Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, February 11, 2014
12:30 p.m.
Regional Council Chamber
150 Frederick Street, Kitchener, Ontario

1. **Motion to Reconvene Into Open Session**

2. **Declarations of Pecuniary Interest under “The Municipal Conflict of Interest Act”**

3. **Delegations**

   **Consent Agenda Items**
   Items on the Consent Agenda can be approved in one motion of Committee to save time. Prior to the motion being voted on, any member of Committee may request that one or more of the items be removed from the Consent Agenda and voted on separately.

4. **Request To Remove Items From Consent Agenda**

5. **Motion To Approve Items Or Receive For Information**
   a) **SS-14-010**, Approval of Youth Employment Funds (Approval) 1
   b) **Memo**: First Response Protocol Update 2013 Update 5
   c) **Memo**: Child Care Special Needs Resources Services 8

1566063
6. **Reports – Social Services**
   a) **SS-14-008**, Community Homelessness Prevention Initiative Year One Transition Update and Investment Plan for 2014/2015 (Presentation)

6. **Reports – Planning, Housing and Community Services**
   b) **P-14-021/PH-14-006**, NEWPATH Research Project (Presentation)

6. **Reports – Public Health**
   c) **PH-14-008/P-14-022**, Smoke Free Policy in Waterloo Region Community Housing: 2013 Annual Update
   d) **PH-14-007**, Provincial Dental Program Integration and Wait List for New Applicants to the Healthy Smiles Ontario Program in Waterloo Region

7. **Information/Correspondence**
   a) Council Enquiries and Requests for Information Tracking List

8. **Other Business**

9. **Next Meeting – March 4, 2014**

10. **Adjourn**
Region of Waterloo
Social Services
Employment and Income Support

To: Chair Sean Strickland and Members of the Community Services Committee

Date: February 11, 2014  File Code: S09-01

Subject: Approval of Youth Employment Funds

Recommendation:

That the Regional Municipality of Waterloo approve an increase to the 2014 Operating Budget for Employment and Income Support, Social Services of $450,000 gross and $0 net Regional levy as outlined in report SS-14-010, dated February 11, 2014.

Summary:

Nil

Report:

1.0 Background

Employment and Income Support, Social Services has been providing Employment Ontario services on behalf of the Ministry of Training Colleges and Universities since August 1, 2010. In its 2013 Provincial Budget the Province announced a 2-year Youth Jobs Strategy. One of the initiatives within this Strategy is the Youth Employment Fund. The goal is to create employment opportunities to provide 25,000 youth with an entry point to long term employment. Through job placement youth will be offered the chance to learn work skills while earning income. Outcomes for youth can include employment, improved long term employability, training or a return to school. Employers will be able to address their skill gaps and workforce shortages and development needs.

2.0 Target Population

The target population for the initiative is “at risk youth”, ages 15 to 30 who are residents of Ontario, and who are unemployed or work less than 20 hours per week. They cannot be attending a full time education or training program. The program is open to all youth and Employment Ontario sites are to pay particular attention to:
- youth on social assistance
- Aboriginal youth
- visible minority youth
- youth who are recent immigrants
- youth with a disability
- youth with poor educational attainment history, including literacy and language skills
- youth with a poor employment history; and
- youth who live in communities or other geographic areas with high youth unemployment.

3.0 Youth Employment Funds

Effective September 1, 2013, all Employment Ontario employment service providers (the Region) are expected to deliver this initiative. The Youth Employment Fund provides additional funds to the service provider as an incentive for employers to hire youth or provide training. There are also funds which can be used to provide individual supports for youth in the program. Ten percent of the funding approved can be used for administration costs. The placement targets set for Social Services from September 1, 2013 to March 31, 2014 are 9 youth across the 3 Employment Ontario sites (Cambridge, Kitchener, and Waterloo). Funding is used to enhance supports for participants from the target population, who are involved with the Region’s Employment Ontario program. A summary of the program and the funding is outlined in report SS-13-037, October 1, 2013.

4.0 Funding Approval

2013/2014 Fiscal Year

As of January 2014 the Region had successfully placed 15 youth through this program exceeding our original target of nine. In recognition the Province has increased its funding of supports for youth and employers by an additional $46,800 (100% Provincial).

2014/2015 Fiscal Year

For the April 2014 to March 2015 fiscal year, the Province has raised the targets for the Region to 76 Youth Employment Fund participants. Program funding has also been increased to $537,483 (100% Provincial) for the full fiscal year. Up to ten percent of these funds will be used to support the administration of the Employment Ontario program.

Notification of the increased funding and service targets was received from the Ministry on January 13, 2014. (Attachment A.)
Corporate Strategic Plan:
This initiative supports the Region of Waterloo Strategic Plan 2011-2014, Focus Area 2: Growth Management and Prosperity; Manage growth to foster thriving and productive urban and rural communities.

Financial Implications
The Province has approved an additional $584,283 (100% Provincial) in Youth Employment funding. Ten percent of this funding will be used for the administration of the program. The remaining funds are to be used by employers and youth to provide support and training.

It is anticipated that all funding approved for the 2013/14 fiscal year ($46,800) will be utilized by March 31, 2014. 75% of the 2014/15 funding ($403,200) is projected to be spent by December 31, 2014. The balance of the 2014/15 funding, including any unspent funding from 2014, will be carried forward to the 2015 Budget for Employment and Income Support.

The increase to the 2014 Budget totals $450,000, to be funded by Provincial subsidy from the Ministry of Training Colleges and Universities

Other Department Consultations/Concurrence:
Staff in Finance has reviewed this report.

Attachments

Prepared By: Graeme Fisken, Manager, Employment Services
David Dirks, Director, Employment and Income Support

Approved By: Douglas Bartholomew-Saunders, Commissioner, Social Services
January 13, 2014

Douglas E. Bartholomew-Saunders, Commissioner, Social Services
The Regional Municipality of Waterloo
99 Regina Street South
Waterloo, Ontario N2J 4V6

Dear Douglas E. Bartholomew-Saunders,


Thank you for your organization’s confirmation in delivering the Youth Employment Fund (YEF) beginning April 1, 2014. I appreciate the time you took to discuss your organization’s YEF funding and client placement targets as part of the YEF business plan with your local MTCU representative.

I am pleased to provide the following information regarding your organization’s allocation of YEF funding, which is subject to your organization confirming your acceptance of this allocation by signing a YEF funding agreement with the Ministry.

Separately, the attached Appendix must be completed and returned, one Appendix per site, by January 27, 2014. Please submit the completed Appendix(es) to the MTCU Western Region mailbox (MTCUWesternRegion@ontario.ca), copying your Employment and Training Consultant(s).

The YEF targets are for the 2014-2015 fiscal year and are minimum placement targets only; it is anticipated that targets will be exceeded. The YEF allocation for your site is as follows:

<table>
<thead>
<tr>
<th>Service Delivery Site Reference Number</th>
<th>Total YEF Allocation</th>
<th>YEF Operating Funds</th>
<th>YEF Financial Supports</th>
<th>2014-2015 YEF Minimum Placement Targets</th>
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<tr>
<td>4273A</td>
<td>$196,481</td>
<td>$19,648</td>
<td>$176,815</td>
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<tr>
<td>4273B</td>
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<td>4273C</td>
<td>$204,281</td>
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<td>$193,853</td>
<td>26</td>
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</tbody>
</table>

If you have any questions, please contact your local Employment and Training Consultant.

Sincerely,

Sherree Mahood
Director, Western Region
Employment and Training Division

C: Nancy Burnett
As a component of the Social Services Emergency Response Plan, the First Response Protocol assists with the immediate needs of food, shelter and clothing in the event of an emergency (eg. fire, unsafe premises) involving fewer than 50 individuals. The Protocol was introduced in 2002. This is an annual update reporting the Region’s response to such incidents in the year 2013.

Background

In partnership with the Canadian Red Cross and Lutherwood Housing Services, Social Services staff assists individuals who have been displaced from their residence due to an emergency (eg. fire, unsafe premises, gas leak). The Red Cross initially attends the site of the emergency to assess the needs of the individuals and to arrange for
temporary accommodation, food and clothing as appropriate. The Red Cross is alerted of the emergency through Fire or Police Dispatch. Should it become evident that the emergency will displace more than 50 individuals, the Social Services Emergency Response Plan may be activated at the discretion of the Commissioner of Social Services or his designate.

At the emergency site the Red Cross assesses the needs of the individuals and arranges temporary lodging in local motels as necessary. If the individuals are students at Wilfrid Laurier University or the University of Waterloo, the Red Cross (or Police/Fire) will phone campus security at the appropriate post-secondary institution for assistance. Campus security will then activate their internal processes to ensure staff is deployed to care for the needs and shelter of the displaced students in an environment that is familiar to them. This process was finalized in 2013 and successfully activated on two occasions.

In large incidents and as necessary, GRT is called upon to provide a bus for shelter or transportation. In addition, the Red Cross provides each individual with a personal Comfort Kit (toothbrush, toothpaste, socks and underwear) as well as certificates for food. Depending upon the time and day of the event, the Red Cross contacts Employment & Income Support, Social Services during regular business hours or the After Hours On Call Service to advise that individuals have been placed in temporary accommodation. The cost of the temporary lodging and food is cost-shared with the Province (85.8% Province/14.2% Region in 2013) contingent upon the financial eligibility of the individuals affected.

On the next business day, staff of Employment and Income Support meets with the individuals to assess them for emergency or ongoing financial assistance. The Red Cross also initiates contact with Lutherwood Housing Services for assistance in obtaining alternate permanent accommodation for those who will not be able to return to their previous residence.

**2013 Experience**

The First Response Protocol was activated for 36 housing units in 2013. These events consisted of 9 fires, a condemned building, mould removal and water damage. In total 52 adults and 10 children were assisted. There were 17 fewer housing units impacted when compared to the previous year in which there were 53 units assisted due to fire and 1 evacuation of a condemned building, affecting 10 units. Of the impacted housing units in 2013, there were 28 in Kitchener-Waterloo, 7 in Cambridge and 1 in Wellesley Township. Individuals and families were accommodated in motels for a total of 126 days, which is a decrease of 15 days from the 141 emergency housing days in 2012. Individuals assisted through the First Response Protocol remained in a motel for an average of 4 days prior to arranging interim accommodation with family, friends, returning to their previous residence or acquiring a new residence. The source of income for the individuals affected was a mix of Ontario Works (OW), Ontario Disability Support Program (ODSP) and low income through other sources (not in receipt of OW or ODSP).
Emotional Support

To address the immediate emotional and psychological needs of persons affected by an emergency the Region has developed the Waterloo Region Emotional (formerly ‘Emergency’) Support Team (WREST). The WREST volunteers, trained in crisis intervention, are available to provide emotional support to persons traumatized by an emergency. WREST was activated on 11 occasions in 2013 under the First Response Protocol, volunteering approximately 42 hours in total to provide support to those who were displaced from their homes. This number is a slight decrease from the previous year. However, WREST volunteers also responded to three larger emergencies under the Social Services Emergency Response Plan, including: a large apartment fire in Waterloo; the April Ice Storm; and, the December Ice Storm. In total, WREST volunteers contributed 208 hours in direct community service.

In 2013, WREST team leaders and managers (six in total) also donated a total of approximately 90 hours for meetings, 360 hours in administrative duties, and over 2000 hours to remain on-call. Three WREST members retired in 2013 bringing the total number of WREST volunteers to 27. WREST members also had the opportunity to participate in 2 training opportunities, logging over 400 volunteer hours in total.

The success of the First Response is due in great part to the active role played by our community partners such as the Canadian Red Cross, Lutherwood Housing Services, Wilfrid Laurier, the University of Waterloo, Police, Fire and the member agencies and volunteers of the WREST.

The First Response Protocol supports Focus Area Four of the Region’s 2011-2014 Strategic Focus: Healthy and Inclusive Communities: (To) foster healthy, safe, inclusive and caring communities.

For further information please contact Gillian Woolner, Emergency Social Services at 519-883-2087 or gwoolner@regionofwaterloo.ca or Don Beitz, Manager, Income Support Services at 519-740-5742 or dbeitz@regionofwaterloo.ca or David Dirks, Director, Employment & Income Support at 519-883-2179 or ddirks@regionofwaterloo.ca
As the Consolidated Municipal Service Manager (CMSM), Children’s Services has responsibility for the delivery of services that support the inclusion of children with special needs in licensed Early Learning and Child Care settings. Prior to January 2014, these services were provided through purchase of service contracts with seven agencies. In 2012 the Region in partnership with the seven agencies engaged in an extensive planning exercise. As a result, the seven agencies developed a plan to streamline and align services to improve efficiencies and reduce duplication. A new service delivery model was developed which would reduce the number of agencies from seven down to three. Like roles would be realigned under one agency. Using an expression of interest process the seven agencies were invited to submit a proposal to take on one of the new roles. Each proposal was reviewed by a panel and final selection was announced early in 2013. An executive summary of the new model and service principles is attached to this memorandum. 2013 was a transition year for all seven agencies as some prepared to transfer services to the new lead agency and for new lead agencies to begin to expand their operations. The new model became fully operational on January 6, 2014.
On February 28, 2014 the new Special Needs Resourcing Collaborative will hold an official launch and open house for the community from 3:30 to 4:30. An invitation for Regional Council is attached to this memo, the event will involve information displays and opportunities for community professionals to attend on a drop in basis to learn more about the changes that have taken place.

For further information please contact Nancy Dickieson, Director, Children’s Services, 519-883-2177 or ndickieson@regionofwaterloo.ca.

Attachments:  From Vision to Practice, Executive Summary
             SNR Collaborative Launch, Invitation
Executive Summary

Special Needs Resourcing Collaborative Waterloo Region

Background
This document is an Executive Summary of the service framework for the special needs resourcing service system in Waterloo Region. The four agencies listed below form the Special Needs Resourcing (SNR) Collaborative which delivers inclusion support services to all children with special needs participating in a licensed early learning and child care program.
Vision
All Children and their families can fully participate in quality, inclusive, licensed Early Learning and Child Care Services.

Mandate
To work as partners to support licensed early learning and child care programs in meeting the diverse needs of children and families in Waterloo Region.

Guiding Principles
- Child Focus
- Inclusion
- Leadership
- Collaboration
- Service Integration
- No Wrong Door
- Excellence
- Integrity

Service Delivery
The SNR Collaborative member organizations work collaboratively with each other to achieve the following objectives:

1. Provide access and coordination of early intervention supports for all children with special needs to participate fully and inclusively in ELCC programs.
2. Ensure that children and families are able to access the same standard of information, coordination, and access to services regardless of entry point into the system.
3. Work with one another and families as a multi-disciplinary team to streamline services that surround the whole family and tailor services to meet the unique needs of every child within their ELCC program.

Roles and services provided include:
- Resource Consultants – Specialized ECE’s that provide supports to children and ELCC staff to include all children and to monitor and promote optimum development for children with special needs.
- Enhanced Classroom Supports – Additional staffing to reduce adult-child ratios of a particular classroom or home child care to ensure full inclusion of all children.
- Volunteer Classroom Support – Volunteers that provide one-to-one activities with individual children or general support activities in a classroom.
VISION TO PRACTICE – Executive Summary

- Occupational Therapy, Speech-Language Pathology, Physiotherapy & Kinesiology – Assessments, therapies and interventions for children who have a difficulty with activities, speech or language or movement.
- Psychological Consultation – Psychological or functional assessments to support interventions for children.

Service Components
The service delivery components of the SNR Collaborative include:

- Access – Special Needs Access Point (SNAP) is the single point of access
- Service Intake – Information gathered during access/intake is shared across the four organizations to reduce duplication for families.
- Service Delivery – A range of supports and services are available to children and families, based on the needs of the child and the ELCC Program.
- Service Location – All services are delivered at licensed ELCC settings.
- Transition Planning – When families transition out of an ELCC program, information and transition planning will occur with other services providers and local school boards via the Transition to School Protocol.

Approach to Service

| Whole Child | • A child's cognitive, emotional, social and physical development and family environment are considered. |
| Neighbourhood Service Clusters | • Professionals are assigned to specific neighbourhood clusters that align with other services providers. |
| Capacity Building | • Instill confidence and build capacity within ECE's and home child care providers to support the needs of every child. |
| Evidence Informed Practice | • Share knowledge and expertise within the SNR partnership. Evaluate and monitor practices to ensure efficacy. |
| Interprofessional Practice | • Agencies, ELCC programs, and families work together to deliver services. |

For more information about this report or special needs resourcing services, please contact Barb Cardow, Manager of Special Needs Resourcing, Region of Waterloo at 519-883-2111 ext. 5419 or bcardow@egov.io
You are invited to the launch of the new

Special Needs Resourcing Collaborative

February 28, 2014

Please join us as we celebrate the launch of the new Special Needs Resourcing Collaborative for Waterloo Region. We will be looking back at our past, going over what we’re doing now, and looking ahead to the future. Featuring a presentation by “One Funny Lady” Deb Kimmett. Open House with ELCC and Community Partners to follow.

The Family Centre
65 Hanson Ave.
Kitchener, Ontario
N2C 2H6

To RSVP please click here
Or contact Tyla Fullerton at 519-575-4757 ext. 5483
Region of Waterloo

Social Services

Social Planning, Policy and Program Administration

To: Chair Strickland and Members of the Community Services Committee

Date: February 11, 2014

Subject: Community Homelessness Prevention Initiative Year One Transition Update and Investment Plan for 2014/2015

Recommendation:

That the Regional Municipality of Waterloo receive the Community Homelessness Prevention Initiative 2014/15 Investment Plan;

And that the Regional Municipality of Waterloo request additional base funding of $1,175,000 for the Community Homelessness Prevention Initiative from the Ministry of Municipal Affairs and Housing;

And that the Regional Municipality of Waterloo request that the Province annualize one-time transition funding of $1,517,140 for the Community Homelessness Prevention Initiative;

And further that the Regional Municipality of Waterloo forward report SS-14-008, dated February 11, 2014, to the Ministry of Municipal Affairs and Housing, Association of Municipalities of Ontario and the Ontario Municipal Social Services Association.

Summary:

The Community Homelessness Prevention Initiative (CHPI) was initiated January 1, 2013. CHPI is part of the new Housing Services Act, 2011 and is a key resource for implementation of the Province’s newly required 10 Year Housing and Homelessness Plans. CHPI is funded through the Ministry of Municipal Affairs and Housing (MMAH) and administered by the Region as the local Service Manager. Each year, MMAH requires the Region to submit an Investment Plan (see Appendix A) by February 15th for the next fiscal year (April 1 to March 31). This report provides further background and detail regarding the Investment Plan and progress on the first year of the three year transition. The Region is again requesting that MMAH provide an additional $1,175,000 in base funding to match 2012 actual shelter expenditures. The Region is also requesting that the Province continue the one-time transition funding of $1,517,140 to recognize the continued pressure in the local housing stability system and the impact of the cancellation of the Community Start Up and Maintenance Benefit.
1.0 CHPI Background

The Community Homelessness Prevention Initiative (CHPI) is a component of the *Housing Services Act, 2011*. The Act was informed by the Provincial Municipal Fiscal and Service Delivery Review (2008) and the Province’s Long Term Affordable Housing Strategy (2010). The Act requires Service Managers to create comprehensive 10 year plans for housing and homelessness, to be in place by 2014. The Ontario Housing Policy Statement provides additional policy context and direction to Services Managers to support the development of plans. Specifically, the Province’s policy for ending homelessness “puts a primary focus on helping people who are homeless, or at-risk of homelessness, to quickly access safe, affordable and stable housing. This approach, referred to as Housing First, is linked to the provision of a variety of flexible supports based on clients’ needs that can assist people in sustaining their housing, and with re-housing when necessary.”

The homelessness component of the Region’s 10 year plan consists of a Policy Framework that sets out guidelines for thinking about ending homelessness; and an Action Framework that supports the community to take action. Both were previously approved in principle by Regional Council (SS-12-052) and together form the Waterloo Region Homelessness to Housing Stability Strategy. The local Homelessness to Housing Stability Strategy speaks to policy and actions that guide and support the implementation of CHPI. As outlined above, CHPI is a key resource in supporting implementation of both provincial and Regional policy related to housing stability.

CHPI was implemented January 1, 2013 and brought together the following pre-existing homelessness prevention programs (largely through the Ministry of Community and Social Services) (MCSS) under the Ministry of Municipal Affairs and Housing (MMAH):

- Consolidated Homelessness Prevention Program (100% MCSS)
- Provincial Rent Bank Program (100% MMAH)
- Emergency Energy Fund (100% MCSS)
- Emergency Hostel Services (85.8/14.2 cost-shared MCSS)
- Domiciliary Hostel Program (80/20 cost-shared MCSS)

MMAH has identified the Region’s annual CHPI allocation as $7,653,382 for the period April 1st to March 31st. CHPI Guidelines describe the program and outline requirements for Service Managers over the three year transition period 2013-2016. CHPI Investment Plans are due to MMAH by February 15th of each year with year end financial and statistical reports due by May 31st of each year.

To support the transition to CHPI, MCSS provided one-time funding of $1,517,140 for the period January 1, 2013 to March 31, 2014. Despite requests from the Region (SS13-030) and others to extend or annualize this allocation, additional funding has not been realized. This report again requests this funding be continued.

Further information about CHPI is contained in previous communication to Council through memos (September 11, 2012 and September 10, 2013) and reports (SS-12-044, SS-12-050, SS-13-001, SS-13-005, SS-13-006, SS-13-030).
The chart below summarizes the changes in homelessness funding pre and post-CHPI.

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<tr>
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<th>Pre-CHPI</th>
<th>CHPI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legislation</strong></td>
<td>• Ministry of Community and Social Services Act, 1990</td>
<td>Housing Services Act, 2011</td>
</tr>
<tr>
<td></td>
<td>• Ontario Works Act, 1997 (Regulations related to Emergency Hostels)</td>
<td></td>
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<tr>
<td><strong>Ministry</strong></td>
<td>Ministry of Community and Social Services (MCSS)</td>
<td>Ministry of Municipal Affairs and Housing (MMAH)</td>
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<td><strong>Provincial Policy</strong></td>
<td>OW Directives related to Emergency Hostel and Domiciliary Hostel</td>
<td>Ontario Housing Policy Statement</td>
</tr>
<tr>
<td><strong>Service Agreement Timeframe</strong></td>
<td>January – December (calendar)</td>
<td>April – March (fiscal)</td>
</tr>
<tr>
<td><strong>Programs</strong></td>
<td>• Consolidated Homelessness Prevention Program</td>
<td>CHPI (with the following service categories):</td>
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<tr>
<td></td>
<td>• Provincial Rent Bank Program</td>
<td>• Emergency Shelter Solutions</td>
</tr>
<tr>
<td></td>
<td>• Emergency Energy Fund</td>
<td>• Housing with Related Supports</td>
</tr>
<tr>
<td></td>
<td>• Emergency Hostel Services</td>
<td>• Other Services and Supports</td>
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<td></td>
<td>• Domiciliary Hostel Program</td>
<td>• Homelessness Prevention</td>
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<td><strong>Plans</strong></td>
<td>Annual MCSS budget submission</td>
<td>• Comprehensive local 10 year housing and homelessness plan (Homelessness to Housing Stability Strategy)</td>
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<td>• Annual CHPI Investment Plan</td>
</tr>
<tr>
<td><strong>Program Reporting</strong></td>
<td>Financial and program data submitted separately for each Program</td>
<td>• Financial and outcome focused data for all activities funded under CHPI</td>
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</table>

2.0 CHPI Investment Plan

The purpose of the Investment Plan is to identify how Service Managers will use their annual CHPI allocation for the upcoming fiscal year and to ensure compliance with the Service Manager Service Agreement and CHPI Program Guidelines. MMAH provides an Investment Plan template for Service Managers to complete. The investment Plan includes a short narrative description of how CHPI funding will be used as well as funding amounts allocated for each of the four CHPI Service Categories:

1. Emergency Shelter Solutions
2. Housing with Related Supports
3. Other Services and Supports
4. Homelessness Prevention
The 2014/15 CHPI Investment Plan is attached as Appendix A. The Investment Plan has been approved by the Commissioner of Social Services (as delegated authority through SS-13-005) and will be submitted to MMAH to meet its required timeline (extended from February 15 to February 21, 2014). MMAH will review and approve CHPI Investment Plans prior to providing CHPI funding for the upcoming fiscal year beginning April 1st. Service Managers are required to update their Investment Plans three times throughout the fiscal year.

Much has been accomplished over the past year to support the transition to CHPI and this work informs the 2014/15 Investment Plan. Updates from last year and plans for CHPI over 2014/15 are included under each of the four Service Categories below. Note that 2013/14 activities benefited from the MCSS one-time CHPI Transition Funding and that 2013/14 pilot evaluations are being prepared for all pilot projects identified below.

2.1 Service Category #1: Emergency Shelter Solutions

2013/14 Update
The Region continued to fund the following six emergency shelters through CHPI (Argus Young Men’s Residence, Argus Young Women’s Residence, Cambridge Shelter, Charles Street Men’s Hostel, Reaching Our Outdoor Friends (ROOF), and YWCA-Mary’s Place). In addition, Shelter Overflow into motels was funded to address demands beyond shelter capacity. Grant funding (instead of per diem funding) was piloted over 2013. Also piloted were the Shelter Family Diversion project in Cambridge through Lutherwood in partnership with Cambridge Shelter and the Under 18 OW Trusteeship project through the two youth serving agencies, Argus and ROOF. Shelters also received a one-time grant through the MCSS one-time CHPI Transition Funding to assist with in year adjustments to the new capped funding.

Plans for 2014/15
Lutherwood Safe Haven (an emergency shelter for youth ages 12-17 located in Kitchener) previously funded through the Region’s Homelessness to Housing Stability Strategy grant funding (SS-14-005) will move to be funded through CHPI to align all emergency shelters under the same funding source. Emergency shelters will continue to be funded through a grant set at 2012 funding levels while a new funding model is developed for implementation April 1, 2015. Exceptions to this include the redirection of some funding from both Shelter Overflow and YWCA-Mary’s Place to expand the successful Shelter Family Diversion pilot to be offered both in Cambridge and in Kitchener-Waterloo. It is anticipated that Argus and ROOF will continue to offer the Under 18 OW Trusteeship as part of their regular programing.

2.2 Service Category #2: Housing with Related Supports

2013/14 Update
The Region continued to fund all 19 permanent, supportive housing programs previously funded through either the Consolidated Homelessness Prevention Program (CHPP) or the Domiciliary Hostel Program. In addition, this service category incorporated the two time-limited housing programs (Marillac Place and Families in Transition Houses).
Subsidized retirement homes (Marsdale, Millwood, Revera and Trinity), subsidized boarding homes (Grand River, Kaljas, Kingsview, Optimum, Riverside, Stirling and Underhill) as well as Hugo (shared apartments) under the previous Domiciliary Hostel Program continued to receive per diem at the 2012 rate of $47.75. Self-contained unit programs (Bridges, Charles Village, Eby Village, Lincoln Rd and SHOW), specialized programs (Argus Five Bed’s to Home, Cramer House and Saginaw), and time-limited programs (Marillac and FIT Houses) either continued their grant funding at 2012 rates or piloted grant funding (instead of per diem funding). Grant funded programs also received a one-time grant through the MCSS one-time CHPI Transition Funding to assist with in year adjustments to the grant funding model pilot.

Two pilots were undertaken in this service category. A total of ten housing with related support programs piloted the use of the Homeless Individuals and Families Information System (HIFIS) previously only used within emergency shelters. Almost all programs participated in the Quality of Life Pilot which provided homes with additional funding to offer in-house or community-based recreation and skill building activities to tenants.

Finally, a framework for the proposed redesigned CHPI supportive housing program was drafted for further consultation. A report on the supportive housing redesign process and draft model is schedule to be brought to Community Services Committee for approval at the March 4, 2014 meeting. A community consultation meeting is scheduled for March 26, 2014.

Plans for 2014/15
There are now 18 permanent supportive housing programs and one-time limited program (Marillac serving young pregnant or parenting mothers) that will be funded through this service category. The change to the number of programs is due to:

- Revera completing its transition out of CHPI by March 31, 2014 (a retirement home that had been transitioning out of the Domiciliary Hostel Program since 2008 had three final tenants who will have moved to other homes).
- Through the development of the Ending Family Homelessness Report (anticipated to be brought forward to Council in April 2014), it is been identified that the Families in Transition (FIT) House time-limited program should end March 31, 2014 with funding re-directed to support families towards permanent housing through the Families in Transition Support program.

The approach for this coming year is to continue to fund supportive housing programs in the same manner as the previous year at 2012 levels. The proposed redesigned CHPI supportive housing program process, timeline, and design (including a new funding model) will be outlined in a report to Community Services Committee, scheduled for March 4, 2014.

In the mean-time, the following activities or changes are taking place over 2014/15:

- HIFIS electronic program and data management pilot will continue for those programs currently involved.
- The Service Prioritization Determination Assessment Tool (SPDAT) is being piloted as a potential common assessment tool within supportive housing programs.
2.3 Service Category #3: Other Services and Supports

2013/14 Update
Two programs, Families in Transition Support Program and Lutherwood’s Housing Counselling - including pilotng expanded services in Cambridge and three pilots (two last month’s rent fund programs and Cambridge Shelter Family Diversion) were offered under this category.

The two last month’s rent fund pilots included the Rapid Re-Housing Discharge Fund delivered through Region Employment and Income Support and the Last Month’s Rent Program delivered through Lutherwood. The Discharge Fund pilot began in January 2013. The Last Month’s Rent pilot was implemented in August 2013 based on feedback from the Discharge Fund mid-term evaluation that identified a need to expand the population served beyond those exiting shelters, time-limited housing or institutions (e.g., hospital, corrections). The Cambridge Shelter Family Diversion Pilot offered enhanced support to families through Lutherwood to prevent homelessness and/or to rapidly re-house to provide an alternative to an emergency shelter stay.

Plans for 2014/15
There are a number of adjustments planned based on the results of the interim evaluation. The Discharge Fund will be consolidated into the Last Month’s Rent Fund and delivered through Lutherwood. Lutherwood Housing Services will be increased from three to five staff (the three previously funded and continuing the two staff added through the expanded services pilot in Cambridge) to deliver housing counselling, rent bank and eviction prevention, and a consolidated last month’s rent fund (with rent bank and last month’s rent funds in one funding envelope to provide flexibility to deliver as needed).

The Family Shelter Diversion pilot through the Families in Transition (FIT) Program will be expanded to include YWCA-Mary’s Place along with Cambridge Shelter and the expanded pilot will continue over the next year.

2.4 Service Category #4: Homelessness Prevention

2013/14 Update
Over this past year, the Rent Bank and Eviction Prevention program and the Waterloo Region Energy Assistance Program (WREAP) continued under this service category. The Rent Bank criteria was expanded to include support where needed for first month’s rent and last month’s rent (for those not qualifying for existing last month’s rent programs or those requiring additional funds).

Plans for 2014/15
Rent Bank funds and functions will continue to be delivered by Lutherwood Housing Services in 2014/15. Funding for WREAP was provided through the one-time MCSS CHPI Transition Funding to enhance the existing WREAP funds provided through other sources. This one-time enhancement funding will end March 31, 2014 and the WREAP will continue with its regular funding provided through local utility companies.
3.0 2014/15 Funding Request

3.1 Base Funding Request
The CHPI allocation for each Service Manager is comprised of both base funding and a needs-based allocation. The CHPI base funding capped amount is a combination of:
- A Service Manager’s 2012 funding allocations under the previous capped programs (Consolidated Homelessness Prevention Program, Provincial Rent Bank, Emergency Energy Fund and the Domiciliary Hostel Program); and,
- A Service Manager’s three year average expenditures (2009, 2010, 2011) for the previously uncapped Emergency Hostel Services (to account for changes in demand for these services over time).

The consolidation of Emergency Hostel Services into CHPI means that a previously uncapped program is now capped. Using a three year average to calculate capped funding for Emergency Hostel Services within the CHPI base did not take into consideration that while emergency shelter use in many municipalities was either holding steady or decreasing from 2009-2011, emergency shelter use in Waterloo Region increased sharply over this time and continued to increase in 2012 when Emergency Hostel Services funding ended under CHPI. This increase of 24% appears to be largely due to economic pressures in households as a residual effect of the recession (during the recession, Waterloo Region moved from having one of the lowest unemployment rates in Canada to having the second highest unemployment rate in Canada).

To address this funding gap with the January 1, 2013 CHPI implementation, the Region submitted a business case to the Ministry of Municipal Affairs and Housing to increase CHPI base funding by $1,174,499 to match 2012 provincial share of Emergency Hostel Services expenditures (SS-13-006). As emergency shelter bed nights and numbers served have remained at similar levels over 2013 when compared to 2012, the Region is again asking MMAH to increase its base funding allocation by $1,174,499. The chart below shows Emergency Hostel Services subsidy funding levels from MCSS (provincial share) to Waterloo Region from 2009 to 2012.

<table>
<thead>
<tr>
<th>Emergency Hostel Services - Year</th>
<th>MCSS Subsidy (provincial share 80/20)</th>
<th>CHPI 100% Provincial</th>
<th>Three Year Average Calculation Used for CHPI Base Subsidy</th>
<th>Budget Shortfall Between Base Allocation and Actual Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>$1,897,365</td>
<td></td>
<td>$2,170,523</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>$1,915,408</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>$2,698,796</td>
<td></td>
<td>($528,273)</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>$3,344,972</td>
<td></td>
<td>($1,174,499)</td>
<td></td>
</tr>
</tbody>
</table>

With MMAH using the three year average Emergency Hostel Services subsidy equalling $2,170,523, the Region’s allocation is $528,273 less than 2011 actual expenditures and $1,174,499 less than 2012 actual expenditures.
3.2 CHPI Transition Funding Request

With the termination of the Community Start-Up and Maintenance Benefit and only a portion of previous funding levels available, the community prioritized support for last month’s rent (where all available funding has been identified). However, it is anticipated that despite prioritizing this one support (last month’s rent over others) there will be pressures in this area over 2014/15. There are a number of gaps that have been created in the community in the area of housing stability that are still being explored and understood including moving, storage, furniture, appliances, household goods, and bed bug treatment and support. There is no further funding at this point to support these areas.

The one-time MCSS CHPI Transition funding of $1,517,140 for 2013/14 relieved some of the pressure in 2013/14. However, this one-time funding is no longer available. The work of transitioning a system requires a longer term investment. While we have been able to make some shifts towards the goals of CHPI, these have largely been a result of the one-time transition funding. Without this continued support our capacity to make further changes is diminished. All at a time when we are experiencing decreased base funding and service demand increases of 35-40% since the start of the recession in late 2008.

Corporate Strategic Plan:

Implementing CHPI in Waterloo Region is consistent with the Region’s Corporate Strategic Plan (2011-2014), Focus Area 4: Healthy and Inclusive Communities: to “reduce inequities and enhance community health, safety, inclusion and quality of life”; and specifically, Strategic Objective 4.5 to “work collaboratively to increase the supply and range of affordable housing and reduce homelessness”.

Financial Implications

The Region’s 2014 Operating Budget includes a provision of $8,914,182 for the Community Homelessness Prevention Initiative. The required 2014/15 CHPI Investment Plan identifies planned expenditures for $7,653,382 provincial funding provided through the Ministry of Municipal Affairs and Housing. The following table summarizes the 2014/15 Operating budget for CHPI.

<table>
<thead>
<tr>
<th>Service Category</th>
<th>MMAH CHPI Funding</th>
<th>Region CHPI Funding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter Solutions</td>
<td>$3,062,036</td>
<td>$759,135</td>
<td>$3,821,171</td>
</tr>
<tr>
<td>Housing with Related Supports</td>
<td>2,794,405</td>
<td>505,874</td>
<td>3,300,279</td>
</tr>
<tr>
<td>Services and Supports</td>
<td>934,842</td>
<td>0</td>
<td>934,842</td>
</tr>
<tr>
<td>Homelessness Prevention</td>
<td>250,000</td>
<td>0</td>
<td>250,000</td>
</tr>
<tr>
<td>Administration</td>
<td>612,099</td>
<td>13,343</td>
<td>625,442</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$7,653,382</strong></td>
<td><strong>$1,278,352</strong></td>
<td><strong>$8,931,734</strong></td>
</tr>
</tbody>
</table>
Under CHPI, municipalities have local flexibility to move funding allocations amongst the categories to meet program demands. The amounts in each category may differ from year to year. This does not reflect a decrease in need for services but rather a redistribution of the available funding.

For example, funding for two programs that support Family Diversion from shelters will now be included under the Services and Supports and Prevention Categories rather than Emergency Shelter. Shift in funding between the different categories is consistent with the Provincial direction of programs funded through CHPI moving from reactive responses to homelessness to services that focus on integrated permanent solutions.

However, despite the ability to redistribute funding, this report has identified that community needs and a number of CHPI goals cannot be met within the existing funding envelope such that an additional $2,691,639 is requested from the Province.

Other Department Consultations/Concurrence:

Corporate Resources – Facilities Management and Legal, Planning, Housing and Community Services – Housing, as well as Finance provided input on this report.

Attachments

Appendix A  CHPI Investment Plan

Prepared By:  Lynn Randall, Director, Social Planning, Policy and Program Administration
Marie Morrison, Manager, Social Planning

Approved By: Douglas Bartholomew-Saunders, Commissioner, Social Services
1. Proposed Plan

Enter Service Manager Name: Regional Municipality of Waterloo

Contact Email and Telephone Number: lrandall@regionofwaterloo.ca
519-883-2190

Date Submitted to MMAH: February 21, 2014

Please complete Section 1 and 2 of the Proposed Plan

Section 1
Briefly describe how you intend to use your CHPI allocation to address various housing and homelessness-related needs of your SM area.

Please include the following:
1) The service Categories you are planning to deliver (e.g. Emergency Shelter Solutions, Housing with Related Supports, Services and Supports, and Homelessness Prevention) - and why.
2) The types of services and activities you will be funding under CHPI and how they will address both program outcomes
3) Whether you will be using CHPI funds for housing allowances and/or minor home repairs.
4) The client groups you are planning to assist - and why.
5) Any shift in priorities or innovative practices as a result of the flexibility offered by CHPI

The proposed plan is intended to be a high-level summary and should be no longer than two pages.

Please write in a box below:

The Regional Municipality of Waterloo (the Region) plans to fund services in all four service categories in order to provide a full range of complementary supports to assist people experiencing homelessness to obtain and retain housing and to ensure people at risk of homelessness remain housed. The Region is not using CHPI funds for housing allowances and/or minor home repairs. See details below:

Emergency Shelter Solutions
There are eight existing programs that will continue to be funded through this service category including seven emergency shelters as well as Shelter Overflow into motels to address demands on shelter capacity. Over 2008-2012, there was a 45% increase in the number of bed nights and a 24% increase in the number of people accessing emergency shelter. Preliminary data from 2013 shows that numbers overall held steady from 2012 to 2013 but continue to exceed regular capacity requiring 3,808 motel overflow bed nights). Clearly, these emergency residential programs continue to be in high demand. However, with a 15% drop in the number of families accessing shelter from 2012 to 2013, some resources have been redirected to a pilot for families offering centralized family intake and family shelter diversion.
Shelter programs through CHPI include:

- Youth specific emergency shelters including Lutherwood Safe Haven for youth 12-17 in Kitchener, ROOF for youth ages 16-25 in Kitchener, and Argus Young Men’s Residence and Argus Young Women’s Residence for youth ages 16-24 in Cambridge.
- Cambridge Shelter in Cambridge serves men and women ages 16+ as well as families.
- YWCA-Mary’s Place in Kitchener serves single women and transgendered individuals ages 16+ as well as families.
- Charles Street Men’s Hostel in Kitchener serves single men ages 16+.

CHPI will be funding a total of 187 regular capacity beds, a total of 79 internal overflow beds as well as overflow into motels as per the Region’s Emergency Shelter Referral Protocol. All shelters utilize HIFIS. Emergency shelters assist in stabilizing people and supporting them to obtain housing.

**Housing with Related Supports**

There are 18 existing permanent, supportive housing programs as well as one time-limited housing program (Marillac Place for pregnant and parenting youth) that will be funded under this service category for 2014/15. The programs include both those funded through the previous Consolidated Homelessness Prevention Program (CHPP) as well as those funded through the previous Domiciliary Hostel Program (DHP). Subsidized retirement homes, boarding homes and Hugo (shared self-contained units) will continue to receive a per diem of $47.75 and tenants in these homes will continue to receive a Personal Needs Benefit (PNB) of $136. The others will continue to receive an annual grant.

The supportive housing programs serve a variety of populations across Waterloo Region. There are a total of 202 households served in self-contained units which are generally for males and females (including some with children) with a variety of support needs. There are a total of approximately 297 households served in group living environments (including 173 through supervised boarding homes and 124 through retirement homes).

There are currently more people on the waiting list for supportive housing than there are existing spaces. Coordinated Access Waitlist numbers for Region funded supportive housing grew 46% between 2008 and 2012.

Supportive housing supports a Housing First approach, providing essential housing and support to people who would otherwise experience homelessness. The three Families in Transition Houses (time-limited housing) previously funded under this Service Category will end March 31, 2014. Funding will be redirected to the Families in Transition support program and the Family Shelter Diversion pilot (see Other Services and Supports below) reflecting an interest to ensure all resources are fully focussed on longer term housing solutions towards a greater Housing First approach. Two pilots were undertaken in this service category over the past year and are continuing into 2014/15. A total of ten housing with related support programs piloted the use of HIFIS, previously only used within emergency shelters. Almost all programs participated in the Quality of Life Pilot which provided homes with additional funding to offer in-house or community-based recreation and skill building activities to tenants. In addition, use of the Service Prioritization Determination Assessment Tool (SPDAT) is being piloted over 2014/15.

No new Agreements (turnovers or changes with existing homes or new homes) will be entertained as Housing with Related Support programs are being reviewed for redesign over 2014/15 to seek greater alignment with CHPI vision, principles, program objectives and outcomes.
### Other Services and Supports

Two programs will be funded under this service category.

The first is the Families in Transition Program through Lutherwood which includes both intensive supports for families to find, establish, and retain housing across Waterloo Region as well as an expanded pilot for family centralized intake and shelter diversion. There has been a special focus on families over this past year (given the 107% increase in families accessing shelter between 2010 and 2012) with the development of an Approach to End Family Homelessness Report expected to be completed for April 2014.

The second is the Housing Retention and Re-Housing Program through Lutherwood which includes two housing resource centers, housing counselling, eviction prevention supports, rent bank and last month’s rent funds. Lutherwood has housing services offices located in both Kitchener and Cambridge. Rent funds to prevent an eviction or to obtain housing will be available through both a grant and a loan program. Given funding pressures, only approximately $750,000 is anticipated to be available in the Rent Fund envelope with requests expected to outweigh available funds.

Programs under this Service Category assist people experiencing homelessness to obtain and retain housing.

### Homelessness Prevention

Any funds from the Lutherwood’s Housing Retention and Re-Housing Program identified above in “Other Services and Supports” used for homelessness prevention will be attributed to the “Homelessness Prevention” service category. Supports for rental arrears assist people at risk of homelessness to remain housed.

### Other

There are a total of 28 programs that will be funded under CHPI in 2014/15. The system remains in flux as the emergency shelter review continues and the supportive housing program is redesigned. Some limited pilots will be continued over 2014/15. While up to 10% of the CHPI allocation through MMAH is available for administration, the Region is only anticipating to be utilizing 8% this year to administer enhanced expectations under CHPI along with extensive transition planning and support.

Many gaps and pressures exist and further transitional change to achieve the goals of CHPI may be unrealized without additional funding. An additional $1,175,000 in base funding and continuation of the CHPI transition funding of $1,517,140 (total $2,692,140) is requested for CHPI in Waterloo Region.
### Section 2

Please identify the types of services and activities that you will be funding under CHPI for 2014-15. **Please check all that apply.**

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<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelters</td>
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<td></td>
</tr>
<tr>
<td>Housing Allowances*</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Case Management</td>
<td>✔️</td>
<td></td>
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<tr>
<td>Rental Arrears Assistance</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Minor Home Repairs*</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Motel Stays</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Furniture/Household Items</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Food Banks</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Energy Arrears Assistance</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Pilot projects / programs</td>
<td></td>
<td>✔️</td>
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<td>Transitional Housing</td>
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<td>Housing Support Worker</td>
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<tr>
<td>Supports related to medical needs</td>
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<tr>
<td>First/Last Month’s Rent</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Supportive Housing</td>
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<td>Transportation</td>
<td></td>
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<tr>
<td>Street Outreach</td>
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<td>Utility Deposits</td>
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<tr>
<td>Housing formerly known as Domiciliary Hostels</td>
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<td></td>
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<tr>
<td>Moving Costs</td>
<td></td>
<td>✔️</td>
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<tr>
<td>Drop-in Centres</td>
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<td>✔️</td>
</tr>
<tr>
<td>Housing Stability Program</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

*Please note that a business case/rationale or previous Ministry approval of a business case/rationale is required to use CHPI funds for housing allowances and/or minor home repairs.*
2. Projected Use of CHPI funding

Service Manager Name: 0

Complete the following table to indicate how much of your 2014-15 CHPI allocation you plan to use under the following four service categories in each quarter:

1. Emergency Shelter Solutions
2. Housing with Related Supports
3. Services and Supports
4. Homelessness Prevention

Please refer to the Program Guidelines for examples of activities that may be provided under each service category.

Please also include the amount of funding to be used to administer the program. Service Managers may use up to 10% of their annual allocation on administration costs.

Please provide your best quarterly estimates when completing the table.
Please enter information in the YELLOW HIGHLIGHTED cells only.

### PROJECTED USE OF CHPI FUNDING BY QUARTER

<table>
<thead>
<tr>
<th>Service Categories</th>
<th>Quarter 1 Apr - Jun</th>
<th>Quarter 2 Jul - Sep</th>
<th>Quarter 3 Oct - Dec</th>
<th>Quarter 4 Jan - Mar</th>
<th>TOTAL 2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter Solutions</td>
<td>$765,509</td>
<td>$765,509</td>
<td>$765,509</td>
<td>$765,509</td>
<td>$3,062,036</td>
</tr>
<tr>
<td>Housing with Related Supports</td>
<td>$698,601</td>
<td>$698,601</td>
<td>$698,601</td>
<td>$698,602</td>
<td>$2,784,405</td>
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<tr>
<td>Services and Supports</td>
<td>$233,710</td>
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<td>Homelessness Prevention</td>
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<td>Program Administration</td>
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<td>$153,024</td>
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<td><strong>Total</strong></td>
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<td>$1,913,345</td>
<td>$1,913,345</td>
<td>$1,913,347</td>
<td>$7,553,382</td>
</tr>
</tbody>
</table>

I confirm that the 2014-15 Investment Plan has been accurately prepared in accordance with the instructions as provided by the Ministry of Municipal Affairs and Housing with approvals by Council or by a delegated Service Manager authority.

---

Prepared By:                      | Print Name & Title | Signature | Date
Approved By:                     | (Delegated Service Manager Authority) | | |
                                      | Print Name & Title | Signature | Date
Region of Waterloo
Planning, Housing and Community Services
Transportation Planning
Public Health
Healthy Eating and Active Communities

To: Chair Sean Strickland and Members of the Community Services Committee

Date: February 11, 2014 File Code: D10-70

Subject: NEWPATH Research Project

Recommendation:

That the Region of Waterloo partner with the NEWPATH research team (consisting of the Universities of British Columbia, Alberta and Waterloo) to explore funding opportunities to complete a follow-up study measuring walking, physical activity, diet and health changes resulting from the implementation of Regional policies and master plans, as described in Report No. P-14-021/PH-14-006, dated February 11, 2014.

Summary:

Walkability has been a focus of research linking land use policies and health outcomes in large cities across North America. Four factors regularly linked to walkability are: 1) street pattern, 2) residential density, 3) variety of potential walking destinations and 4) design of retail stores. More walkable neighborhoods tend to have a grid street pattern, with a mixture of housing including at least some townhomes, mid-rise and/or high-rise apartments or condominiums. There are many different types of places to walk to including, retail stores, services, parks, schools, and recreation centers.

Region of Waterloo Public Health is mandated by the Ontario Public Health Standards to increase the proportion of the population that lives, works, plays, and learns in healthy environments to contribute to chronic disease prevention. The Regional Growth Management Strategy and the Community Building Strategy along with the Regional Official Plan, the Regional Transportation Master Plan and the Active Transportation Master Plan are health promoting policies and tools. To help measure and monitor the impact of these policies and tools on the health of citizens within Waterloo Region,
Public Health and Planning, Housing and Community Services partnered with academic researchers from across Canada. This work assessed variations in travel patterns, physical activity rates, diet and health outcomes in the built environment of Cambridge, Kitchener and Waterloo. The results from this baseline study show that walkability is significantly related to differences in travel mode choices, physical activity and walking rates.

Regional Council was made aware of this NEPWATH project during the funding proposal stage. After several years of data collection and analysis, the work is substantially complete. This report has been tabled to both highlight the results of the project and to recommend participation in the next stage of the initiative, namely monitoring trends in health related to changes in the built environment. This work would be co-ordinated with the research team at the University of Waterloo who have been tasked with implement baseline metrics pertaining to transit investment in the Central Transit Corridor, as described in Report: P-13-123, to ensure no duplication of efforts.

**Report:**

The Regional Growth Management Strategy outlines a range of initiatives designed to help plan and manage growth throughout Waterloo Region in a way that accommodates a growing population while continuing to support a healthy and prosperous community. The NEWPATH (Nutrition, Environment in Waterloo Region, Physical Activity, Transportation and Health) research project presented a 2009 snapshot of the built environment of Cambridge, Kitchener and Waterloo and described variations in walking rates and travel patterns that exist across variations in walkability across the community. This project provided an unique opportunity to measure and monitor the impact of Regional policies and investments on travel choices, physical activity and walking rates.

The project was led by Dr. Lawrence Frank from the University of British Columbia along with Dr. Kim Raine and Dr. Leia Minaker from the University of Alberta, and Dr. Roy Cameron and Dr. Mary Thompson from the University of Waterloo. The Region of Waterloo acted as a full research partner in the project with input provided from both Public Health and Planning, Housing and Community Services throughout the process. Representatives from the planning departments in Cambridge, Kitchener and Waterloo were consulted during the development of the project.

The NEWPATH project included three key elements that are critical to monitoring changes happening in the Region:

1. A dataset which measured the quality of the built environment and walkability within the Region.
2. An assessment of the relative quality of the food environment.
3. An extensive survey including a two-day travel diary, assessment of neighborhood preferences, dietary choices and health outcomes.

While the NEWPATH project addressed how the built environment impacts both diet and physical activity, this report focuses on the impacts of the built environment on
walkability, travel mode choice and neighborhood preferences. A follow up report will focus on how the quality of the food environment impacts dietary choices.

### Measuring Walkability

Walkability assessments have been done in large cities across the United States, Australia, Europe, and more recently in Toronto and Vancouver. Walkability has usually been measured one of two ways: 1) Small scale assessments of single neighborhoods by conducting walking audits on the quality of the pedestrian environment, looking at things like lighting and the condition of sidewalks etc. 2) Large scale assessments of entire communities using land use data like; street design, residential density, and variety of places to walk to. The NEWPATH study was the first time the methodology of using land use data to assess the walkability of an entire community had been used in a mid-sized community like Waterloo Region. Due to the high quality of data available from the Region of Waterloo, the research team was able to enhance the process through the inclusion of pedestrian trails and pathways into the walkability ratings.

Walkability ratings were calculated for each postal code in Cambridge, Kitchener and Waterloo through the measurement of four objective land use features: 1) Intersection density, 2) Residential density, 3) Rate of mixed land use and 4) Retail design. Individual walkability ratings were then grouped into high, medium and low categories. These ratings are available on the Region’s walking section of the website under the “Getting Around” tab where visitors can look up walkability rating for postal codes in Cambridge, Kitchener, and Waterloo. Figure 1 provides a map of differences in walkability across Cambridge, Kitchener and Waterloo. Green indicates areas that have higher walkability and red indicates areas that have lower walkability.

![Walkability in Cambridge, Kitchener and Waterloo, NEWPATH, 2009-2010](image-url)
Walkability ratings along with household income and household size were used to recruit 4,902 individuals from 2,228 households to participate in the research project. Participants completed several survey tools, including a two-day travel diary, to assess neighborhood preferences, walking rates, physical activity, diet and health outcomes.

**Key Findings**

- Walkability was significantly related to differences in walking rates
- Walkability was significantly related to differences in all travel modes
- Walkability was significantly related to differences in Body Mass Index (BMI)
- Residents strongly preferred to live in neighborhoods with more space for walking and cycling even if this means less space for cars
- Residents preferred to live in neighborhoods where they can walk or cycle to shops and services at least some of the time

**Walking Rates**

Walking rates were significantly affected by the shape of the built environment. People living in neighbourhoods with high walkable neighborhoods were 50 per cent more likely to walk than those living in medium walkable neighborhoods and 180 per cent more likely to walk than those living in low walkable neighborhoods.

**Travel Mode**

Walkability significantly impacted choices across all travel modes. In addition to higher walking rates, transit and cycling trips were significantly more common and driving was significantly less common among those in high walkable neighborhoods compared to those living in medium or low walkable neighborhoods. Table 1 presents results during weekday pm peak travel periods.

**Table 1: Travel mode by neighborhood walkability, NEWPATH, 2009-2010**

<table>
<thead>
<tr>
<th></th>
<th>High Walkable Neighborhood</th>
<th>Medium Walkable Neighborhood</th>
<th>Low Walkable Neighborhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal vehicle*</td>
<td>65%</td>
<td>83%</td>
<td>87%</td>
</tr>
<tr>
<td>Walk</td>
<td>24%</td>
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<tr>
<td>GRT</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Bike</td>
<td>6%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

*includes both drivers and passengers.

**Travel Preferences**

While the overall percentage of people cycling or taking transit was low, survey responses indicated that a much larger percentage of people across all age categories would prefer to walk, cycle or take transit. Overall 58 per cent of respondents indicated
they would prefer to walk rather than drive, 28 per cent would prefer to cycle and 17 per cent would prefer to take transit. The preferences were strongest from those who live in high walkable neighborhoods and among those 19 to 24 years old.

**Neighborhood Preferences**

Participants were asked to rate the importance of factors that impacted their decision to move to their present neighborhood. The five most important factors from those planning to move in the next three years were: 1) Ease of Walking, 2) Low Crime rates, 3) Living near Public Transit, 4) Closeness to job and 5) Quality of schools.

When asked to choose preferences between a series of different neighborhood characteristics, respondents indicated strong support for:

- Neighbourhoods with more space for walking and biking
- Neighborhoods close to a variety of shops and services
- Neighborhoods that make it easy to walk or cycle to at least some of their destinations
- Neighborhoods where they would have a shorter commute to work

**Health Outcomes**

Health outcomes were measured two ways: 1) Through an assessment of the Body Mass Index (BMI) and 2) through measurement of waist circumference of each participant. In addition, one person in each household responded to questions about their health status, specifically if they had been medically diagnosed with high blood pressure, heart disease, diabetes or asthma. People living in high walkable neighborhoods had statistically significant lower BMI and smaller waist circumference than those in medium or low walkable neighborhoods. People living in high walkable neighborhoods also had lower rates of high blood pressure and fewer incidents of diabetes than those from low and medium walkable neighborhoods; however these differences were not statistically significant.

The World Health Organization developed a tool to estimate the health impacts of improvements in walking and cycling rates across a community. According to these calculations, if the walking rates of those living in high walkable neighborhoods were replicated across all of Cambridge, Kitchener and Waterloo, 73,957 additional people would be walking regularly and there would be approximately 83 fewer deaths in the Waterloo Region each year.

**Conclusions**

Walkability has been a focus of research designed to inform land use policy in large cities across North America. This was the first time that significant efforts focussed on a mid sized community like Waterloo Region. The results from the NEWPATH study clearly indicate that even in a mostly suburban community, the way the community is designed plays an important role in determining travel behaviour, physical activity and walking rates. These results reaffirm the Healthy Public Policy directions taken by the Region of the Waterloo through the Growth Management Strategy, the Regional Official Plan and the Regional Transportation Master Plan.
Regional staff would like to acknowledge the following people across the country that have provided meaningful contributions to the project design and analysis presented in this report: Dr. Lawrence Frank, Dr. Kim Raine, Dr. Mary Thompson, Dr. Roy Cameron, Dr. Leia Minaker, Kathleen McSpurren, Dr. Josh vanLoon, Rehan Waheed, Margaret Parkin, Tim Shaw, and Suzanne Kershaw.

**Proposed Next Steps**

The timing of the NEWPATH project provides a unique opportunity to partner with academic community to monitor and measure the impact of the Growth Management Strategy and the Big Shift toolbox on community design, travel behaviours and health impacts across the community in future years.

1. Regional staff will continue to work with Area Municipalities to utilize the data collected in this project to inform reports, policies, and tools used to shape our community.

2. Planning, Housing and Community Services and Public Health will work with the NEWPATH research team to explore ways to incorporate findings from NEWPATH into the Community Building Strategy economic impact study.

3. Planning, Housing and Community Service and Public Health along with Area Municipalities and the NEWPATH research team (Dr. Lawrence Frank, Dr. Leia Minaker, & Dr. Mary Thompson) will explore funding opportunities to complete a follow up study measuring walking, physical activity, diet and health impacts resulting from the implementation of health promoting land use tools (i.e. Regional Official Plan, Regional Transportation Master Plan, Active Transportation Master Plan).

**Area Municipal Consultation/Coordination**

Representatives from the planning departments in Cambridge, Kitchener and Waterloo provided input into the development of the research project and provided data that helped inform the creation of the walkability index. Early discussions with Area Municipalities have explored how the data could be utilized by Area Municipalities to help inform their planning processes.

**Corporate Strategic Plan:**

- Encourage compact, livable urban and rural settlement form.
- Develop, optimize and maintain infrastructure to meet current and projected needs.
- Develop, promote and integrate active forms of transportation (cycling and walking).
- Foster healthy living through information, education, policy development and health promotion.
- Collaborate with the community to support older adults to live healthy, active lives.

**Financial Implications:**

A total of $600,000 in project funding was provided by the Canadian Institutes for Health
Research and the Heart and Stroke Foundation. The Region of Waterloo contributed $180,000 through direct funding and the purchase of equipment needed to complete the research. Specifically, the Region of Waterloo contributed $50,000 per year for 3 years and purchased $30,000 worth of accelerometers, which was all funded from within existing budgets. Bombardier contributed an estimated $100,000 through funding provided to Dr. Lawrence Frank as the Bombardier Chair in Sustainable Transportation Systems at the University of British Columbia.

Other Department Consultations/Concurrence:

Public Health and Planning, Housing and Community Services worked together throughout the research project. Data developed by this project has been used by Public Health in physical activity promotion, food systems planning and to inform reports like the recently released Shifting Gears report and it will be shared with community stakeholders such as the Waterloo Region Healthy Communities Partnership and the Waterloo Region Active Living Network. The NEWPATH data informed the draft Active Transportation Master Plan.

Attachments:

Appendix A – Selected Tables from Research Analysis

Prepared By: Patrick Fisher, Transportation Demand Management Planner
            Katherine Pigott, Manager of Healthy Eating and Active Communities

Approved By: Rob Horne, Commissioner, Planning, Housing and Community Services
             Dr. Liana Nolan, Commissioner/Medical Officer of Health
Appendix A – Selected Tables from NEWPATH project

In 2007, Region of Waterloo recruited academic leaders from across Canada to complete a rigorous assessment of the built environment in Waterloo Region and its impact on travel patterns, physical activity rates, dietary consumption patterns and health. This was the first time in Canada that this level of scrutiny was focussed on a mid-sized community like Waterloo Region. The NEWPATH (Nutrition, Environment in Waterloo Region, Physical Activity, Transportation and Health) research project was funded by the Heart and Stroke Foundation, Canadian Institutes for Health Research the Region of Waterloo and Bombardier. The project was led by Dr. Lawrence Frank from the University of British Columbia, one of the pioneers in the study of health and the built environment across North America. Dr. Kim Raine and Dr. Leia Minaker from the University of Alberta conducted ground breaking assessment of the quality of the food environment in Waterloo Region. Local leadership was provided by Dr. Roy Cameron and Dr. Mary Thompson who provided direction in research design and knowledge exchange. Region of Waterloo acted as a full partner in the research project with input provided from Public Health, Transportation Planning and Community Planning throughout the process.

Walkability assessments have been done in large cities across the United States, Australia and Europe. Recently, walkability assessments have been completed in Toronto and Vancouver. The NEWPATH study was the first time the methodology had been used in a mid-sized community like Waterloo Region. Researchers found working with the Region presented an opportunity to improve the assessment methodology due to the high quality of local land use data. Walkability ratings were created for each postal code in Kitchener, Waterloo and Cambridge based on findings in previous research that most people are willing to walk about ten to twelve minutes to get to a regular destination. This translates into a distance of about eight hundred metres to one kilometre. Previous research identified that the land uses within one kilometer from home have the biggest impact on walking behaviour. This is consistent with the research findings from NEWPATH where 70 per cent of walking trips taken were one kilometer or less. Staff at Region of Waterloo worked with the NEWPATH researchers to integrate trails and pathway data into the road network. This is the first time we are aware that this type of data has been included in walkability research and represents an important innovation.

Each household’s “neighborhood” was created using GIS tools starting with the middle of the postal code; a map was created one kilometer long in every direction. Every property within twenty-five metres of a road, pathway or trail was included in the analysis. The figures below provide some examples of how the walkable “neighborhoods” differ across different “neighborhoods” in Waterloo Region.
Walkability ratings were created using four objectively measured land use features found in each defined “neighborhood”. Each of these indicators have been identified in previous health and built environment research.
a) **Street pattern.** Neighborhoods with more four-way stops provide extra choices in walking routes, more direct routes to destinations, and smaller block sizes. Conversely, neighborhoods with fewer intersections often have cul de sacs that create longer, loopier ways to get to destinations. Interestingly, in Waterloo Region many cul-de-sacs have pathway connections to trail networks that make it quicker and easier to get to destinations than in other communities that have been studied.

b) **Residential density.** More people living in a neighborhood provide more “eyes on the street” which results in an improved sense of safety. Higher densities enable retail stores and transit routes to flourish. Seeing more people active in the neighborhood also encourages others to outside and active.

c) **Variety of destinations.** Having the option to walk to more destinations like shops, restaurants, services, entertainment, parks, recreation centres, grocery stores, and places of worship in the neighborhood is associated with higher walking rates.

d) **Retail store design.** Neighborhoods with big box stores or large parking lots are generally not very appealing to pedestrians. However, retail areas with sidewalk entrances and more limited parking usually have stores closer together and are therefore considered more walkable.

This methodology and approach can be built upon in the future to measure and monitor additional elements, including employment density and affordable housing. Figure 1 presents the relative walkability across Cambridge, Kitchener and Waterloo.

Figure 1: Walkability in Cambridge, Kitchener and Waterloo, NEWPATH, 2009-2010
NEWPATH Survey

Variations in walkability along with household income and household size were used to recruit participants for a survey. The surveys were administered by the Survey Research Centre at the University of Waterloo. Participants were recruited from across Cambridge, Kitchener and Waterloo. In total, 4902 individuals in 2228 households participated in the survey answered questions about their family’s demographics, normal physical activity patterns, walking rates, preferred features of the neighborhood, and motivations for shopping at different types of food stores. They also completed a travel diary of where and how they travelled on two specific days. A subset of participants also completed a two-day dietary diary. Together they recorded details on 36,398 trips that took place between 2009 and 2010.

Table 1: Characteristics of participants, NEWPATH, 2009-2010

<table>
<thead>
<tr>
<th>Household Income</th>
<th>Gender</th>
<th>Age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 35,000</td>
<td>11%</td>
<td>Under 18</td>
</tr>
<tr>
<td>35-000-85,000</td>
<td>38%</td>
<td>19-24</td>
</tr>
<tr>
<td>Over 85,000</td>
<td>50%</td>
<td>25-44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>45-65</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over 65</td>
</tr>
</tbody>
</table>

Commuting distance to work or school:

Overall, 90 per cent of respondents reported living within 30 kilometres of work or school. As Table 2 illustrates, those living in more walkable neighborhoods live even closer to work or school.

Table 2: Commuting distance to work or school by neighbourhood walkability, NEWPATH, 2009-2010

<table>
<thead>
<tr>
<th>% of respondents</th>
<th>Low Walkable Neighborhood</th>
<th>Medium Walkable Neighborhood</th>
<th>High Walkable Neighborhood</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>8km or less</td>
<td>7km or less</td>
<td>4km or less</td>
<td>6km or less</td>
</tr>
<tr>
<td>80%</td>
<td>20km or less</td>
<td>17 km or less</td>
<td>13km or less</td>
<td>18km or less</td>
</tr>
<tr>
<td>90%</td>
<td>32km or less</td>
<td>27 km or less</td>
<td>23 km or less</td>
<td>30km or less</td>
</tr>
</tbody>
</table>

Factors that influenced walking rates

1) **Car ownership:** Those who did not own a motor vehicle were over six times more likely to walk than those in households with two vehicles. Those with only one vehicle were 1.6 times more likely to walk than those with two vehicles.

2) **Walkability:** People living in high walkable neighborhoods were 2.8 times more likely to walk than those in low walkable neighborhoods and 1.5 times more likely to walk than those living in medium walkable neighborhoods.

3) **Sex:** Women were 1.4 times more likely to walk then men.
4) **Age:** Young people (19 to 24 years) were 1.6 times more likely to walk than those over 65 years.

5) **Household size:** People living on their own were 1.4 times more likely to walk than those in two person households. Households with three or more people were 1.2 times more likely to walk than two person households.

6) **Household income:** Those in higher income households (over $85,000) were 1.2 times more likely to walk than those in medium income homes and 1.3 times more likely to walk than those in low income (below $35,000) households.

**Travel Patterns**

Everyone 10 years of age or older in each household was asked to complete a two-day diary of where they went, how they got there and what they did when they got there. Overall, 79 per cent of reported trips were taken for a specific purpose, 21 percent were for recreation or leisure.

Table 3: Travel mode during weekday peak travel period by neighbourhood walkability, NEWPATH, 2009-2010

<table>
<thead>
<tr>
<th></th>
<th>High Walkable Neighborhood</th>
<th>Medium Walkable Neighborhood</th>
<th>Low Walkable Neighborhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal vehicle*</td>
<td>65%</td>
<td>83%</td>
<td>87%</td>
</tr>
<tr>
<td>Walk</td>
<td>24%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>GRT</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Bike</td>
<td>6%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

*includes both drivers and passengers

**Travel preferences**

While the overall percentage of people cycling or taking transit was low, survey responses indicated that a much larger percentage of people across all levels of walkability (Table 4) and age categories (Table 5) would prefer to walk, cycle or take transit.

Table 4: Travel mode preferences by neighbourhood walkability, NEWPATH, 2009-2010

<table>
<thead>
<tr>
<th></th>
<th>High Walkable Neighborhood</th>
<th>Medium Walkable Neighborhood</th>
<th>Low Walkable Neighborhood</th>
<th>Overall Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>I prefer to take transit rather than drive whenever possible</td>
<td>27%</td>
<td>13%</td>
<td>11%</td>
<td>17%</td>
</tr>
</tbody>
</table>
I prefer to walk rather than drive whenever possible

<table>
<thead>
<tr>
<th>Age Group</th>
<th>19 to 24 years</th>
<th>25 to 44 years</th>
<th>45 to 64 years</th>
<th>65+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>72%</td>
<td>53%</td>
<td>52%</td>
<td>58%</td>
<td></td>
</tr>
</tbody>
</table>

I prefer to bike rather than drive whenever possible

<table>
<thead>
<tr>
<th>Age Group</th>
<th>19 to 24 years</th>
<th>25 to 44 years</th>
<th>45 to 64 years</th>
<th>65+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>36%</td>
<td>22%</td>
<td>25%</td>
<td>28%</td>
<td></td>
</tr>
</tbody>
</table>

I need a car to do many of the things I like to do

<table>
<thead>
<tr>
<th>Age Group</th>
<th>19 to 24 years</th>
<th>25 to 44 years</th>
<th>45 to 64 years</th>
<th>65+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>74%</td>
<td>89%</td>
<td>93%</td>
<td>86%</td>
<td></td>
</tr>
</tbody>
</table>

Those aged 19 to 24 years showed the strongest interest in cycling and taking transit. (Table 5) This preference is reinforced by the fact that 78 per cent of those 19 to 24 years indicate that they have a driver’s licence compared to 93 per cent of people between 25 and 65 years.

Table 5: Travel mode preferences by age, NEWPATH, 2009-2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>19 to 24 years</th>
<th>25 to 44 years</th>
<th>45 to 64 years</th>
<th>65+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>I prefer to take transit rather than drive whenever possible</td>
<td>48%</td>
<td>14%</td>
<td>14%</td>
<td>18%</td>
</tr>
<tr>
<td>I prefer to walk rather than drive whenever possible</td>
<td>65%</td>
<td>62%</td>
<td>57%</td>
<td>58%</td>
</tr>
<tr>
<td>I prefer to bike rather than drive whenever possible</td>
<td>46%</td>
<td>32%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>I need a car to do many of the things I like to do</td>
<td>54%</td>
<td>85%</td>
<td>91%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Neighborhood Preferences
The survey asked respondents about their neighborhood preferences in a couple of different ways. First respondents were asked to identify how important different neighborhood features were when choosing where they presently live. (Table 6)
Table 6: Importance of neighborhood features in choosing where they live, NEWPATH, 2009-2010

<table>
<thead>
<tr>
<th>Rank</th>
<th>Overall Sample</th>
<th>Planning to move in next 3 years</th>
<th>High Walkable Neighborhoods</th>
<th>Medium Walkable Neighborhoods</th>
<th>Low Walkable Neighborhoods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low crime rates</td>
<td>Ease of walking</td>
<td>Ease of walking</td>
<td>Low crime rates</td>
<td>Low crime rates</td>
</tr>
<tr>
<td>2</td>
<td>Near shops &amp; services</td>
<td>Low crime</td>
<td>Near shops &amp; services</td>
<td>Near shops &amp; services</td>
<td>Near shops &amp; services</td>
</tr>
<tr>
<td>3</td>
<td>Ease of walking</td>
<td>Near public transit</td>
<td>Low crime rates</td>
<td>Ease of walking</td>
<td>Quality of schools</td>
</tr>
<tr>
<td>4</td>
<td>Near major roads &amp; highways</td>
<td>Closeness to job</td>
<td>Closeness to job</td>
<td>Near major roads &amp; highways</td>
<td>Near major roads &amp; highways</td>
</tr>
<tr>
<td>5</td>
<td>Closeness to job</td>
<td>Quality of schools</td>
<td>Low transportation costs</td>
<td>Near outdoor recreation</td>
<td>Near outdoor recreation</td>
</tr>
<tr>
<td>6</td>
<td>Near outdoor recreation</td>
<td>Low transportation costs</td>
<td>Near public transit</td>
<td>Quality of schools</td>
<td>Ease of walking</td>
</tr>
<tr>
<td>7</td>
<td>Quality of schools</td>
<td>Near shops &amp; services</td>
<td>Near outdoor recreation</td>
<td>Closeness to job</td>
<td>Closeness to job</td>
</tr>
<tr>
<td>8</td>
<td>Low transportation costs</td>
<td>Near major roads &amp; highways</td>
<td>Near major roads &amp; highways</td>
<td>Near public transit</td>
<td>Low transportation costs</td>
</tr>
<tr>
<td>9</td>
<td>Near public transit</td>
<td>Near parks &amp; recreation</td>
<td>Quality of schools</td>
<td>Low transportation costs</td>
<td>Near public transit</td>
</tr>
</tbody>
</table>

Respondents were then asked to identify their preference for seven different neighborhood design elements (i.e., ability to walk to shops and services, lot size, mix of housing, street pattern, travel distance, house size, and street design). Using a series of images they were asked to indicate which best represent the neighborhood they live in right now and which ones represent the type of neighborhood they would like to live in.

Overall respondents indicated more support for neighborhoods:

- With more space for walking and cycling even if this means less space for cars
- Where they can walk to stores, libraries or restaurants,
- Where they can walk, cycle or take transit for some of their trips
Report: PH-14-008/P-14-022

Region of Waterloo
Public Health
Healthy Living
Planning, Housing and Community Services
Housing

To: Chair Sean Strickland and Members of the Community Services Committee
Date: February 11, 2014 File Code: P13-20
Subject: Smoke-Free Policy in Waterloo Region Community Housing:
2013 Annual Update

Recommendation:
For information.

Summary:
This report outlines the progress made in 2013 by Waterloo Region Housing (WRH) and Region of Waterloo Public Health (ROWPH) with respect to the implementation of Regional Council's Smoke-free Policy for new leases and transfers in Regionally-owned community housing, which came into effect April 1, 2010. For summary reports on implementation from previous years see PH-12-006/P-12-029, PH-11-006/P-11-019, PH-11-008, and PH-13-015/P-13-035.

As of December 31, 2013 there are 1,076 (39.5%) WRH units that have smoke-free leases in place. The actual average unit turnover rate annually is nine per cent, which is just under the expected average turnover rate annually of ten per cent. Full implementation remains estimated at about ten years. A proactive approach was taken in 2013, and grandfathered tenants in two buildings were encouraged to voluntarily sign an addendum to their lease. A total of twenty tenants signed the smoke-free addendum. It is anticipated that the first WRH building to be completely smoke-free could occur in 2014. Complaints have been low and resolved without significant action. There continues to be relatively minor costs for physical changes to the properties and maintenance repairs to units, as well as staff time spent addressing smoking issues. Some maintenance cost savings have been realized for units when they turnover (and
will be measured beginning in 2014), as well as reduced risks for fires due to smoking (lessening potential insurance claims and costs). However, there continues to be minimal up-take of the tobacco cessation options for tenants. Evaluation of the policy continued in 2013 with a tenant survey and qualitative interviews, however, it will take a number of years to measure the full effect of the smoke-free policy. It is recommended that Council be updated on the progress of the policy on a less frequent basis, timed with new evaluation results in two to three years.

Report:

Smoke-free policies in multi-unit dwellings help to promote population health and health equity by reducing exposure to tobacco smoke (a known carcinogen), and providing supportive environments for decreasing cigarette consumption, increasing quitting, and discouraging smoking initiation. In addition to the health benefits, having a smoke-free policy results in maintenance costs savings and is one way to reduce fires caused by smoking.

The Region of Waterloo is the first municipality in Ontario and second in Canada to adopt a smoke-free community housing policy for regionally owned housing, a portfolio which includes 2,722 affordable housing units across Waterloo Region. This report provides an update of the policy implementation process from January 1, 2013 to December 31, 2013, including complaints and enforcement, tobacco cessation programming, promotion of the policy to other community housing providers, policy evaluation results and next steps.

Policy Implementation Process for Waterloo Region Housing (WRH)

As of December 31, 2013 there are 1,076 (39.5%) WRH units that have a smoke-free lease in place. A breakdown of smoke-free leases by property type is provided below.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family (1339)</td>
<td>12.2% (163)</td>
<td>24.9 (334)</td>
<td>35.3% (473)</td>
<td>44.7% (599)</td>
</tr>
<tr>
<td>Adult under 60 years (307)</td>
<td>7.8% (24)</td>
<td>16% (49)</td>
<td>22.8% (70)</td>
<td>30% (92)</td>
</tr>
<tr>
<td>Senior (1076)</td>
<td>8% (86)</td>
<td>18.5% (199)</td>
<td>26.8% (288)</td>
<td>35.8% (385)</td>
</tr>
<tr>
<td>Total (2722)</td>
<td>10% (273)</td>
<td>21.4% (582)</td>
<td>30.5% (831)</td>
<td>39.5% (1,076)</td>
</tr>
</tbody>
</table>

Since implementation of the policy in April 2010, the average turnover of WRH managed units is 0.9% each month. In 2013, a concerted effort was taken to identify three WRH community housing locations to encourage grandfathered tenants to voluntarily sign addendums to their leases. Locations were selected where unit turnover
since April 2010 had already resulted in a substantial percentage of smoke-free households. The third WRH community housing building for this promotion has been scheduled for late January 2014. However at the two locations where the promotions have taken place, twenty of the twenty-seven grandfathered units signed addendums to their existing leases.

**Complaints and Enforcement**

Since the inception of the policy, WRH staff have received, responded to and tracked complaints following the Smoke-Free Procedure for Waterloo Region Housing Staff. In addition, staff hours and expenses have been tracked.

**Complaints and Outcomes**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(April-December)</td>
<td>(January-December)</td>
<td>(January-December)</td>
<td>(January-December)</td>
<td></td>
</tr>
<tr>
<td>Smoking Related Complaints</td>
<td>21</td>
<td>32</td>
<td>16</td>
<td>17</td>
<td>86</td>
</tr>
<tr>
<td>Initial Warning Letter</td>
<td>5</td>
<td>14</td>
<td>7</td>
<td>11</td>
<td>37</td>
</tr>
<tr>
<td>Secondary Letters</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Requests for Internal Review</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Brought to Landlord and Tenant Board for mediation/order</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Staff Hours Spent on Smoking Related Complaints</td>
<td>57</td>
<td>85</td>
<td>55</td>
<td>65</td>
<td>262</td>
</tr>
<tr>
<td>Maintenance Costs to Units Related to Smoking Issues (painting and foam insulation)</td>
<td>$5,500</td>
<td>$12,000</td>
<td>$8,500</td>
<td>$5,300</td>
<td>$31,300</td>
</tr>
<tr>
<td>Physical Changes to Properties (signs, ashtrays)</td>
<td>$19,260</td>
<td>$1,800</td>
<td>$1,400</td>
<td>$1,750</td>
<td>$24,210</td>
</tr>
</tbody>
</table>

- Maintenance costs to units for items such as painting and foam insulation after a smoking tenant moves out would have been spent whether the policy was implemented or not.

- Physical costs in 2013 for outdoor environmental supports simply cover replacement of damaged signs and re-painting pavement perimeter markings.
Additional Benefits and Cost Savings

There are reduced maintenance costs for new lease units that turn over as a result of the smoke-free policy, as it typically costs two to three times more to prepare a unit for a new tenant after heavy smoking has occurred compared to a non-smoking unit. Beginning in 2014, these estimated cost savings will be tracked.

Furthermore, in recent information from Housing Services Corporation, which provides an insurance program for prescribed non-profit housing providers, it was noted that smoking was the cause of 21 percent of fires through insurance claims across Ontario in 2013. As a result of this, Waterloo Region Housing’s insurance provider, Frank Cowan Company Limited, is looking at giving future premium credit for buildings with smoke-free policies.

Ongoing communication to tenants

- Information inserts and articles have now been included in seven issues of the WRH tenant newsletter “What’s Up”, which is delivered to each unit within WRH.
- Notices are posted inside the lobbies and common areas of all WRH buildings describing the smoke-free policy; new signs that are more prominent were designed and posted in lobbies and entrance doors reminding tenants and visitors about the policy.
- A brochure was developed to communicate the policy to new and existing tenants.
- The smoke-free policy remains posted on the WRH webpage.

Tobacco Cessation

Property Managers and Community Relations Workers discuss available cessation services with tenants at annual tenant meetings, with offers of housing, and at lease signing. Cessation programming is also promoted by WRH when smoking-related issues emerge.

In 2013, a new cessation workshop format replaced the group programming option offered to WRH tenants. One-to-one counselling for new lease holders and specialized cessation supports for tenants experiencing health conditions or other challenges that complicate their ability to comply with the policy were still offered as originally proposed and approved by Regional Council.

Individual and group counselling

New tenants have the option of receiving either one-to-one or group cessation counselling via a 3 hour workshop format. Grandfathered tenants are offered the group workshop option only.
### Cessation Counselling Options and Participation

<table>
<thead>
<tr>
<th></th>
<th>2010 (Apr-Dec)</th>
<th>2011 (Jan-Dec)</th>
<th>2012 (Jan-Dec)</th>
<th>2013 (Jan-Dec)</th>
<th>Total</th>
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<td>New Tenant Individual Counselling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
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<tr>
<td>Group Cessation* Sessions Offered</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>7</td>
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<tr>
<td>Tenants Participating in Group Cessation*</td>
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<td>9</td>
<td>0</td>
<td>8</td>
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<tr>
<td>Total Reported Reductions at Follow-up (Individual and workshop)</td>
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<td>5</td>
<td>1</td>
<td>0</td>
<td>9</td>
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<tr>
<td>Total Reported Quit at Follow-up (Individual and group)</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>5</td>
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<tr>
<td>Received Nicotine Replacement Therapy</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>10</td>
<td>19</td>
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</table>

*group cessation from 2010-2012 was a series of sessions and the format changed in 2013 to a one-time workshop

- Public Health offered three cessation workshops in 2013. One was cancelled due to no registrants. The workshops were held in Kitchener and Cambridge.

**Tenants experiencing health conditions or other challenges that complicate their ability to comply with the policy**

Tenants who are required to comply with the policy, but who face physical, mental, cognitive or other health conditions that make it difficult for them to do so, are eligible for specialized support to help them achieve compliance (e.g. one-to-one cessation and/or harm reduction counselling and free nicotine replacement therapy). Public Health has not received any requests to provide specialized cessation support services between April 2010 and December 2013.

**Promotion to Other Waterloo Region Community Housing Providers**

In 2013, Housing Programs continued to promote smoke-free policies to other Waterloo Region community housing providers. To date, there are four community housing providers that have adopted a smoke-free policy: Kitchener Housing Inc., Cambridge Kiwanis, Hellenic Community Homes and Shamrock Co-operative Homes. There are also three buildings developed under the Affordable Housing Strategy that adopted a smoke-free policy prior to occupancy. These buildings did not need to “grandfather” existing tenants, therefore all of the units in these buildings are smoke-free. There are a few other local housing providers that have indicated they are considering adopting a smoke-free policy.
Consultations with Other Housing and Health Care Providers

Promotion of this policy initiative has resulted in 13 requests for consultations from housing and health care providers across Ontario. Staff from Public Health and Housing were also invited to present on our experience implementing and evaluating the policy at the Region of Waterloo TEDx event, and participated in three teleconference meetings with housing providers across Ontario to share similar information.

Evaluation

The Region of Waterloo has partnered with the University of Waterloo’s Propel Centre for Population Health Impact to complete a comprehensive evaluation of the smoke-free policy to track progress and measure the effectiveness of the policy. Core evaluation components include a tenant survey, air quality monitoring, and documentation of enforcement activity in a database. Database highlights have been noted in the sections above and there are no new results for air quality testing as samples will not be collected until one of six targeted buildings goes 100% smoke-free.

A tenant survey was conducted in April 2013. This was the third wave of surveys conducted as a pre-policy tenant survey was conducted in March 2010 (for results see PH-11-008), followed by a post-policy tenant survey in April 2011 (for results see PH-12-006).

The 2013 tenant survey was completed by 619 households, a response rate of 23 per cent. Similar to the 2011 survey results, 50 per cent of all respondents reported that they, or others in their household, are sometimes or often exposed to second-hand smoke in their home and 44 per cent reported someone in their household has health problems that are made worse when they breathe second hand smoke. Findings from the 2013 survey suggest the policy is having a positive effect on tobacco use behaviour, including reported increases in voluntary outdoor smoking from grandfathered tenants, and compliance with the 5 metre set-back rule. For residents who have 100% smoke-free leases, and report smoking, most reported they comply with the lease requirements all of the time.


A decision was made by the Smoke-free Housing Policy Committee to survey tenants less frequently as tenant turnover does not change enough year-to-year to see significant changes in results. A tenant survey will be conducted again in 2016 or 2017.

Ontario Tobacco Research Unit Qualitative Evaluation

The Ontario Tobacco Research Unit (OTRU), in collaboration with the Propel Centre for Population Health Impact, the Non-Smokers’ Rights Association/Smoking and Health Action Foundation, ROWPH, WRH, and Yukon Housing Corporation (YHC), conducted qualitative research in 2013 to examine how no-smoking policy approaches
in affordable housing (grandfathering in WRH compared to no grandfathering in YHC) impact implementation and enforcement, and the perspectives, experiences and behaviours of tenants.

Through in person interviews, it was found that tenant non-compliance was primarily associated with accommodating visitors who smoke, not wanting to go outside to smoke in poor weather and issues with personal mobility, health and stress. There were some misconceptions about policy provisions, particularly around outdoor smoking. Both smoking and non-smoking tenants said they wanted greater enforcement of the policy. Most tenants said they were reluctant to lodge formal complaints because they were concerned about potential implications on their relationships with other tenants. Some tenants were deterred by the requirements and length of time associated with the complaints process, and perceived that it would result in little or no change in the situation. The no-smoking policy appeared to have a positive impact on reducing and quitting smoking. Some tenants were motivated to quit in preparation for a smoke-free lease. Others said they had unintentionally reduced their smoking because there were fewer opportunities to smoke socially and it was inconvenient to go outside to smoke.

A more detailed study report will be available and posted on the OTRU website www.otru.org in spring 2014.

**Next Steps**

Housing and Public Health staff will continue to enforce and monitor the policy and respond to any inquiries and complaints. Cessation services will continue to be offered and promoted to tenants, and presentations and consultations about smoke-free policies and processes will occur with other community housing providers as requested. Unit rehabilitation costs will be measured and implementation of the policy will continue to be evaluated as outlined in this report.

**Ontario Public Health Standards**

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards (OPHS), which outline the expectations for providing public health programs and services. This report provides information related to the compliance with Chronic Diseases and Injuries Program Standards Requirement 6 to support the development of healthy public policy related to comprehensive tobacco control and Requirement 9 to ensure the provision of tobacco use cessation programs and services for priority populations.

**Area Municipal Consultation/Coordination**

A copy of this report will be forwarded to each of the Area Municipalities for information.

**Corporate Strategic Plan:**

Waterloo Region Housing and Public Health deliver effective, citizen-focused service to Community Housing residents, supporting Council’s 2011-14 vision, mission, values,
and focus areas. The activities outlined in this report reflect the actions WRH and Public Health are taking to support: Strategic Focus Area 4, Healthy and Inclusive Communities, enhance community health, safety, inclusion, and quality of life; and, Strategic Focus Area 5, Service Excellence, deliver excellent and responsive services that inspire public trust.

**Financial Implications**

The ongoing costs of implementing the policy outlined in this report have been accommodated using approved budget resources in Public Health and Planning, Housing and Community Services.

**Other Department Consultations/Concurrence:**

This report was collaboration between Public Health and Planning, Housing and Community Services.

**Attachments:**

Nil.

**Prepared By:** Stephanie Ellens-Clark, Public Health Planner

Ryan Kennedy, Propel, University of Waterloo

Laurie Nagge, R.N., Public Health Nurse

Kevin O’Hara, Supervisor Area Operations, Waterloo Region Housing

**Approved By:** Dr. Liana Nolan, Commissioner/Medical Officer of Health

Rob Horne, Commissioner, Planning, Housing and Community Services

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¹Kaufman, P. Promoting Health and Health Equity through Understanding Compliance within Smoke-Free Community Housing. CIHR Grant Submission 2010.
Region of Waterloo

Public Health

Infectious Diseases, Dental and Sexual Health

To: Chair Sean Strickland and Members of the Community Services Committee

Date: February 11, 2014 File Code: P14-20

Subject: Provincial Dental Program Integration and Wait List for New Applicants to the Healthy Smiles Ontario Program in Waterloo Region

Recommendation:

That the Regional Municipality of Waterloo write the Ontario Ministry of Health and Long Term Care to inform them of the implementation of a wait list for new applicants to the Healthy Smiles Ontario program in Waterloo Region, and enclose a copy of report PH-14-007 dated February 11, 2014;

And that the Regional Municipality of Waterloo forwards a copy of this report to the Association of Local Public Health Agencies (alPHa).

Summary:

This report provides information on two changes to the financial assistance programs for dental care which are administered by Public Health: (1) the expansion and integration of provincial dental programs for low income children and youth; and (2) the implementation of a wait list for new applicants to the Healthy Smiles Ontario program in Waterloo Region.

On December 16, 2013 the Ministry of Health and Long Term Care announced changes to the publicly funded dental programs that provide financial assistance for children and youth from low-income families.
Starting April 2014, the province will expand eligibility for the Healthy Smiles Ontario program. The current financial eligibility threshold will be increased to an Adjusted Family Net Income of $21,500 or less, and will vary according to the number of children in the family.

In August 2015, the province will integrate six existing dental programs into one program for children and youth aged 17 and under from low-income families. These programs include three financial assistance programs currently administered by Public Health: Healthy Smiles Ontario, the Children in Need of Treatment program, and Ontario Works.

The integrated program will have centralized enrolment, eligibility and administration. This program will be 100% provincially funded by the Ministry of Health and Long Term Care. At this time, the impact of program integration on funding and staffing cannot be determined. Public Health will continue to have a role in oral health screening, oral health promotion, clinical dental services, and assisting with access to care.

In the meantime, the current Healthy Smiles Ontario program continues to operate as before. It is 100% funded by the province. A wait list is necessary for new applicants to the current Health Smiles Ontario program in Waterloo Region so that dentist payments do not exceed the current budget allocation for 2014. As of December 31, 2013 approximately 1,267 children and youth have been enrolled on the Healthy Smiles Ontario program in Waterloo Region. The budget allocation for dentist payments through this program is $265,000 and it is estimated that the current level of funding can support no more than 1,400 clients. The wait list will be implemented starting February 15, 2014. New applicants will be listed on the wait list on a “first come-first served” basis. Public Health will request additional funds for this program in March as part of the Ministry of Health and Long Term Care’s Program-Based Grant submission. Public health will also inform the province of the immediate implementation of a wait list, to explore if in-year funding may be available to address the wait list in a more timely way.

Report:

1.0 Provincial Dental Program Integration

On December 16, 2013 the Ministry of Health and Long Term Care announced changes to the publicly funded dental programs that provide financial assistance for children and youth from low-income families.

- Starting April 2014, the province will expand eligibility for Healthy Smiles Ontario. The current financial eligibility threshold will be increased to an Adjusted Family Net Income of $21,500 or less, and will vary according to the number of children in the family. The current threshold is an Adjusted Family Net Income of
$20,000 or less. It is estimated that 70,000 additional children in Ontario will be newly eligible for this program due to this expansion.

- In August 2015, the province will integrate six existing dental programs into one program for children and youth aged 17 and under from low-income families. The six programs to be integrated are: Healthy Smiles Ontario, the Children in Need of Treatment program, Ontario Works, the Ontario Disability Support Program, Assistance for Children with Severe Disabilities and preventive services within the Ontario Public Health Standards.

Some key features of the integrated program are:

- Program eligibility and enrolment will be centralized
- There will be one service schedule for dental providers that will include preventive and treatment services.
- Program administration will be centralized and streamlined, including claims payment.
- The integrated program will be 100% provincially funded by the Ministry of Health and Long Term Care.

To facilitate the implementation of program integration, the Ministry will be gathering input and advice from Public Health Units and will be creating several advisory groups. Issues to be addressed by these advisory groups may include: (1) the development of an urgent care stream for children with urgent needs who are not eligible for the new program; (2) Public Health’s role in helping client’s access dental services; (3) the case management of children with urgent dental needs who are identified by Public Health; and (4) budget oversight of fee-for-service payments to dental providers.

At the local level, program integration is not expected to decrease the need for the Region’s dental clinics in the Cities of Waterloo and Cambridge. The April 2014 expansion of eligibility is minimal and it is anticipated that only a small portion of clinic clients would be newly eligible for Healthy Smiles Ontario in April. In August 2015, demand for dental clinic services could increase if the services provided through the Ministry’s proposed urgent care stream are limited in scope. It is anticipated that the services will be more limited than the current Children In Need of Treatment program. However, the Region’s dental clinics could not accommodate a significant increase of clients, and are not able to treat complex cases which require a dental specialist and are currently treated under the Children In Need of Treatment program.

Centralizing the administration has the potential to streamline the process for clients and providers. However, the transfer of the administration of financial assistance programs from Public Health is a concern because of the relationships and trust that have been built between Public Health and the dental providers in Waterloo Region. In September 2003, Public Health assumed the administration of Ontario Works dental
services (Report SS-03-018) and continues to provide this service. The rationale for
the transfer of administration to Public Health was to improve services to clients and to
support collaboration and effective service planning for the community. A 2004 survey
indicated that most dentists had positive responses to the transfer to Public Health
administration (Report SS-04-076). For example, 91% of participating dentists agreed
or strongly agreed that turn around time for claims processing is faster. With the
centralized administration of the integrated program, Public Health will no longer be
able to ensure that dentists are paid promptly and this could impact provider
acceptance of the integrated program if the centralized administration is not efficient.

At this time, the impact of program integration on funding and staffing cannot be
determined. There will be some functions that Public Health currently provides that will
no longer be required, but there may be some additional functions. Public Health will
continue to have a role in oral health screening, oral health promotion, clinical dental
services, and assisting with access to care.

2.0 Healthy Smiles Ontario: Wait List for New Applicants in Waterloo Region

As of December 31, 2013 approximately 1,267 children and youth have been enrolled
on the Healthy Smiles Ontario program in Waterloo Region. The budget allocation for
dentist payments through this program is $265,000 and it is estimated that the current
level of funding can support no more than 1,400 clients. Since 30 to 40 new clients
apply to this program each month, the mark of 1,400 clients will be reached in the early
part of 2014. Consequently, a wait list for new applicants is necessary so that dentist
payment costs do not exceed $265,000 in 2014. In 2013, dentist payments were
$231,240 for this program.

The wait list will be implemented starting February 15, 2014. New applicants will be
listed on the wait list on a “first come-first served” basis. If a child or youth on the wait
list requires urgent dental care, they can be placed on the Children in Need of
Treatment program if they qualify. Each month, a number of applicants on the wait list
will be allowed to enrol on the program. This number will be determined by the number
of cases closed during the previous month and the cost of care for the year to date.
Cases are closed when a client reaches 18 years of age or when the family informs
Public Health that they no longer require assistance because of a change in financial
status. A standard operating procedure for the wait list is provided (see Attachment
#1).

Public Health will request additional funding for Healthy Smiles Ontario as part of the
Ministry of Health and Long Term Care’s Program-Based Grant submission in March
2014. If additional funds are obtained and are sufficient, the wait list may be
suspended and applicants placed on the program. In 2013, the Ministry contacted
health units in September with information about requests to the Program-Based Grant
submission. Public Health was not successful in obtaining additional funds in 2013.
Corporate Strategic Plan:
Focus Area 3 - Healthy and Safe Communities; and Focus Area 6 - Service Excellence.

Financial Implications
Expenditures for Healthy Smiles Ontario are covered by 100% provincial funding and this program is managed within the allocated budget. Additional funding may not be provided to health units for the April 2014 eligibility expansion. Public Health will request additional funds for 2014 through the Program-Based Grants submission.

The integrated dental program will be 100% provincially funded. Transfer payments to Public Health will no longer occur for dentist payments when the dental programs are integrated.

Other Department Consultations/Concurrence:
Nil.

Attachments
Appendix A: Standard Operating Procedure: Healthy Smiles Ontario (HSO) Wait List Implementation

Prepared By: Dr. Robert Hawkins, Dental Consultant
Approved By: Dr. Liana Nolan, Commissioner/Medical Officer of Health
Appendix A: Standard Operating Procedure: Healthy Smiles Ontario (HSO) Wait List Implementation

### Department/Division/Program Name
Standard Operating Procedure

<table>
<thead>
<tr>
<th>Section #</th>
<th>Subsection #</th>
<th>SOP #</th>
</tr>
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<td>Approval Date: yyyy-mm-dd</td>
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<tr>
<td>Review Dates: yyyy-mm-dd</td>
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Title: HSO Wait List Implementation SOP

Responsibility: Dental Manager, Dental Consultant

Applies To: Dental Admin Staff

In Consultation With:

### POLICY STATEMENT

When the allocated Healthy Smiles Ontario (HSO) fee for service budget allocation is being spent at the maximum expenditure level, Dental staff will establish a waiting list.

### APPLICATION

Dental admin staff will implement a waiting list at the direction of the Dental Manager and Dental Consultant.

### PROCEDURES

1. One wait list of clients will be maintained that can be accessed by all dental admin staff. The HSO dental clerk will be responsible for monitoring the list. Clients placed on the waiting list will already have been financially screened and qualified to receive HSO coverage. The list will record: date of request, name of applicant, DOB, name(s) of parent/guardian, phone number, and place of residence (city/town).
2. Potential HSO clients will be listed on a “first come-first served” basis. There will be no triaging of the wait list.

3. If a child on the wait list is in pain, they can be placed on Children in Need of Treatment (CINOT) for dental treatment if they qualify. Their position on the wait list would not change.

4. During the first week of each month, the dental manager and consultant will assess how many clients on the wait list can be allowed to receive their HSO dental card based on: HSO costs for the year to date; and the number of cases closed during the previous month.

5. The HSO dental clerk will contact families once they have been approved to receive their HSO dental card.

6. In instances where multiple members of a family are on the waiting list, they will be approved and allowed to receive their dental cards at the same time.

7. Staff will continue to refrain from widespread promotion of HSO so that uptake is minimized.

8. Current HSO clients will continue to be able to renew their HSO cards upon request.

IMPACT

The creation of a HSO wait list does delay access to care for a number of approved clients. However, provision for treatment of urgent conditions is available through the CINOT program.
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<th>Meeting date</th>
<th>Requestor</th>
<th>Request</th>
<th>Assigned Department</th>
<th>Anticipated Response Date</th>
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<td>03-Dec-13</td>
<td>D. Craig</td>
<td>That staff report on acceptable rural EMS response times; reasons for higher call volume and response times in Cambridge; and resources required to address these issues</td>
<td>Public Health/Emergency Response Time Working Group</td>
<td>June 2014</td>
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<tr>
<td>03-Dec-13</td>
<td>S. Strickland</td>
<td>That staff report updating the Committee on the progress made by the Ontario government on the proposed changes to the Smoke Free Ontario Act</td>
<td>Public Health</td>
<td>March/April 2014</td>
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<tr>
<td>07-Jan-14</td>
<td>B. Halloran</td>
<td>That staff provide a report outlining the Region's advocacy efforts in relation to discretionary benefits and provide a recommendation in relation to requesting that the province increase the per case cap from $10 to $15</td>
<td>Social Services - Employment and Income Support</td>
<td>February/March 2014</td>
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