sector partners on city-wide issues and service responses, another working with Indigenous service organizations and a third with organizations support the unique needs of African, Black and Caribbean communities.

Residents needing information on social and community supports can call 211 a 24/7 helpline and web service providing community service information in over 160 languages.

Support for Local Businesses

Small main street businesses, entertainment, hospitality, film and start-up tech companies have been very severely impacted by COVID-19. Economic Development and Culture is helping businesses access federal support programs (Business Advisory Centre), providing a variety of information channels (webpages, portal, chatbot, webinars), advising on the adoption of e-commerce, and canvassing businesses and cultural organizations on the challenges they face.

Emergency Child Care

On March 16, the Province declared a state of emergency and, among other measures, ordered the closure of all licenced child care centres. On March 28, the Province authorized the provision of emergency child care for children of essential and critical service workers. The City launched an on-line application that same day. Emergency child care spaces are available to workers deemed eligible by the Province. Access to care is on a first come, first serve basis. Front-line health care workers (including Toronto Public Health and Long Term Care) and first responders are prioritized.

Between March 31 and April 29, Children's Services opened six emergency child care centres for children (birth to 12 years old) of eligible, essential and critical workers. An additional centre will open in the next two weeks. Centres, located across Toronto in existing City-run licensed child care facilities, are staffed by City child care workers, open 7 days a week, 6 a.m. to 8:30 pm, (one site operates 24-hours/day) at no cost to families, and are funded by the Province. To date, 993 families have applied, staff have contacted 648 families and placed 310 children, often for multiple days and weeks. 73% of the families in care are front-line health care workers and first responders.

As social distancing is not feasible when caring for young children, additional measures have been implemented to maintain a healthy and safe environment. These measures, including daily screening of children and families prior to admission, increased cleaning, and reduced group sizes, were developed in consultation with, and approved by Toronto Public Health and Occupational Health and Safety.

Emergency Child Care Centres Opened or Scheduled to Open

(Operating 6:00 a.m. - 8:30 p.m. except as noted, and opening dates):

1. Malvern Early Learning & Child Care, 1321 Neilson Rd - March 31
2. Jesse Ketchum Early Learning & Child Care, 7 Berryman St. (24 hours) - March 31
3. Thomas Berry Early Learning & Child Care, 3495 Lake Shore Blvd W. - March 31
4. Falstaff Early Learning & Child Care, 10 Falstaff Ave - March 31
5. City Kids (Opened Monday April 13), 34 Bathurst St. - April 13
6. Danforth EL&CC Centre, 1125 Danforth Ave - April 16
7. Metro Hall EL&CC Centre, 55 John St. - April 29
8. Blake Street EL&CC Centre, 84 Blake St. - In progress

Long Term Care Homes (LTCHs)

Seniors Services and Long-Term Care (SSLTC), with Toronto Public Health, has been focused on stopping the spread of COVID-19 to ensure a safe and secure environment for the 2,600+ residents in the City's directly-operated LTCHs. The City proactively implemented infection prevention and control actions early in the pandemic, including active screening for everyone entering the homes and stopping non-essential visits, before being required to do so by the Province.

Outbreaks are common in congregate living settings. Respiratory infections can be easily transmitted within an institutional environment where residents can be frail, older and with complex chronic conditions. When Toronto Public Health declares an outbreak, SSLTC activates leading practices on active surveillance and precautions, including: isolation of residents; tray rather than dining service as appropriate; hand hygiene, use

of personal protective equipment (PPE); testing and active symptom screening of residents and staff; and, enhanced cleaning and disinfection.

Staffing is a serious issue across the long-term care sector. In response, SSLTC reassigned divisional and management staff to support essential operations; maximized frontline staffing and overtime hours; expedited hiring for key positions (e.g. nursing students for PSWs), redeployed staff from other Divisions and used external agency staff to support frontline operations.

As of April 27, 2020, 4 of the City's 10 directly operated homes are in outbreak for COVID-19 positive residents, staff or both, and are operating with full outbreak precautions.

Shelter Support and Housing (SSHA)

Toronto has the largest shelter system in Canada with 72 shelter and respite sites sheltering approximately 8,000 people every night. Eleven locations are operated by the City and 61 programs are operated by community non-profit agencies. SSHA worked with Toronto Public Health, other orders of government, the healthcare sector, and the community not-for-profit sector to develop and implement appropriate measures to protect Toronto's homeless population, prevent the spread of COVID-19, and care for clients who test positive. At the outset of the pandemic, SSHA (in consultation with Toronto Public Health and Inner City Health Associates), conducted an impact assessment to determine greatest areas of risk and prioritize actions. The initial objective was prevention, with the goal of keeping COVID-19 out of the shelter system for as long as possible. This work included guidance, training and resources to all service providers on required Infection Prevention and Control measures to protect staff and clients. SSHA has also provided PPE for frontline shelter workers and advocated to other levels of government for the provision of these critical supplies. Additional funding was provided to shelter operators for the purchase of PPE and to extend operating hours for shelters not operating 24/7 to remain open during the day. The City installed portable washrooms and handwashing stations in the downtown area to ensure that the homeless population has access to sanitation facilities.

Given the vast size of the City's shelter system, physical distancing has been one of the biggest challenges. SSHA worked closely with service providers to help them increase physical distancing measures where possible, including reducing or eliminating the use of bunk beds. Many of the City's shelter sites have been able to meet the increased physical distancing guidelines of two metres. The City needs to relocate between 2,000 and 3,000 shelter clients (from the singles/couples population and respite sites) from locations not able to meet the guidelines. Working with the City's Corporate Real Estate Management division, SSHA is creating these additional spaces through a combination of hotels, community spaces and vacant apartments. To date, 11 new facilities have opened (including 7 community centres) with 492 spaces. In addition, 1,020 hotel rooms, across 11 hotels, have been secured. The City has identified 15 additional locations for future use. As of April 27, 1,355 clients have moved, with an additional clients to be moved over the next week.

The City is also working with Toronto Community Housing and other housing providers on a Rapid Housing initiative, enabling people to move out of shelters and into

permanent housing. More than 250 units have been identified, 73 people have moved in (as of April 22) and others are being actively matched with housing.

In addition to the relocation efforts, the City has strongly advocated to the provincial government that testing be prioritized for shelter clients to enable rapid responses to new infections. The City is working with healthcare partners to implement mobile on-site testing; providing isolation spaces to slow the transmission of the virus; delivering a program for people who required travel related self-isolation to minimize introducing the virus into the shelter system; and, opened an isolation program for people waiting for test results to reduce infections back into the shelter system or onto the street.

Finally, the City has opened a 200-bed recovery facility for people experiencing homelessness who have tested positive for COVID-19 in partnership with Inner City Health Associates (ICHA) and other community health providers. An expanded program to respond to anticipated increased demand for this service is being prepared.

SSHA will continue to work with Toronto Public Health to address the immediate needs of this vulnerable population but also to understand the trajectory of the virus to support planning.

Toronto Community Housing Corporation (TCHC)

TCHC has been working to support its vulnerable and seniors' populations throughout the COVID-19 response period. In mid-March, TCHC extended local on-site staff support to 7 days a week, 10 hours per day, closed non-essential common rooms, enhanced cleaning protocols in all high touch areas and essential common rooms (e.g. laundry) and coordinated food bank programming and food hamper delivery. The Community Safety Unit has increased support, particularly in those areas where local agency support has been withdrawn and an added security presence is required. At select sites, after-hours restrictions have been implemented to reduce unwanted non-resident access. TCHC is working with EOC including on PPE planning, summer cooling stations, and Rapid rehousing programming to ensure efforts are aligned, and with Toronto Public Health on additional protocols as required.

The Seniors Housing Unit (SHU) implemented a call out program to all tenants to provide COVID-19 information from TPH and gather information about grocery and medication support needs. SHU has been doing wellness checks (door knocks) for tenants that are not reached by phone after two attempts. Programs were similarly established in the Family portfolio with vulnerable tenants. SHU staff have made additional efforts to check on tenants identified as high risk. Continued check-ins and support to tenants is being planned as part of the day to day operations of each building.

Responding to COVID-19 by expediting Housing TO 2020-2030

While continuing to provide emergency immediate responses to COVID-19, it is also crucial that long-term permanent housing measures be urgently pursued. The COVID-19 crisis provides an opportunity to expedite delivery of the newly approved Housing TO 2020-2030 to meet housing needs that are even more urgent now

The City continues to support affordable housing projects to ensure they proceed as previously planned. This will result in approximately 300 affordable rental units to open

in 2020 with an additional 1,012 affordable rental units expected to be ready for occupancy in 2021.

The Housing Secretariat is leading efforts to expedite the Modular Supportive Housing project, with the aim of getting 110 new modular homes open by September 2020.

The City is working with federal and provincial governments to secure significant additional investment over the next two years to: scale up the modular housing initiative and deliver 1,000 permanent modular homes; acquire and renovate properties to accommodate 1,000 more households; and continue providing portable monthly housing subsidies (through the Canada-Ontario Housing Benefit Program) to move 1,000 shelter clients to permanent housing.

Working closely with the City's Advisory Group on the Protection of Affordable Rental Housing as well as the Social Services and Housing working group led by Deputy Mayor Bailao, the City is gathering feedback from both renters and landlords regarding the most pressing issues they are facing. Some of the key concerns include immediate challenges renter households are facing to pay their rents as well as the risk of delayed evictions for renters who will not be able to pay back multiple months of accrued rent when the moratorium on evictions is lifted.

The City continues to work with other orders of government to expand rental assistance programs to provide short and medium term relief to renters and to advocate for putting measures in place to prevent economic evictions after the crisis. The City has also created targeted communication and outreach materials for both renters and property owners to inform them of relevant health and safety guidelines and available social and financial support services.

The City is also working with supportive housing providers to find alternative arrangements for their tenants living in congregate living situations to allow for physical distancing.

Food Access Plan

The City is working closely with community and corporate partners to ensure the food needs of vulnerable Torontonians are being met during the COVID-19 pandemic. Several recently launched programs have already helped thousands of residents and their families.

Responding to the Province's recommendation for everyone over the age of 70 to self-isolate, the City is working with the Red Cross and other partners to deliver food hampers to seniors and others in need unable to leave their homes. Between April 7, the launch of the program, to April 24, 916 eligible residents have been registered for the program and 996 food hampers (containing a two week supply of food) were delivered. The Red Cross noticed that as seniors called to register for food hampers, many appeared lonely and distressed. Effective April 23, the Red Cross began offering psychosocial support from their skilled Safety and Wellbeing team for seniors in obvious distress. A flyer about this service is included in all food hampers. This service complements the City's COVID-19 Mental Health Support Strategy.

The City is also partnering with United Way Greater Toronto, 211 and large-scale community food programs (including Second Harvest, Daily Bread Food Bank, North York Harvest Food Bank, Red Cross and the Salvation Army) to help community food programs (including food banks, multi-service centres, home delivery programs and meal drop-ins) to continue. The City has made resources such as facilities, staffing and equipment available to partners.

Eleven food banks, staffed by Toronto Public Library at their locations, are now open in partnership with the North York Harvest Food Bank and the Daily Bread Food Bank: Agincourt; Albion; Cedarbrae; Eatonville; Kennedy/Eglinton Liberty Square Plaza; Steeles; Don Mills; Jane/Sheppard; Taylor Memorial and Runnymede. The 1076 Ellesmere Road library is also serving as a food distribution centre. This partnership has served 2,259 households and 5,685 individuals since late March 2020.

Working with its student nutrition program partners, the City refocused its Student Nutrition funding to support the Food for Kids program and provide grocery gift cards to families of children who attend school in Toronto who were enrolled in the Student Nutrition program. The \$50 food card for these students and each sibling approximates the value of 30 healthy breakfasts for each child. Over 42,000 student families registered for the program and are receiving the gift cards.

Efforts are now focussed on the next phase of the Food Access Plan to create a supply chain that cooks and delivers prepared meals. Through a contribution from the United Way Greater Toronto, the Hawthorne Food & Drink and the Hospitality Workers Training Centre are preparing 3,000 meals per week being delivered through Second Harvest. The City is working with other providers to scale up to approximately 10,000 meals a week.

Mental Health Support Strategy

The City developed a mental health support strategy to support residents during the COVID-19 pandemic. Measures put in place to slow the spread of COVID-19 have created stress and anxiety for many individuals that may be compounded by financial loss and loss of critical supports. To assist residents experiencing stress and anxiety due to being isolated, quarantined, experiencing financial hardships or other mental health stressors, the City has partnered with the following key mental health service providers to support the mental wellbeing of Toronto's most vulnerable:

- Kids Help Phone and Crisis Text Line powered by Kids Help Phone;
- Progress Place Warm Line;
- Toronto Seniors Helpline;
- Ontario Psychological Association for frontline workers in community agencies;
- Caribbean African Canadian Social Services (CAFSCAN) for Black residents;
- Across Boundaries for Black and Indigenous People/Persons of Colour (BIPOC);
- Native Child and Family Services of Toronto (NCFST) for Indigenous residents; and
- Gerstein Crisis Centre.

Residents can call 211 to access support and get connected to one of eight primary mental health service partners for direct phone support. Mental health service information is also available at 211toronto.ca. These mental health support services are free to all residents.

The integrated approach of this strategy allows the streamlining of referrals to the most appropriate mental health resources and enables the City and its partners to be agile and responsive to changing needs. This strategy complements and does not replace any existing mental health support models.

Parks

On the recommendation of the Medical Officer of Health, amenities in parks, including parking lots, playgrounds and fitness equipment, were closed, signed and caution taped to encourage physical distancing. A new bylaw regulating physical distancing in City parks and squares was signed, and an interdivisional enforcement team has been educating the public and ensuring physical distancing.

To prevent the yearly crowds that attend High Park for the cherry blossom bloom, Parks, Forestry and Recreation have worked with Municipal Licensing Services, Toronto Police Service, Strategic Communications and Transportation Services on a plan to close High Park to pedestrian and vehicle access for the duration of the bloom. Residents will be able to experience this year's cherry blossom season through digital livestream events and videos.

Toronto Paramedic Services (TPS)

Paramedic Services has implemented a number of measures and initiatives to respond to the evolving pandemic in order to help protect staff and patients. Overall 911 emergency call volumes for paramedic services is down 10 percent from this time last year. The division has developed on an innovative model to provide on-site medical support at shelters when required, and they have converted three decommissioned TTC buses to support response to multi-patient incidents (e.g. evacuation / triage area outside congregate setting locations; hospitals, inter-facility patient transports).

Continued Social Assistance Support for Vulnerable Torontonians

Employment and Social Services continues to support vulnerable Torontonians by ensuring that residents are able to apply for and receive Ontario Works financial assistance, including access to the new Provincial one-time COVID-19 emergency benefit (\$100 for singles, \$200 for families) to cover additional expenses low income residents incurred in March and April. Employment and Social Services is also supporting the City's Rent Bank program which provides interest free loans to low income individuals to assist with rent arrears and other eligible housing related costs.

D. Overview of Staffing Strategies implemented in response of COVID-19

Like Toronto, other municipalities across Canada have been struggling with COVID-19 related impact on municipal finances and human resource allocation. Toronto has been actively engaged with regional municipalities and big city municipalities nationally on the impact of COVID-19 on municipalities. In addition to the unprecedented financial pressures created by COVID-19, staffing strategies are complicated by factors including:

- **Managing Essential Services:** Compliance with the COVID-19 medical orders resulted in the suspension of certain non-essential City services (e.g. recreation

programs), rapid adaptation of service delivery in other areas (remote work for many office workers and social distancing protocols for essential workers) and has resulted in significant staffing pressures in other programs (e.g. Shelters, Long Term Care Homes). Over the last several weeks, the City needed to quickly expand remote work capability and move staff from non-essential services to critical and essential services. Network capacity was increased from 1,000 teleworkers to 4000 – 6000, with capacity to support up to 10,000.

- **Collective Agreement Obligations:** Collective agreements restrict the City's ability to move and lay-off staff. In mid-April the City reached agreements with CUPE L79 & 416 providing the City more flexibility. See summary below.
- **Uncertainty:** The uncertainty around the duration & trajectory of the emergency makes human resources planning more difficult.

Timeline

The table below provides a high-level timeline of the pay treatment for employees.

Date	Full-Time Employees		Part-Time/Recreation Employees	
	Working	Not Working	Working	Not Working
March 16 to April 05	Paid	Paid	Paid	Paid for scheduled shifts
April 06 to April 26	Paid	Paid/some redeployed	Paid	Not Paid
April 27 onward	Paid	Not Paid	Paid	Not Paid

April 27 Onward: After April 26, employees not working and either not willing or not able to be redeployed to support essential services will be placed on an Emergency Leave. The leave is unpaid (those awaiting a redeployment assignment or unable to be redeployed for medical or other Human Rights Code related accommodation reasons will receive a top up to their Employment Insurance or Canada Emergency Response Benefit to 75% of their salary). Employees on Emergency Leave maintain their benefits & pension contributions and accrue seniority.

Union Agreements

The City negotiated three Emergency Framework Agreements with CUPE Locals 79 and 416 that apply to all full-time and part-time employees, including seasonal employees. These agreements are in effect until 30 days after the Declared Emergency is lifted in Ontario and Toronto and gives the City the ability to:

- Redeploy union employees,
- Hire internal or external employees or use volunteers in union positions,
- Defer or cancel vacations for union employees, and
- Place union employees on Emergency Leave.

E. Recovery Strategy and phased approach to the pandemic

The Emergency Operations Centre (EOC), activated March 12, in response to COVID-19, is well-positioned and equipped to manage emergency situations such as flooding, power outages and major storms as examples. The EOC has responded extremely well to the pandemic by operationalizing public health directives, made by the Medical

Officer of Health, that include various practices and procedures to protect lives, flatten the curve of the epidemic, and relieve pressure on health care services. To date the Public Health Strategy coordinated by the EOC and involving the community, and regional, provincial and federal partners has been very effective in achieving these defined outcomes.

While the response tactics continue to be carried out, the initiation of the recovery strategy is now being both considered and planned. The recovery strategy will be focused on two outcomes - protecting and saving livelihoods; and, learning to live within constraints of COVID-19. The City has already been engaged in a coordinated effort to both respond to and recover from COVID-19. As the recovery phase unfolds, and a recovery strategy is developed, the City will need to consider the future of local government and the changed roles and responsibilities that will arise. An understanding of the efforts necessary to successfully rebuild and reimagine our City once the virus is contained will be a key part of a recovery strategy. This Strategy will build on work that is already underway including the City's ongoing involvement and engagement in collaborations with our community, regional, provincial and federal partners.

Collaboration with other Cities

A collaborative effort to gather data on the impact of COVID-19 has involved the six largest cities in Canada - Toronto, Vancouver, Edmonton, Calgary, Ottawa, and Montreal - cities representing over 52 percent of Canada's GDP. Further the collaborative effort has most recently been extended to include the GTHA communities, establishing a regional partnership. The approach has generated significant economic data, establishing an evidence-based strategy to share data across the participating municipalities which in turn has informed their councils and their respective provincial governments. The federal government has also been engaged through the traditional channels - FCM, BCMC, LUMCO, and AMO. Further, the City Managers and Chief Financial Officers of each community have exchanged critical information on the coronavirus' effect on the financial positions of each municipality resulting from the cost of the response initiatives and lost revenues. This collaboration is the first of its kind in Canada by creating an ongoing dialogue at the administrative level between all orders of government. The City of Toronto has now announced an organizational structure to begin planning for the recovery within the City.

Associated with the recovery planning efforts is the consideration for re-imagining the future of local government. It is generally understood that municipal government cannot return to the way in which services have been provided for decades. The financial sustainability of municipal governments was already uncertain prior to the outbreak of COVID-19. And now, more than ever, the underlying financial foundation of local government, namely the limited range of revenue tools, must be re-imagined.

Any recovery effort must involve substantive change to the current processes of government, including policy, regulatory and relationship reform. The City has initiated preliminary conversations with the other orders of government, the GTHA and the Six Big Cities to share ideas on how to initiate such changes.

Recovery to Rebuilding

And finally, the rebuilding phase will follow the recovery efforts. The rebuilding outcomes must be considered now such that the recovery strategies and tactics are aligned to a defined future state.

The recovery, re-imagining and rebuilding approach will enable a new future for local government, an exciting opportunities to leave a legacy for future generations.

We will work hand in hand with the Province in developing a local framework and measures applicable to Canada's largest city in a collaborative manner founded on expert public health opinion.

Throughout this process, member of City Council and the public will be consulted and staff will report on recovery strategies regularly for council approval.

F. City of Toronto COVID-19 Communications

Since January, when COVID-19 was first identified as a public health concern, the Strategic Communications Division has worked closely with Toronto Public Health, People and Equity, the Office of Emergency Management, and all City divisions and agencies to help form and advise public and employee communications.

In early March, ahead of the March 11 World Health Organization declaration of COVID-19 as a pandemic, the division began to pare back all non-COVID-19 communications across the City to focus on communications related to COVID-19. Since March 11, all communications from the City has been dedicated solely to its COVID-19 response.

Public Communications

From daily media briefings, to multiple and daily social media posts, to public signage for parks, to streamlining toronto.ca to make finding critical information easier, to traditional and digital advertising, to media monitoring and issue tracking, to communications products for use by City Councillors, ensuring clear and reliable public information about COVID-19 has been the division's strategic focus.

By the numbers

- Media briefings – more than 25
- News releases – more than 60
- Media inquiries – more than 700 logged
- Social media – 723 Tweets (168% increase in engagement); 327 Facebook posts (304% increase in engagement)
- Two refreshes of the City website – March 16 and April 16 (2.8 million views)
- Advertising and public information in multiple languages – radio, print, digital, social and transit shelters
- Councillor information package – 110 distinct pieces, plus creation of portal

Employee Communications

Keeping the Toronto Public Service informed about their health and safety; efficient and effective work-from-home strategies; redeployment efforts; policy changes information; tools for managers to talk to their employees; an online portal of critical information about COVID-19; highlighting essential, critical and priority services; and direct

communications from the City Manager, as well as Mayor Tory, have all formed the internal communications strategy that ensures the City workforce is informed about the City's response to COVID-19. An informed workforce is an informed public.

Working closely with People and Equity and Technology Services, the City has issued more than 30 all staff messages and quickly created an online portal accessible anywhere. On April 9, the City Manager hosted the City's first-ever virtual town hall that saw more than 8,000 staff watch live and engage with questions, and more than 1,000 staff watched online at a later date.

Guiding principles throughout have focused on reassuring staff that their health and safety is a top priority in an ever-changing environment, informing staff with reliable information sources, and guiding employees with how the City is moving forward and, when we know more, their role in recovery.

G. Brief overview of the financial picture

A COVID-19 Financial Impact working group was established in mid-March and has been responsible for reviewing the city's financial situation on a daily basis. Implications to the City's 2020 Budget and our consolidated cash balances arising from COVID-19 related costs and revenue losses are reviewed and reported to senior leadership on a weekly basis.

The table below details the estimated \$260.2 million impact of COVID-19 related costs and revenue losses experienced as of April 19, 2020:

Weekly Burn Rate Estimate		Week 1 Actuals	Week 2 Actuals	Week 3 Actuals	Week 4 Actuals	Week 5 Actuals	5 Week Total
Description	\$ Millions	\$ Millions					
Revenue Centric Impacts	45.4	32.6	34.0	38.9	42.0	39.3	186.9
TTC - Predominantly fare revenue	23.5	16.2	16.4	21.4	19.4	21.5	94.8
TPA On-street/Off-street	3.9	2.0	3.1	3.1	3.6	3.3	15.0
TCHC - Mainly reduced revenue	3.0	3.0	3.1	3.1	2.8	2.8	14.7
Corporate Revenue (i.e. Investments, Parking Tag)	3.7	3.6	4.6	4.9	5.0	5.3	23.3
Permit / License Fees	3.1	2.1	2.7	2.5	1.0	1.7	10.0
MLTT - Current Experience*	2.9	0.2	0.2	0.0	0.0	0.0	0.4
Cancellation of Public Events	1.6	2.6	0.8	0.9	1.0	0.4	5.7
User Fee Revenue	1.0	0.8	0.7	1.2	6.9	1.8	11.4
Toronto Zoo – Admission and fees	0.5	0.9	0.3	0.3	0.4	0.4	2.3
Other Revenue Loss	2.2	1.2	2.3	1.7	2.0	2.2	9.3
Increased Costs	19.6	17.8	13.7	17.1	11.4	13.3	73.3
Child Care Costs	7.7	7.7	7.7	7.7	7.7	7.7	38.5
Overtime Costs	3.8	0.8	1.0	1.2	1.0	1.6	5.5
Cleaning Supplies	2.0	0.7	0.7	0.7	0.6	0.5	3.1
Shelter Related Costs	1.1	2.2	4.3	6.7	2.0	2.5	17.7
Other Costs	5.0	6.4	0.1	0.8	0.2	0.9	8.4
Total Weekly Estimate**	65.0	50.3	47.8	56.0	53.5	52.6	260.2

* MLTT, the COVID19 impact on the revenue performance will not be known for a few months.

** Additional "Trailing Costs" (i.e. MLTT) and COVID-19 related savings are not reflected in weekly impacts

In addition to the experienced impacts noted above, the working group is also tracking \$64.4 million in potential additional trailing costs that are not reflected in current actuals. Additional pressures may be driven by the delayed impact of Municipal Land Transfer Tax (MLTT) revenue as the COVID-19 impacts to MLTT revenue are not immediately realized, with the impact expected in two to three months.

The COVID-19 Financial Impact working group is also forecasting potential full year financial impacts arising from the pandemic emergency. While the final impact will ultimately depend on when and how physical distancing regulations are ultimately lifted, it is estimated that the City will experience a 2020 budget impact of \$1.5-\$2.8 billion based on the length of the lockdown measures period and the related recovery time frame. Significant efforts are currently underway to address COVID-19 related financial impacts and include:

- Continued engagement with other orders of government, requesting that the City be provided relief funding from the Federal and Provincial governments to offset the cumulative financial impact to City expenditures and revenues as a result of the pandemic emergency
 - Federal requests advocated through FCM
 - Supported by "Big City" discussions
 - Toronto leading discussions with GTHA municipalities to address regional concerns
- Identifying available funding to offset estimated weekly financial impacts
 - Focus on funding eligible for use on operating costs that will have a limited impact on long-term financial sustainability
 - Viable options include estimated 2019 operating surplus; 2020 Capital from Current (CFC); and 2020 Provincial Gas Tax funding
- Tracking and forecasting COVID-19 related savings (i.e. fuel consumption, hiring delays)
- Mitigating cost impacts through redeploying available staff to critical and essential service areas
- Exploring potential cost saving initiatives to further offset COVID-19 pressures

While the City is unable to approve an unbalanced budget (i.e. budget a deficit) a deficit may be experienced if unbudgeted expenditures are incurred and/or budgeted revenues are not realized. The COVID-19 related financial impacts will have a negative impact on both City expenses and revenues. Throughout the year the financial snapshot reflects a period of time. The results of the COVID-19 financial implications will be brought forward in future reporting.

Staff will continue to engage the Federal and Provincial governments to secure relief funding; further explore savings initiatives; and identify and reallocate eligible funding.

Continuing to advance the business of the City of Toronto

Staff are reviewing whether additional delegated authorities are required in order to accelerate work to be done by the City, such as construction and construction related work. This includes leveraging existing tools such as the Bid Award Panel and identifying other potential tools required such as extending further authority to the appropriate staff to deal with over-expenditures of contracts or to enter into new non-competitive contracts that are not emergency related.

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