Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, March 4, 2014

11:30 a.m. Note Time Change

Regional Council Chamber
150 Frederick Street, Kitchener

1. **Motion to go Into Closed Session**

   That a closed meeting of the Community Services Committee be held on Tuesday, March 4, 2014 at 11:00 a.m. in the Waterloo County Room, in accordance with Section 239 of the "Municipal Act, 2001", for the purposes of considering the following subject matters:

   a) receiving of legal advice subject to solicitor-client privilege related to an agreement
   b) proposed or pending litigation and receiving of legal advice subject to solicitor-client privilege related to a matter before an administrative tribunal.

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

3. **Declarations of Pecuniary Interest Under The “Municipal Conflict Of Interest Act”**

4. **Delegations**

   a) Blaine Connolly, President, K-W Multigroup Homes Inc. re: P-14-028, K-W Multigroup Homes Inc. Update
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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.

5. Request to Remove Items From Consent Agenda

6. Motion to Approve Items or Receive for Information

a) PH-14-011, Tuberculosis Skin Tests – Adjustment to Fees (Approval) 4
b) PH-14-012, Enforcement of the Immunization of School Pupils Act for Elementary School Students – 2014 (Information) 7
c) PH-14-013/SS-14-011, Healthy Kids Community Challenge (Information) 10
d) P-14-027, Waterloo Region Museum 2013 Highlights and 2014 Initiatives (Information) 15
e) Memo: Progress Report #2 The Region of Waterloo’s Comprehensive Approach to Poverty Reduction 27

Regular Agenda Resumes

7. Reports – Social Services

a) SS-14-009, Community Homelessness Prevention Initiative Supportive Housing Redesign (Presentation) 31

Reports – Public Health

b) PH-14-009, Emergency Medical Services (EMS) Performance Measurement Quarterly Report – October to December 2013 77
c) PH-14-010, Public Health 2013 Year-End Accountability Agreement Indicator Results 83
8. Information/Correspondence
   
a) Council Enquiries and Requests for Information Tracking List

9. Other Business

10. Next Meeting – Tuesday, April 1, 2014

11. Motion to go Into Closed Session

   That a closed meeting of the Administration and Finance and Planning and Works Committees be held on Tuesday, March 4, 2014 immediately following the Community Services Committee meeting in the Waterloo County Room, in accordance with Section 239 of the “Municipal Act, 2001”, for the purposes of considering the following subject matters:

   a) proposed or pending disposition of property in the City of Kitchener and receiving of legal advice subject to solicitor-client privilege
   b) labour relations regarding contract negotiations
   c) proposed or pending disposition of land in the City of Waterloo proposed or pending acquisition of land in the City of Cambridge and receiving of legal advice subject to solicitor-client privilege related to an agreement.

12. Adjourn
Region of Waterloo

Planning, Housing and Community Services

Housing

To: Chair Strickland and Members of the Community Services Committee

Date: March 4, 2014 File Code: D27-80

Subject: K-W Multigroup Homes Inc. Update

Recommendation:

For information.

Summary:

K-W Multigroup Homes Inc. (Multigroup) is a 60 unit community housing property located at 160 Century Hill Drive, Kitchener, Ontario. Multigroup is a non-profit corporation with an independent board of volunteer directors. The Region of Waterloo, in its statutory capacity as "service manager" under the provincial “Housing Services Act” has oversight responsibility for this property and provides an annual subsidy of approximately $53,000.

Starting in 2006 and as described in previous reports to Regional Council, K-W Multigroup Homes Inc. has experienced financial difficulties. Since that time it has received approximately $500,000 in loans from the Region to address extraordinary capital repairs including rectification of drainage issues on the property and replacement of structural elements of the building to address water infiltration.

In consultation with Regional staff, the volunteer board of directors has worked diligently to perform the required repairs and has significantly improved the governance of the housing provider. In 2013, with the approval of the Region and consent of the Ministry of Municipal Affairs and Housing (MMAH), the volunteer board sold an adjacent vacant parcel of land owned by the non-profit and the proceeds of this sale have enabled the non-profit to repay a substantial portion of the outstanding loans and fund a capital reserve for the future needs of the housing provider.

The considerable efforts and achievements of the volunteer board of Multigroup and Regional Council have brought financial stability to this housing provider and a resolution to the many challenges it has faced in the past.
Report:

K-W Multigroup Homes Inc. (Multigroup) is a 60 unit community housing property located at 160 Century Hill Drive, Kitchener, Ontario. Multigroup is a non-profit corporation with an independent board of volunteer directors. The Region of Waterloo, in its statutory capacity as “service manager” under the provincial “Housing Services Act” has oversight responsibility for this property and provides an annual subsidy of approximately $53,000.

Beginning in 2006, it became apparent to Regional staff that Multigroup was in need of financial assistance owing to its inability to fund the requirement for substantial capital repairs. The Region conducted an audit of the finances of the housing provider at that time and assisted with the recruitment of two directors for the volunteer board with expertise in rental housing management, namely Colin Gage and Don McCrae. The nature of the required repairs are described in a 2008 report to Council recommending approval of a loan of $450,000 (see Report P-08-098 dated September 30, 2008) and a subsequent additional emergency loan in the amount of $46,000 (Report CR-RS-12-025/P-12-058 dated May 8, 2012).

In 2012, the volunteer board of directors completed the repairs to the property and approved a plan to sell a surplus adjacent parcel of land to fund a partial repayment of the outstanding loans and to replenish the capital reserve for the property to address future capital needs. On May 16, 2012, Regional Council approved the request from Multigroup to sell the vacant land, and then obtained the required consent from Ministry of Municipal Affairs and Housing.

On October 4, 2013, the vacant land at the corner of Century Hill Drive and Bleams Road sold to a private developer for $675,000 and will be used for in-fill multi-residential development. Closing costs (legal/planning consultant fees and real estate commissions) amounted to $50,543 leaving net proceeds of $624,457.

The balance of the sale proceeds were distributed as follows:

<table>
<thead>
<tr>
<th>Funds retained by K-W Multigroup Homes Inc.:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment of Property Tax arrears</td>
<td>$100,000</td>
</tr>
<tr>
<td>Net capital reserve contribution</td>
<td>193,807</td>
</tr>
<tr>
<td>Eliminate accumulated deficit</td>
<td>128,114</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>421,921</strong></td>
</tr>
</tbody>
</table>

| Funds repaid to Region of Waterloo (see below) | $202,536 |

<table>
<thead>
<tr>
<th>Funds received by the Region from Multigroup</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursed costs of third party audit</td>
<td>$18,288</td>
</tr>
<tr>
<td>Repayment of emergency capital loan</td>
<td>46,000</td>
</tr>
<tr>
<td>Interest charges (emergency loan only)</td>
<td>2,626</td>
</tr>
<tr>
<td>Partial repayment of revolving Housing Capital Repair loan</td>
<td>135,622</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$202,536</strong></td>
</tr>
</tbody>
</table>
The balance of the $450,000 Housing Capital Repair Loan advanced by the Region in 2008 is secured by a mortgage on title to the property and will be repaid upon expiry of the housing providers operating agreement in (October 1, 2020).

Over the last number of years, the volunteer board of directors of Multigroup has made considerable efforts to resolve the many challenges facing this housing provider and may be commended on their achievement in bringing financial stability to the operations of this community housing property. The membership of the volunteer board includes: Blaine Connolly, President; Rick Sword, Vice President; Franneca Hacking, Treasurer; Mike Hacking, Director; Bill Sword, Director; Ken McRae, Director; Colin Gage, Past President (June 2007- November 2012).

Financial Implications

KW Multigroup Homes Inc. received two loans from the Region. The first loan was advanced over three years (2009 to 2011) with an upset limit of $450,000 from the Housing Capital Repair Loan Fund. This loan is non-interest bearing since the funds were received from the Province of Ontario in order to finance this program (Report P08-098). A second loan was advanced in 2012 in the amount of $46,000. This loan was funded from the Region’s Housing Reserve Fund and interest was charged at prime plus 1%.

Subsequent to the land sale in 2013, the Region received reimbursement of $202,536 which consisted of $18,288 for audit costs, full payment of the emergency loan of $46,000 plus interest of $2,626, and a partial repayment of $135,622 of the Housing Capital Repair Loan.

The funds repaid by Multigroup from its’ Housing Capital Repair Loan, namely $135,622 can be used for other future community housing providers who may require assistance for capital repair items.

Area Municipal Consultation and Coordination

Regional staff continues to meet with Area Municipal staff to review issues related to the delivery of community housing, including property standards and fire safety.

Other Department Consultations/Concurrence:

Finance, Facilities and Legal staff were consulted and concur with the report.

Attachments: Nil.

Prepared By: Deb Schlichter, Director of Housing
Jennifer Murdoch, Manager, Housing Programs
Helen Georgiou, Housing Co-ordinator

Approved By: Rob Horne, Commissioner, Planning, Housing and Community Services
Region of Waterloo

Public Health

Infectious Disease, Dental & Sexuality Resources

To: Chair Sean Strickland and Members of the Community Services Committee
Date: March 4, 2014    File Code: F21-02
Subject: Tuberculosis Skin Tests – Adjustment to Fees

Recommendation:

That the Regional Municipality of Waterloo approve the revised fees for Tuberculin skin tests administered in the Infectious Disease, Dental and Sexual Health and Harm Reduction clinics effective April 1st, 2014 as detailed in Report PH-14-011;

And, that By-law 14-002 being a By-law to Establish Fees and Charges for the Regional Municipality of Waterloo be amended to include a Tuberculin Skin Test with a fee of $25 per step.

Summary:

Region of Waterloo Public Health provides a Tuberculin skin test clinic that relies on fees for service charged to clients in order to recover costs associated with clinic operations. This is a service provided to support the community and is not a requirement of the Ontario Public Health Standards. To stay in alignment with Ministry of Health and Long Term Care (MOHLTC) direction, Public Health will be raising the fee to provide 3rd party testing. The primary groups would include those requiring this test for education, employment and volunteer purposes. The change if approved would be effective April 1st, 2014.

Report:

The Ontario Public Health Standards do not require public health units to provide Tuberculosis (TB) skin test clinics. Region of Waterloo Public Health has always provided access to this service due to the operational challenges for independent primary care practitioners to provide this non-OHIP funded service. The practitioners electing to offer this service to their clients will need to purchase Tuberculin directly
A TB skin test identifies persons infected by the TB bacteria requiring further assessment to rule out active TB disease. The test is done by injecting a small amount of tuberculin into the inner surface of the forearm and inspecting for a skin reaction 2-3 days later (a one step test). Depending on the reason for the test and the results, the test may need to be repeated (a two step test). It is common for employers and academic institutions to request this testing when people are regularly attending risk settings such as childcare facilities, acute and long term care facilities.

The number of visits (relating to individual steps) to the TB skin testing clinic increased between 2007 and 2011 (Refer to Figure 1). This increase is partially due to an expansion in TB skin testing clinic hours implemented as part of the 2010 Infectious Diseases, Dental and Sexual Health Division reorganization (September 2010 implementation date). The reorganization (2010) introduced evening appointments to increase and improve client access to clinical services.

The increase in cost from the previous $12.00 per step to $25.00 per step relates to the Ministry of Health and Long Term Care’s update to eligibility requirements for publicly funded (no-charge) TB skin testing. As a result of these changes, Public Health is no longer able to distribute or use publicly funded Tubersol for 3rd party testing. This change upon approval will result in increases to charges starting April 1st, 2014.

**Corporate Strategic Plan:**

Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities

Service Excellence: Deliver excellent services that inspire public trust
Financial Implications

The fee of $25 per step will offset the cost of the Tubersol and the associated nursing and administration costs for delivering TB skin tests. No provincial funding is provided to Public Health Units to support the delivery of 3rd party TB skin testing; there is no impact to the Regional Tax Levy. The 2015 budget will be updated to capture the annual costs and revenues related to TB skin testing.

Other Department Consultations/Concurrence:

The Regional by-law governing fees and charges must be amended to reflect this change; consultation with the Clerk’s Office has occurred and their assistance will be necessary in order to ensure appropriate steps are taken to make the amendment to the fee.

Prepared By: Karen Quigley-Hobbs, Director Infectious Diseases, Dental and Sexual Health
Anne Schlorff, Director Central Resources

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

Public Health

Infectious Diseases, Dental and Sexual Health

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

Date: March 4, 2014

Subject: Enforcement of the Immunization of School Pupils Act for Elementary School Students — 2014

Recommendation:

For information.

Summary:

As per the Immunization of School Pupils Act (ISPA), Region of Waterloo Public Health is required to collect and maintain the immunization records of all students attending school in Waterloo Region. Public Health initiated its annual suspension process for elementary school students on February 5, 2014 by mailing a reminder notice to each student with an incomplete record. A total of 4,031 reminder notices were printed. Public Health will enforce the ISPA legislation within the elementary school population on March 26, 2014.

Parents can submit their child’s immunization record in a variety of ways: online, via phone, via fax, or in person at our office. To support parents with children who still require immunization, Public Health is providing walk-in clinics throughout the suspension period in both the Waterloo and Cambridge offices.

Report:

Background

As per the Immunization of School Pupils Act (ISPA), Public Health is required to collect and maintain the immunization records of all students attending school in Waterloo Region. For this school year, the Act requires students to be immunized against
tetanus, diphtheria, polio, measles, mumps and rubella.\(^1\) If students do not provide an immunization record or legal exemption (medical or religious/conscience), they face suspension from school for up to 20 days or until documentation is received.

**Suspension Process**

On February 5, 2014, Public Health mailed a reminder notice (questionnaire) to the home of each elementary student with an incomplete record. This notice is sent several weeks in advance of the official suspension date to give parents enough notice to submit their child’s immunization information to Public Health, or to have their child immunized if required. This year, Public Health printed 4,031 questionnaires. A historical perspective on the number of printed questionnaires can be found in Table 1.

Table 1: Number of Questionnaires Printed for Elementary School Students by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Reminder Notices (Questionnaires) Printed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>4,031</td>
</tr>
<tr>
<td>2013</td>
<td>4,119</td>
</tr>
<tr>
<td>2012</td>
<td>4,356</td>
</tr>
<tr>
<td>2011*</td>
<td>6,489</td>
</tr>
<tr>
<td>2010</td>
<td>3,071</td>
</tr>
</tbody>
</table>

*Kindergarten students were included in the annual suspension process starting in 2011.

Public Health will enforce the ISPA legislation within the elementary school population on March 26, 2014.

Each year Public Health works to reduce the number of students suspended. Parents are encouraged to visit their family doctor if they require an immunization; however, Public Health is providing walk-in clinics:

- Each Monday and Friday (starting Friday, February 14; excluding holidays) from 9 a.m. to 4 p.m. in its Waterloo office (99 Regina St. S, 2nd floor)
- Each Friday (starting Friday, February 14) from 9 a.m. to 4 p.m. in its Cambridge office (150 Main St., main floor)

In addition, Public Health has several ways parents can submit their child’s

\(^1\) Required immunizations under the Immunization of School Pupils Act are changing as of July 2014. Additional information will be included in a future report to Community Services Committee.
immunization records:
  - Online at https://e-immunization.regionofwaterloo.ca/
  - By phoning 519-575-4400, extension 13009, (8:30 a.m. to 4:30 p.m., Monday to Friday)
  - By faxing 519-885-7260
  - In-person at our Cambridge or Waterloo offices

Further updates on the suspension process will be provided at subsequent Community Services Committee meetings.

**Ontario Public Health Standards:**

The enforcement of the Immunization School Pupils Act relates to requirement 1 in the Vaccine Preventable Diseases Standard in the Ontario Public Health Standards:
  - “The board of health shall assess, maintain records and report, where applicable, on...The immunization status of children attending schools in accordance with the Immunization of School Pupils Act...in accordance with the Immunization Management Protocol (2013) and the Infectious Diseases Protocol (2013).”

**Corporate Strategic Plan:**

Enforcement of the Immunization of School Pupils Act relates to strategic focus area #4 (Healthy and Inclusive Communities).

**Financial Implications**

The annual enforcement of the Immunization of School Pupils Act is completed with existing resources in Region of Waterloo Public Health’s budget.

**Other Department Consultations/Concurrence:**

Nil

**Prepared By:** Chris Harold, Manager, Information and Planning (IDDSH)

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

Public Health and Social Services

Healthy Living, Child & Family Health, Children’s Services

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

Date: March 4, 2014                File Code: P09-80

Subject: Healthy Kids Community Challenge

Recommendation:

For information only.

Summary:

The Healthy Kids Community Challenge (HKCC) was announced by the Ministry of Health and Long Term Care (the Ministry) on January 24, 2014. The focus of this opportunity is to fund 30 proposals across Ontario for a four-year period to a maximum of $1.5M. Each proposal submitted must be sponsored by a local municipality and include partners such as public health, school boards, recreation departments, social services, private sector partners and non-governmental organizations. Partnerships will be asked to work with three themes, prepared by the Ministry, that include: healthy eating, physical activity, and adequate sleep. Proposals must be submitted to the Ministry by March 14, 2014 with selected proposals being notified by late Spring. It is our intent to submit a single region-wide proposal on behalf of all seven municipalities.

Report:

In March, 2013, the Ministry of Health and Long Term Care (the Ministry) released the report from the Healthy Kids Panel on childhood obesity entitled, “No Time To Wait, the Healthy Kids Strategy.” This report outlined a plan to reduce childhood obesity by twenty percent over the next five years. One section of the report described a program used in Europe, called Epode (Ensemble Prevenons l’Obesite des Enfants—Together Let’s Prevent Childhood Obesity). Epode is a community development model that was
developed in France in 1992 and is now in place in 15 countries around the world. The strength of Epode comes from partnerships: connecting government agencies, school boards, community groups and other non-government agencies to develop common goals and better ways to work together.

Healthy Kids Community Challenge is modelled after Epode and is the first time this approach has been used in Ontario. The Ministry announced the HKCC on January 24th with a proposal submission deadline of March 14, 2014. HKCC is designed to give leadership to municipalities in bringing together key partners to develop and implement activities that will support three key themes: healthy eating, physical activity and adequate sleep. Thirty communities from across Ontario will be selected to implement a HKCC over a four year period and may receive up to $1.5M per community to support the work.

Since the announcement, staff from both Public Health and Social Services, specifically Children’s Services, have considered how we might bring this opportunity to Waterloo Region. An initial meeting was held with members from the Children’s Planning Table, the Healthy Communities Partnership and both United Ways for Kitchener Waterloo and Cambridge. The enormous potential for partnership with HKCC was discussed and a decision was made to approach the Municipalities to gauge their interest. Through Mike Murray, an email was sent to the Chief Administrative Officers of each of the seven municipalities, within the region, with an offer to set up a meeting to discuss this opportunity. Last Friday, a meeting was held with the Directors, Recreation or their designate for 6 of the 7 municipalities. There was tremendous interest and enthusiasm for the HKCC project.

The following decisions were made with the Directors in attendance, and the seventh municipality, contacted by phone, was also in agreement:

1. All seven municipalities would like to participate together and submit one region-wide proposal
2. It was suggested that the Region should be the municipal lead (funding flow through agency if the proposal is successful)
3. Public Health agreed to take a lead and facilitate the proposal writing process with representatives from Children’s Services and the seven municipalities
4. Municipal staff, regional staff, as well as a variety of public and private sector partners will submit a proposal to the Ministry by March 14, 2014

The proposal is currently in development. Healthy Kids Community Challenge is creating a unique opportunity for all seven municipalities, the Region, and partners to work together on a health promotion project for children and their families. By expanding existing partnerships and building new ones, we believe we will be able to impact current rates of overweight and across Waterloo Region. A subsequent report will come forward to Community Services Committee if we are successful with our proposal.
Corporate Strategic Plan:

4.2 Foster healthy living through information, education, policy development, and health promotion.

Financial Implications

Should the proposal be successful, grants awarded by the Ministry of Health and Long Term Care under this initiative would be 100% funded by the province. In kind and financial contributions from partnership organizations are an expected component of the strategy. A subsequent report will come forward to Community Services Committee if we are successful with our proposal.

Other Department Consultations/Concurrence:

Nil.

Attachments: Healthy Kids Community Challenge Brochure

Prepared By: Andrea Reist, Director, Child and Family Health
   Nancy Dickieson, Director Children’s Services
   Sharlene Sedgwick Walsh, Director, Healthy Living

Approved By: Douglas Bartholomew-Saunders, Commissioner Social Services
   Karen Quigley Hobbs, Acting Commissioner Public Health
It starts with your community.

Ontario's Healthy Kids Community Challenge supports your community in creating and growing programs that teach your kids healthier eating habits, the importance of physical activity, and good sleeping habits. Making positive changes for kids improves the health of your community as a whole. Apply today and you're not just improving the lives of the kids in your community now, but teaching them values they will carry with them for the rest of their lives.

The Challenge will focus on:

- Teaching the kids in your community lifelong healthy habits
- Promoting positive health messages that encourage increased self-esteem in our children.
- Bringing your entire community together, including families, schools, businesses and community programs to play an important role in helping children prosper and grow.
- Supporting activities that benefit your whole community, as well as focusing on the people who need it most.
Details about The Healthy Kids Community Challenge.

- All sectors in each community are challenged to come together to help kids, assisted by financial support of up to $1.5 million over a 4-year period, based on your community needs.
- You are not alone! Your community will receive tools, resources, healthy living themes and other assets so you have what you need to succeed.
- Flexibility is built into The Challenge; as the applicant, you define your community in a way that reflects the specific needs of those you want to help.
- Targets the risk and protective factors associated with healthy weights for kids, healthy eating, physical activity and adequate sleep.

Who can apply? Your Community!

- Communities apply through their municipalities.
- Aboriginal communities apply through their Aboriginal Health Access Centres or Aboriginal Community Health Centres.
- Communities of up to 200,000 residents can apply to take part in The Challenge.
  - Separate applications can be submitted for many different communities within one large municipality.
  - Smaller municipalities can join together to submit one application.

To learn more, visit ontario.ca/healthykids
or email HealthyKidsCommunityChallenge@ontario.ca
Region of Waterloo
Planning, Housing and Community Services

Community Services

To: Chair Sean Strickland and Members of the Community Services Committee
Date: March 4, 2014
File Code: R12-90
Subject: Waterloo Region Museum 2013 Highlights and 2014 Initiatives

Recommendation:
For Information

Summary:
Many highlights mark the 2013 season at the Waterloo Region Museum. Most notably, attendance at Waterloo Region Museum reached almost 90,000 people, an increase of 30 per cent as compared to 2012 (Attachment 1). Earned revenues from admission, education programs, facility rentals, retail, food service and memberships also rose by 30 per cent as compared to 2012 (Attachment 2).

The museum began the year with the exhibit CIRCUS! Science Under the Big Top from the Ontario Science Centre. Almost 20,000 visitors enjoyed the exhibit during its 86-day run.

Museum membership rose by 300 per cent to more than 900 family and individual memberships. The museum now participates in reciprocal admission programs for museum members with 11 museums and historic sites across Ontario.

Throughout the year, the museum developed numerous new marketing partnerships (Attachment 3) extending our reach to more prospective visitors. The museum is actively working with Waterloo Region Tourism Marketing Corporation and RTO4 to develop travel packages for bus tour operators and independent travellers.

The museum’s participation in electronic and social media grew in 2013, with more than 76,000 unique visitors to the museum’s website.

The museum developed many new relationships in the community during the planning and presentation of the exhibit Torn From Home: My Life as a Refugee. One of the
interactive elements of the exhibit invited visitors to place stitches in knotted blankets; 42 blankets were completed and shipped to a Syrian refugee camp by exhibit partner the Mennonite Central Committee.

The attendance and earned revenues in 2013, and as projected in 2014, meet the projected outcomes forecast in the Waterloo Region Museum Business Plan prepared in 2007.

**Report:**

**2013 Highlights**

The year 2013 marked the 56th anniversary of providing public education and historical preservation of buildings and artifacts at the campus of historical facilities known as the Waterloo Region Museum, including Doon Heritage Village, the Waterloo Region Hall of Fame, Waterloo Region Curatorial Centre and the Waterloo Region Museum.

**Attendance and Public Engagement**

Total attendance and facility usage was 89,887 representing a 30 per cent increase over attendance in 2012 (Attachment 1), surpassing the attendance target for the year. Included in the total attendance is curriculum-based education program attendance of 26,096 representing an 8 per cent increase over the previous year.

Through postal code tracking of selected visitors, the origin of museum visitors in 2013 was:

- Waterloo Region: 80%
- Elsewhere in Ontario: 13%
- GTA: 4%
- Out of province (Canada, US and International): 3%

One of the goals of the Waterloo Region Museum is to serve as a centre for community gatherings, including private functions such as marriages, wedding receptions and corporate events. In 2013, 19 ceremonies and 26 wedding receptions were held in the village’s Church, on the museum’s grounds and/or in the Grand Foyer of the museum. The museum considers one of its roles is to contribute to the social capital and civic engagement in Waterloo Region by inviting participation and creating community for its visitors. To this end, the Region donated complimentary museum admission passes valued at $20,000 to more than 100 health and human service agencies and fund raising initiatives in the community.

**Earned Revenues**

Earned revenues from admission, education programs, facility rentals, retail and food service rose by 30 per cent as compared to 2012 (Attachment 2). Earned revenues exceeded the 2013 Operating Budget earned revenues by 7%.

Revenues from all sources, i.e. earned revenues and grants, equalled 19 per cent of the museum’s net operating costs (gross operating budget less revenues and debt servicing costs).
Volunteers

More than 900 people from throughout the community volunteered their time to assist the museum in offering programs, special events, gardening and preserving artifacts. Their contribution of time totaled more than 15,000 hours.

Partnerships

In conjunction with the exhibit Torn from Home, the Waterloo Region Museum partnered with more than a dozen community organizations involved in refugee and immigrant issues, and played an integral role in the community-wide celebration of World Refugee Day. During the exhibit 42 knotted blankets were made by museum visitors; in September the blankets were shipped to a Syrian refugee camp by exhibit partner the Mennonite Central Committee.

The museum partnered with a variety of local groups and cultural organizations to host several key events and initiatives:

- The Waterloo Region Heritage Fair in May 2013, which gave hundreds of school aged children, from Grades 4 to 10, the opportunity to research and display heritage projects at the museum.
- The First Peoples’ Festival in October 2013 for Grades 6 to 12 included presentations on Aboriginal culture, music, dance and craft. The educational days were sold out, with 400 students attending each day.

There was a greater than 300 per cent increase in the purchase of museum memberships during the year. The museum ended the year with more than 900 paid memberships, the majority being families. Museum memberships encourage repeat visits through the benefit of complimentary museum admission, reciprocal admission at other museums, advance notice of special events and museum gift shop discounts.

Museum memberships offer the benefit of complimentary reciprocal admission at other museums and galleries. The museum developed several new reciprocal admission partnerships in 2013. These partnerships now include the Bruce County Museum and Cultural Centre, Grey Roots Museum and Archives, Guelph Museum, Huron County Museum, Huron Historic Gaol, Huron Marine Museum, McCrae House, Simcoe County Museum, and Wellington County Museum and Archives, in addition to the three museums owned by the Region of Waterloo.

Marketing

More than 76,000 unique visitors to the museum’s website in 2013 represented an increase of 25 per cent over the previous year. The museum actively uses social media, in particular Facebook, and lists its events on many event listing services such as Grand Social hosted by the Creative Enterprise Initiative. See Attachment 3 for a list of marketing initiatives and partnerships in 2013.

The museum coordinated Passport To Play, a campaign promoting tourism in Waterloo Region by encouraging visits to 11 museums, art galleries and attractions across the community. In addition to the participating facilities, the partnership included the Waterloo Regional Tourism Marketing Corporation, ArtWorks and the Waterloo Region Record.
Exhibits and Collections Preservation

In 2013 the Waterloo Region Museum created and hosted several exhibits, including:

- **CIRCUS Science Under the Big Top**, a highly interactive exhibit from the Ontario Science Centre, let visitors experience the magical, mysterious world and history of circus life while discovering the science behind the artistry of the circus. Almost 20,000 visitors enjoyed the exhibit during its 86-day run.

- **Torn from Home: My Life as a Refugee** included a re-creation of a refugee camp, on loan from the Lied Discovery Children's Museum in Las Vegas, accompanied by interpretive panels, audio visual installations and exhibit content developed by the Waterloo Region Museum. The Waterloo Region Museum explored the history of offering refuge in Waterloo Region, including several individual stories by and about refugees who came to the area from the 1800s through the late 2000s. Discrete attendance numbers are not available for this exhibit because summer attendance includes the living history village.

- Aimed at a younger demographic, **Exploring Trees: Inside and Out** offered an interactive experience designed to raise a new awareness and understanding of trees. Visitors experienced a glimpse of the wonders that await them in their own backyards and neighbourhoods. Discrete attendance numbers are not available for this exhibit because fall attendance includes the living history village.

- **Ceva Romanesc**, the second Community Highlight exhibit produced by Waterloo Region Museum, focuses on the Romanian community in Waterloo Region. Romania has a long and turbulent history, with immigrants coming to Canada as early as the 1890s. The local Romanian community is well established and thriving, contributing to the cultural life of Waterloo Region.

- The content in the two display cases in the Christie® Theatre was changed to focus on local opera houses and drive-in movie theatres. An intern from the Sir Sanford Fleming College Museum Management and Curatorship program researched and developed the content for these exhibits.

A Doon Heritage Village tour app was created through the Building Stories program developed at the University of Waterloo, with content researched and compiled by an intern from Sir Sanford Fleming College Museum Management and Curatorship program. Visitors can download the free mobile app from [www.buildingstories.co](http://www.buildingstories.co) and learn more about the history of each building in the living history village.

48 individual donors donated almost 600 artifacts to the museum collection in 2013. Of note were donations from local high-tech companies Teledyne DALSA and NCR Canada, a large collection of Kaufman Rubber catalogues and manufactured items, a clock from the Sulphur Springs Hotel in Preston, a collection of cigar boxes from local tobacconists, photographic postcards of Galt, a postal cancellation stamp dating from between 1834-1841 from the Woolwich (Winterbourne) post office and a framed oil painting of Elizabeth Barron (1843-1884) from Woolwich Township. The total value of all donations in 2013, as determined by independent appraisers, is $21,360. The museum also purchased 12 artifacts, valued at $744, using funds donated for the development of the collection.
Facilities

Facility maintenance and capital projects are administered by Corporate Resources. Capital projects and major maintenance projects completed in 2013 included:

- construction of a modern greenhouse located near the Region of Waterloo Curatorial Centre to support the heritage gardens in the living history village;
- replacement of the front doors on the Freeport United Brethren Church;
- repairs to selected timbers in the Shuh Barn, located at the Peter Martin Farm; and
- replacement of the chiller and associated HVAC upgrades at the Region of Waterloo Curatorial Centre.

Plans and Targets for 2014

Attendance and Earned Revenues Targets

The museum’s attendance target for 2014 is 80,000 to 85,000 guests (please see Attachment 1). The earned revenue target for 2014 is $500,000 to $525,000 (please see Attachment 2).

Staff is taking a conservative approach to targets, taking into consideration the likelihood that repeat visitation will decline because families may not return as frequently during the year as they did during the Circus and Trees exhibits; exhibits planned for 2014 are aimed at an older demographic; and there will be two exhibit change-outs this year as opposed to three in 2013.

Bookings of education programs are tracking equal to the number of school children and teacher/parents supervisors who attended in 2013.

The Waterloo Region Museum is fully booked on available Saturdays in 2014 for marriages and wedding receptions; staff is now redirecting potential bookings to alternate days of the week.

Marketing

Membership in the Region of Waterloo museums (Waterloo Region Museum, Joseph Schneider Haus and McDougall Cottage) has increased dramatically since the beginning of 2013. The museum has targeted to maintain 1000 paid memberships through 2014.

Recognizing the importance of the education market, the Waterloo Region Museum participated in the American Association for State and Local History Visitors Count! survey of teachers and students in 2013. The museum is now using these results to adjust programs and marketing to meet the education audience needs.

Museum staff is engaged in a Strategic Directions and Integrated Marketing Project (SDIM) that will result in an over-arching strategy for marketing the Region’s museums and integrated marketing of the three museums.

Exhibits and Collections Preservation

Exhibits that will be hosted at the Waterloo Region Museum in 2014 include:
- **SHIPWRECK! Pirates & Treasure** – developed and travelled by Odyssey Marine Exploration; from Jan. 31 to April 30;
- **Street Style** – exploring the connections between the design of women’s fashion and architecture. Presented in partnership with the Fashion History Museum, and as part of a consortium of local cultural and educational organizations in presenting Building Waterloo Region – from May 30 to Jan. 3, 2015; and
- **Museum Mysteries** – showcasing mysterious and unique objects from the museum’s collection; from May 30 to Jan. 3, 2015.

Smaller exhibit installations, researched and designed by the museum, that will be installed this year include:

- Waterloo Region Hall of Fame 2014 Inductees – Features exhibits on each of the eight 2014 Hall of Fame inductees. Opens April 27 and runs through to the spring of 2015.
- Mackenzie King – Mackenzie King was inducted into the Waterloo Region Hall of Fame in 1972. A special Hall of Fame interpretive panel is being developed to recognize Canada’s longest serving Prime Minister.

The Waterloo Region Museum, in conjunction with Joseph Schneider Haus and with the assistance of Information Technology Services, has replaced its artifact collection database with one integrated product that meets current museum and information technology standards. The museum’s collection data was transferred to the new database early in 2014; staff are now reviewing the data transfer and making adjustments as needed to the database content.

**Facilities**

Facility maintenance and capital projects are administered by Corporate Resources. The museum is in process of completing FM 2.0 restructuring in conjunction with Facilities.

Major maintenance projects planned at the Region of Waterloo Curatorial Centre in 2014 include:

- Upgrades to the fire detection system.

Major maintenance projects planned in Doon Heritage Village in 2014 include:

- changes to the landscape on the hill leading to the Freeport Church to improve accessibility;
- replacement of the covered bridge needle beam and cross bracing; and
- replacement of the wood shingle roof on the Seibert House.

The next building restoration in the living history village is the combined Harness Shop and Print Shop opened in 1964. A primary objective of this project will be to alleviate potential damage from flooding of Schneider Creek. A project team will be struck to determine the project’s direction and to oversee the project.

**Area Municipal Consultation/Coordination**

Area municipal staff is informed of events and activities at the Waterloo Region Museum, and will receive a copy of this report. The Waterloo Region Museum
advertises in the leisure/activity guides published by each of the Cities of Cambridge, Kitchener and Waterloo.

**Corporate Strategic Plan:**
Supporting initiatives that promote and enhance arts, culture and heritage are directly related to Growth Management Focus Area 2, Action 2.4.2: Provide opportunities to optimize the use of Regional cultural facilities, with a focus on the new Waterloo Region Museum.

**Financial Implications:**
The initiatives listed for 2013 and 2014 are funded through approved budgets administered by Planning, Housing and Community Services.

Grants in support of museum operations were received from the Community Museum Operating Grant (CMOG) program, Ministry of Tourism, Culture and Sport; Summer Jobs Service administered by Lutherwood; and the Friends of Waterloo Region Museum.

In October 2010, the Ministry of Tourism, Culture and Sport launched a three-year assessment of all CMOG clients to ensure they meet the 10 Standards for Community Museums in Ontario. The Waterloo Region Museum was notified in 2013 that it continues to meet the standards and remains eligible for CMOG funding in 2014-15. CMOG funding to the Region of Waterloo, in support of the Waterloo Region Museum, totalled $73,050 in 2013.

**Other Department Consultations/Concurrence:**
Capital projects at the Waterloo Region Museum are administered by Corporate Resources, Facilities Engineering.

**Attachments:**
Attachment 1 – Waterloo Region Museum Annual Attendance / Earned Revenues
Attachment 2 – Marketing Initiatives and Partnerships

**Prepared By:** Tom Reitz, Manager/Curator

**Approved By:** Rob Horne, Commissioner, Planning, Housing and Community Services
Waterloo Region Museum

Attachment 1

Attendance

<table>
<thead>
<tr>
<th></th>
<th>2014 Target</th>
<th>2013 Actual</th>
<th>2012 Actual</th>
<th>2011 Actual</th>
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<tr>
<td>Education</td>
<td></td>
<td>26,096</td>
<td>24,060</td>
<td>19,757</td>
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<tr>
<td>Casual Visitors</td>
<td></td>
<td>52,500</td>
<td>30,582</td>
<td>27,421</td>
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<tr>
<td>Other Clients:</td>
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<td></td>
<td></td>
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<tr>
<td>Weddings</td>
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<td>11,291</td>
<td>13,989</td>
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<td>Meetings – External</td>
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<td>5,350</td>
<td>5,049</td>
<td>1,850</td>
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<td>Meetings – Regional</td>
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<td>3,004</td>
<td>5,860</td>
<td>3,073</td>
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<td>TOTAL</td>
<td></td>
<td>80,000</td>
<td>68,631</td>
<td>56,695</td>
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Earned Revenues

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<tr>
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<th>Target 2014 $</th>
<th>2013 Actual $</th>
<th>2012 Actual $</th>
<th>2011 Actual $</th>
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<td>Education</td>
<td>95,454</td>
<td>80,268</td>
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<td>Visitors</td>
<td>220,715</td>
<td>144,015</td>
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<td>Facility rentals</td>
<td>66,489</td>
<td>76,390</td>
<td>33,361</td>
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<td>Memberships</td>
<td>46,578</td>
<td>12,860</td>
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<td>Retail</td>
<td>48,797</td>
<td>45,677</td>
<td>35,737</td>
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<td>Food service</td>
<td>69,019</td>
<td>57,703</td>
<td>32,926</td>
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<tr>
<td>TOTAL</td>
<td>500,000 to 525,000</td>
<td>547,052</td>
<td>416,913</td>
<td>251,785</td>
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Attachment 2 – Marketing Initiatives and Partnerships

Website Metrics

76,457 annual unique visitors to museum website in 2013
6,371 monthly average of unique visitors to museum website in 2013

Advertising

Attractions Ontario Summer Passport
Attractions Ontario Culture Guide
Cambridge Activities Guide
City Parent
Drayton Festival Program
Explore Waterloo Region Travel Guide
Forever Young
Grand Magazine
Grand River Parks Guide
Kitchener Blues Festival Guide
Kitchener Citizen East
Kitchener Citizen West
Kitchener Leisure Guide
KPL In Touch Magazine
KW Oktoberfest Guide
KW Symphony Program
Parent Child-Guide
Princess Cinema Guide
Snap Magazine
Town & Country Map Guide
Waterloo Program Activities Guide
Waterloo Region Record
Wellesley & Wilmot Catch the Culture
Woolwich Observer Summer Activities

Social Media

Facebook (1,462 followers) Trip Advisor
Flickr Twitter (2,684 followers) Yelp
Foursquare YouTube

Electronic Event Listings

Attractions Ontario New Hamburg Independent
Cambridge Now Parent Child Guide
Cambridge Times Rogers Cable 20
City Cabs Snap Magazine
CTV Community Page Calendar Velvet Rope
Daytripping.ca Visitor Magazine
Explore Waterloo Region Waterloo Region Record
Grand Social

E-commerce

RTO4 – Ontario Tourism Packages promoted and sold online

Waterloo Region Record Strategic Event Partnership

WRM partnered with the Waterloo Region Record. The museum’s logo appears on their Community Event Tent and our promotional material is distributed by the newspaper at local events including:
Marquee Events
KW Canada Day Celebrations
Uptown Waterloo Jazz Festival
Kitchener Blues Festival
2014 Air Show
Waterloo Busker Festival
Guelph Jazz Festival

Family Events
Hot Shots Street Hockey Tournament
Uptown Country Festival
Cruising On King
Kids Park
Word on the Street
Toonie Tuesdays
Cherry Street Festival

Culture Events
Tri-Pride Festival
Guelph Multi-Cultural Festival
Mill Race Folk Society
Fergus Highland Games
Festival Italiano

Grand River Media Tradeshows
Total Woman Show
Wedding Trends Fall Show
Wedding Trends Winter Show
Guelph Wedding Trends Show
Food & Drink Show
Total Man Show

Coupons and Discounts
Attractions Ontario
CAA/AAA
Conestoga College Employees
Corporate Discount
Conestoga College Student Discount
Cultural Access Pass
Early Childhood Educators
Economical Insurance Employees
Corporate Discount
Home Hardware Employees Corporate Discount

Ontario Museum Association
Ontario Teachers Association
WNED/PBS (Membership)
Stock Transportation Employees
Corporate Discount
Student Summer Corporate Discount
Region of Waterloo Employees
THEMUSEUM – Trees/Water exhibits
Toyota Employees Corporate Discount

Consumer and Trade Shows
Artworks (hosted at WRM)
City Parent (hosted at WRM)
Forever Young (hosted at WRM)
German Pioneers Day – Kitchener
Heritage Showcase – Kitchener
IGNITE (Events Tradeshows) – Toronto
National Women’s Show – Toronto
Ontario Motor Coach Assoc. – Toronto
Wedding Trends – Kitchener
## Weblinks

A selection of weblinks from and to the Waterloo Region Museum website.

<table>
<thead>
<tr>
<th>Link</th>
<th>From WRM Website</th>
<th>To WRM Website</th>
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<tr>
<td>Bingemans Catering</td>
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<td>Cambridge Archives</td>
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<td>Cambridge Butterfly Conservatory</td>
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<td>Cambridge Sports Hall of Fame</td>
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<tr>
<td>Castle Kilbride</td>
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<tr>
<td>The Clay and Glass</td>
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<tr>
<td>Design at Riverside</td>
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<tr>
<td>Detweiler Meeting House</td>
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<td>Earth Sciences Museum</td>
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<tr>
<td>Fashion History Museum</td>
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<tr>
<td>Fire Hall Museum and Education Centre</td>
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<tr>
<td>Grand Social (Creative Enterprise Initiative)</td>
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<td>Homer Watson House and Gallery</td>
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<tr>
<td>Joseph Schneider Haus</td>
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<td>X</td>
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<tr>
<td>Kitchener Public Library - Local History Collection</td>
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<td>X</td>
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<tr>
<td>Kitchener-Waterloo Art Gallery</td>
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<td>X</td>
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<td>Maple Syrup Museum of Ontario</td>
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<td>Mennonite Archives of Ontario</td>
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<tr>
<td>The Mennonite Story Visitor Centre</td>
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<tr>
<td>Museum of Visual Science and Optometry</td>
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<td>Ontario Museum Association</td>
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<tr>
<td>Pioneer Tower</td>
<td>X</td>
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<tr>
<td>rare Charitable Research Reserve</td>
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<tr>
<td>Region of Waterloo</td>
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<td>X</td>
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<tr>
<td>Region of Waterloo Archives</td>
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<tr>
<td>REEP House for Sustainable Living</td>
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<td>X</td>
</tr>
<tr>
<td>Location</td>
<td>Present</td>
<td>Absent</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Sheave Tower</td>
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<tr>
<td>St. Jacobs and Aberfoyle Model Railway</td>
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<tr>
<td>St. Jacobs Galleries in the Mill</td>
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<tr>
<td>Steckle Heritage Farm</td>
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<tr>
<td>THEMUSEUM</td>
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<td></td>
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<tr>
<td>University of Waterloo Archives</td>
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<td></td>
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<tr>
<td>University of Waterloo Gallery</td>
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<tr>
<td>Victoria Park/City of Kitchener</td>
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<tr>
<td>Waterloo County Gaol and Governor's House</td>
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<tr>
<td>Waterloo Historical Society</td>
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<tr>
<td>Waterloo Public Library - Local History Collection</td>
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<td></td>
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<tr>
<td>Waterloo Region Tourism Marketing Corporation</td>
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<tr>
<td>West Montrose Covered Bridge</td>
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<tr>
<td>Wilfrid Laurier University Archives</td>
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<td>Wilmot Heritage Fire Brigades</td>
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<tr>
<td>Woodside National Historic Site</td>
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<tr>
<td>Hampton Inn Kitchener</td>
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<tr>
<td>Best Western Kitchener</td>
<td></td>
<td></td>
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<tr>
<td>Conestoga Residence and Conference Centre</td>
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</table>
The Region of Waterloo’s Comprehensive Approach to Poverty Reduction (CAPR) was approved by Council on December 19, 2012 (SS-12-056). Since then significant progress has been made and reported on through the Progress Reports. Progress Report #2 is attached. Many of the early implementation activities of the CAPR addressed the first two priorities - Ignite Passion for a Poverty Free Region and Change Attitudes and Actions together. More recently there has been momentum on activities that address longer term goals.

Innovation Hubs are being developed to generate and test new ideas in the areas of subsidized housing and affordable transportation. An eligibility survey has been undertaken, the purpose of which is to identify opportunities to make the best use of regional resources allocated to supporting people living in low income. Finally, plans are underway to develop shared measures for poverty reduction that will assist to report on progress and to align some of the indicators from the current Provincial Poverty Reduction Strategy.

For further information, please contact Lynn Randall, Director, Social Planning, Policy and Program Administration at 519-883-2190.
The Region of Waterloo’s Comprehensive Approach to Poverty Reduction

We are all part of the puzzle - We all have a piece to play

The Region’s Comprehensive Approach to Poverty Reduction (CAPR) was approved by Regional Council on December 19, 2012. Below are some of the accomplishments that have taken place since summer 2013 within each of the six priority areas of the CAPR.

Priority Area 1: Ignite Passion for a Poverty Free Region

A Facilitation Guide was developed to share the Poverty Myth Busters and build staff’s knowledge about the realities of poverty in Waterloo Region. The guide is being piloted through the Social Services department.

Priority Area 2: Change Attitudes and Actions Together

A Facilitation Guide was also developed to assist in the sharing of the Inclusive Language Guidelines and is being piloted through the Social Services department. In addition, the guidelines have been linked to existing Regional Communication channels, including: Public Notice Policy Manual, Diversity and Inclusion Strategy Website (Inclusion Lens), and Communications Toolkit on the Portal.

A Social Service Social Media Campaign was undertaken as a pilot to determine the value of using Twitter and Facebook regularly to promote programs and services. Poverty Myth Busters was the most shared post of the pilot, demonstrating community interest in the Region’s efforts to change attitudes about poverty.

A Portal page was launched for the CAPR to enhance our corporate-wide impact on poverty reduction by improving Regional staffs’ access to information on the initiative. The site received over 900 hits in the first month.
Priority Area 3: Build Bridges

Making Connections between the topic of family poverty, homelessness and the work of the Children’s Planning Table of Waterloo Region can help enhance our impact on poverty reduction. During a recent Children’s Planning Table Forum, over 110 participants had the opportunity to hear about the links between developmental health of children and family poverty and homelessness. The realities of these issues and the impact on young children in Waterloo Region was explored. This was an exchange of knowledge between Social Services and Public Health departments and the many members representing community organizations.

Using the five conditions for Collective Impact to frame their work, the CAPR Leadership Team has met three times and engaged in conversations around two of the five conditions: common agenda and shared measurement. Building on existing resources, the group is considering how shared measurement can track progress on the Region’s strategic actions - to foster healthy, safe, inclusive and caring communities.

Priority Area 4: Make Big Ideas Happen

Innovation Hubs on the topics of Housing and Affordable Transportation options are being explored by regional staff to encourage innovative, collaborative and creative thinking and provide opportunities for testing ideas. Innovation involves taking programs, services and initiatives that currently exist and putting them together in new ways to have greater impact.
Priority Area 5: Take a Person Centred Approach

A corporate-wide **Eligibility Survey** was administered to regional programs and services that support people living in low income to better understand how eligibility is determined for programs. Findings will be used by the CAPR Leadership Team to identify opportunities to make maximum use of regional resources allocated to supporting people living with low income.

The **Service First Call Centre (SFCC)** plays an important role in poverty reduction as the first point of contact for many people who are seeking services and experiencing low income. Call Centre staff participated in Poverty Myth Busters training to improve their understanding of poverty in Waterloo Region.

Priority Area 6: Level the Playing Field

The **Public Engagement Project** working group continues to develop a comprehensive policy and resource guide to public engagement and adopt electronic tools in order to enhance meaningful community engagement in regional plans and activities. The CAPR staff has joined this initiative to enhance our corporate-wide impact on poverty reduction by exploring options to remove barriers to engagement for people who may be impacted by policy decisions.

For additional information on the Region of Waterloo’s Comprehensive Approach to Poverty Reduction please contact:

**Social Planning, Policy and Program Administration**

Phone: 519-883-2117  
Fax: 519-883-2234  
TTY: 519-575-4608

Or visit us on the web at [www.regionofwaterloo.ca/socialservices](http://www.regionofwaterloo.ca/socialservices) and search “poverty”

Alternate formats of this document are available upon request.  
DOCS # 1580030
Report: SS-14-009

Region of Waterloo
Social Services
Social Planning, Policy and Program Administration

To: Chair Strickland and Members of the Community Services Committee
Date: March 4, 2014
File Code: S13-30
Subject: Community Homelessness Prevention Initiative Supportive Housing Redesign

Recommendation:
That the Regional Municipality of Waterloo approve in principle the Community Homelessness Prevention Initiative Supportive Housing Redesign process;

And that the Regional Municipality of Waterloo approve in principle the draft Region of Waterloo Community Homelessness Prevention Initiative Supportive Housing Program Framework as a “guiding policy document” for the redesigned supportive housing program for further consultation over spring 2014;

And that the Regional Municipality of Waterloo receive for information the Questions and Answers document as outlined in report SS-14-009, dated March 4, 2014.

Summary:
The Community Homelessness Prevention Initiative (CHPI) was implemented January 1, 2013. CHPI is part of the new Housing Services Act, 2011 and is a component of the local 10 Year Housing and Homelessness Plan. Supportive housing in CHPI is one program area within a full range of supports for people experiencing homelessness or at-risk of housing loss. CHPI consolidated two previous funding streams for supportive housing programs in Waterloo Region (i.e., Domiciliary Hostel per diem and the Consolidated Homelessness Prevention Program). This consolidation brings what are now CHPI funded supportive housing programs under a new legislative and policy framework (i.e., the Housing Services Act, 2011 and the CHPI Program Guidelines, 2012) (see Appendix A for a Pre- and Post CHPI information chart). As such, research and consultation has been underway over the past two years to inform a local redesign to bring all CHPI funded supportive housing programs together under a new supportive housing program framework that aims to meet new provincial expectations, enhance
tenant quality of life and improve service (SS-13-001, SS-13-005, SS-13-030, and SS-14-008). The proposed redesign process includes extensive consultation followed by an open call for Expression of Interest (EOI) to be released in November 2014 followed by a Request for Proposals (RFP) in April 2015. Results of the RFP would be brought to Council for approval in fall 2015 with the redesigned supportive housing program beginning April 1, 2016. Further reports regarding the results of the consultations and confirming plans for the EOI/RFP will be brought back to Council in spring and fall of 2014.

Report:

1.0 Background
As part of the Province’s Long Term Affordable Housing Strategy (2010) and Housing Services Act, 2011, the Community Homelessness Prevention Initiative (CHPI) was implemented January 1, 2013. CHPI brought together the following pre-existing homelessness prevention programs (largely provided through the Ministry of Community and Social Services) (MCSS) under one fixed funding envelope with 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 per diem, uncapped, MCSS)
- Domiciliary Hostel Program (80/20 cost-shared per diem, capped budget, MCSS)

CHPI is included as a component of the new requirement for Service Managers to have a 10 Year Housing and Homelessness Plan by 2014. CHPI is part of the full range of supports for housing stability for people experiencing or at risk of homelessness. This current report focuses specifically on supportive housing programs funded under CHPI.

CHPI brought together supportive housing programs that were previously funded through Domiciliary Hostel per diem and the Consolidated Homelessness Prevention Program. Under the CHPI Program Guidelines (2012), these previous provincial funding streams no longer exist and all supportive housing programs are now included under the CHPI Housing with Related Supports service category (see Appendix A).

Since CHPI implementation, local supportive housing programs have generally continued to operate as they had prior to January 1, 2013 while the supportive housing redesign process is underway. The background and current operation of each of the previous funding streams is described below. Further information about the local supportive housing programs currently funded under CHPI, including tenant demographics is included in Appendix B.

Domiciliary Hostel
Municipalities first began providing financial support for adults experiencing poverty who were living in unregulated boarding or lodging homes during the late 1950s. In the early 1970s, the Province began to develop more formalized policies to help support adults, who would otherwise be homeless, with shelter and basic needs in lieu of direct financial
assistance. In 1972, the Nursing Home Act was passed which outlined legislation to license and fund operators of long-term care homes for people requiring over 1.5 hours of nursing care per day, leaving those requiring less than 90 minutes of care per day to be served by the hostels. As a result of the unregulated nature of the hostel program, it has grown in an unplanned and unstructured way. The Region has been working with the Domiciliary Hostel per diem since the Region was established in 1973.

Prior to CHPI implementation January 1, 2013, under the Ministry of Community and Social Services Act, 1990, municipalities were able to enter into Agreement(s) with local operators to provide permanent accommodation with 24/7 supervision and some supports to daily living for those with physical, cognitive, mental health, and/or substance use issues. Under the Regulations and Directives of the Ontario Works Act, 1997, persons who live in such homes and who qualify for assistance could have a per diem paid on their behalf by the Region. Since 1999, funding provided by MCSS under the Domiciliary Hostel per diem was capped and cost shared on an 80/20 basis.

There have been a number of inquests and program reviews by the Province over the years in relation to the Domiciliary Hostels. In 2006, instead of developing a provincial regulating structure, MCSS released a Domiciliary Hostel Program Framework that required Service Managers to create, approve and monitor local standards. The Region approved initial local standards in 2006 and began monitoring homes in receipt of Domiciliary Hostel per diem in late 2007. In 2010, the Province approved the Retirement Homes Act that regulates and licences retirement homes with more than six unrelated adults over age 65.

Supportive housing programs previously funded under Domiciliary Hostels currently includes 13 operators (four retirement homes, eight supervised boarding homes, and one apartment building with shared self-contained units) (see Appendix B). There are a total of 297 contracted beds with homes overall averaging an 85% occupancy rate since 2009. A maximum per diem was set by the Province in 2009 at $47.75. Since CHPI implementation, the Region has not increased this per diem rate due to financial pressures within CHPI and plans for a new funding model under the supportive housing redesign process.

Consolidated Homelessness Prevention Grants
In 2005, MCSS consolidated five provincial homelessness programs into a single funding envelope under the Consolidated Homelessness Prevention Program. One of these programs was Supports to Daily Living (supportive housing) which began in 1990 and locally includes Eby Village and Lincoln Road Apartments. Over time, additional grant funded supportive housing was added (with supports funded either through the Consolidated Homelessness Prevention Program and/or the Region’s Homelessness to Housing Stability Strategy Fund and/or the Domiciliary Hostel per diem).

There are currently eight grant funded supportive housing programs with a total of 203 units/beds (see Appendix B). Five of the eight programs consist of self-contained apartment units and three are group living environments. All of the programs with self-contained units are also funded through Region Housing (either from the provincial transfer in 2001 or through the Region’s Affordable Housing Strategy) and participate on
the Region’s Coordinated Housing Access Waitlist. There is currently no specific overall monitoring process for these homes other than materials required through Region Social Planning for their annual Service Agreement and those required through Region Housing related to building capital or operating agreements. Region Housing is also currently in the process of implementing their Housing Provider Performance Standards Matrix quality assurance process for housing operations (P-12-125) which includes some but not all grant funded supportive housing programs.

2.0 Supportive Housing Redesign Rationale
There are numerous reasons that the supportive housing redesign process is timely. There are concerns with the original structure of supportive housing programs that grew up in an unregulated, unplanned and unstructured way, more so under a funding mechanism than a designed program, and that are based on an outdated model of custodial care. The supportive housing programs now funded through CHPI are under a new legislative framework (the Housing Services Act, 2011) and under a new Ministry (MMAH rather than MCSS). The programs have a new policy framework through the CHPI Program Guidelines (2012) which call for, “a better coordinated and integrated service delivery system that is people-centred, outcome-focused and reflects a Housing First approach to prevent, reduce and address homelessness…” (p. 3).

There is also a call through the local Homelessness to Housing Stability Strategy (2012) for enhanced access, improved coordination, innovative partnerships, better housing outcomes, increased opportunities for community inclusion, improved data, quality assurance, and consistent administrative practices. There is a significant need in the community for supportive housing. While there are spaces open within a number of the Domiciliary Hostel per diem funded homes, the number of people waiting for grant funded supportive housing programs under the Coordinated Housing Access Waitlist has grown 46% between 2008 and 2012. There are more people on the waitlist than there are units/beds within the programs. There have been significant funding pressures under CHPI (see SS-14-008) and additional funding for supportive housing programs is not possible under the capped allocation from the Province.

With limited funding and increased service demands, the Region must ensure it creates a supportive housing program with defined and measurable outcomes (for tenants' health, safety and quality of life, community needs, and other stakeholder expectations) and funds programs that are going to be most effective in meeting the outcomes. Given the redesigned program will be a “new program” and there is interest beyond existing providers in operating supportive housing within Waterloo Region, it is important to offer an open, transparent and accountable opportunity for all to apply under the Region’s Purchasing By-law. Supportive Housing providers also need an opportunity to address increased expectations within a realistic funding model. Over the years, funding increases have not kept pace with cost of living increases.

The intention of redesigning the supportive housing program funded under CHPI is to create a system that responds to the new provincial expectations within the legislation and policy framework, focuses on quality for tenants, fairness for providers, and accountability for taxpayers.
3.0 Supportive Housing Redesign Process
For ease of reference, the supportive housing redesign process is summarized in a chart attached as Appendix C. Significant research and consultations have taken place to develop an initial high level description of the redesigned supportive housing program. The Draft Region of Waterloo CHPI Supportive Housing Program Framework (the Framework) is attached as Appendix D. Consultations on the Draft Framework began in November 2013 and will continue through May 2014 with a working version of the document planned to be brought forward for Council approval in June 2014. Further information from MMAH regarding their new Housing with Related Supports Standards is expected this spring. Consultations on the local interim CHPI Supportive Housing Standards for the redesigned program would take place over this spring and summer with the document brought to Council for approval in September 2014. This would be followed by an Expression of Interest (EOI) in November 2014 and a Request for Proposals (RFP) in April 2015. Further details are included below.

Region staff has undertaken research and worked closely with the community to understand the experience of homelessness in Waterloo Region, needs for supportive housing, program models and promising practices. The list of locally developed research reports that have informed the redesigned supportive housing program include:

- Understanding Homelessness and Housing Stability Experienced by Adults in Waterloo Region’s Urban Areas (2007)
- Understanding Homelessness and Housing Stability Experienced by Older Adults in Waterloo Region’s Urban Areas (2007)
- We’ll Leave the Lights on for You: Housing Options for People Experiencing Persistent Homelessness Who Use Substances (Alcohol and/or Drugs) (2011)
- Program Review Resource Guide: Selected Longer Term Housing Stability Programs for People Experiencing Persistent Homelessness in Hamilton, Toronto and Ottawa
- The Story of SHOW: Development and Early Impact of Supportive Housing of Waterloo (2011)
- Hearing the Voices: Learning from the Kitchener Waterloo Out of the Cold (2011)
- Exploring Promising Practices in the Domiciliary Hostel Program: Learning from City of Hamilton, City of Ottawa, City of Windsor, County of Wellington, Halton Region, and York Region (2012)
- Working Together: A Snapshot into How Complementary Support Services are Provided in the Domiciliary Hostel Program (2012)
- Annual supportive housing program data

Site visits were undertaken with six other Service Manager communities, all current supportive housing providers under CHPI, as well as through other local programs such as Waterloo Regional Homes for Mental Health, Sunnyside Supportive Housing and Homes for Special Care. Consultations have taken place with current providers, tenants, other service providers, and internal staff in the form of surveys, focus groups, and
meetings. Various pilots over the past year, as identified in report SS-14-008, have also helped to inform the direction of the redesigned supportive housing program.

Given the desire to ensure a focus on tenants within the redesigned program, tenant input has been gathered in a number of ways. Conversations with tenants occur regularly within the per diem funded homes through both their Region caseworker and through annual monitoring, complaints and serious occurrence processes. Region of Waterloo was also involved in a large provincial study that interviewed Domiciliary Hostel tenants in eight communities across Ontario (Waterloo Region being one of the eight) resulting in the report, A Survey of Domiciliary Hostel Program Tenants in Ontario: Final Report (2009). In addition, seven focus groups involving 70 tenants across CHPI funded supportive housing took place over January and February 2014.

There are a number of consultation opportunities to finalize a working version of the redesigned program Framework. Existing providers were consulted from October 2013-January 2014. An open community forum is planned for March 26, 2014. A meeting will follow for those interested in applying under the redesigned program to provide further information generally on EOI/RFP process with staff from Finance – Procurement and Supply Services. The Draft Framework will be available to all interested stakeholders and further consultation will take place over April and May 2014. Consultation on the local Interim CHPI Supportive Housing Standards will take place over June – August 2014.

It is planned that the call for Expression of Interest (EOI) will be released in November 2014 with an eight week turnaround for required materials. All current providers as well as other interested providers can apply. An internal review committee composed of staff from Social Planning, Policy and Program Administration, Housing, Senior’s Services and Finance will review and assess the applications. Proponents would be informed in February 2015 of the results. A Request for Proposals (RFP) would be planned for release in April 2015 with an eight week turnaround for required materials. The review committee will review applications, meet with proponents, discuss applications with area municipalities and bring recommendations forward to Council in fall 2015. The redesigned supportive housing program would begin April 1, 2016 (corresponding with the commencement of the fiscal year for this program area).

At the end of the process, the redesigned supportive housing program is proposed to include: coordinated entry, a common priority waitlist, a common assessment, enhanced quality assurance processes, a common data collection system, and increased eviction prevention measures. In addition, the program would include increased options for private rooms, increased security (e.g., locks on bedroom door, locked space for personal items), increased control over personal income, improved physical space, and increased access to recreation opportunities.

4.0 Supportive Housing Redesign Potential Impacts and Mitigation Strategies
Current supportive housing providers have been informed of the upcoming supportive housing redesign since 2012. As further details have been shared related to some of the proposed changes and the process, a number of questions have arisen, largely related to the impact on their existing programs. To address some of these questions, a Question and Answer document has been created (Appendix E). Information regarding the
supportive housing redesign has been added to the Region’s website where a number of materials including the Question and Answer document updates will be posted.

There is no new funding within the redesign as it is simply repurposing funding from existing programs. The only way to expand the program is with a commitment from the provincial or federal government. Bed capacity within the redesigned program will be entirely dependent on the applications received. The redesigned program will include a common assessment and priority waitlist that will ensure tenants are served at the right time and place, assisting us to better understand true needs. CHPI funded supportive housing is just one part of a larger system of supportive housing across a number of sectors including developmental disabilities, physical disabilities/acquired brain injury, mental health and addictions, and seniors. The larger issue is the overall lack of affordable housing, support services and supportive housing programs across all social sectors. The Region and many other organizations continue to advocate for increased affordable housing and support services.

All current as well as other interested supportive housing providers can apply to be part of the redesigned supportive housing program. However, if current CHPI funded supportive housing providers don’t apply or are unsuccessful, transition plans will be put in place. Current providers can keep their private tenants. For tenants who wish to move, there is a commitment to provide support to find appropriate alternative housing. Tenants have already been involved in tenant focus groups and will be further informed about the supportive housing redesign process through a letter to be sent in late March 2014 and subsequent meetings.

Corporate Strategic Plan:
Undertaking the CHPI funded supportive housing redesign 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”. In addition, these activities address Focus Area 5: Deliver excellent and responsive services that inspire public trust.

Financial Implications
The Region’s 2014 Operating Budget includes a provision of $3,300,279 for the Community Homelessness Prevention Initiative Housing with Related Supports service category. Where needed, support to assist tenants to transition to other appropriate housing would be resourced through funding freed up from the program due to the transitions.

Other Department Consultations/Concurrence:
Corporate Resources – Legal, Finance – Procurement and Supply Services, and Planning, Housing and Community Services – Housing have been involved in consultations, development of EOI/RFP process as well as providing input on this report.
Attachments

Appendix A  Pre and Post CHPI Chart
Appendix B  Current CHPI Funded Supportive Housing Programs
Appendix C  Supportive Housing Redesign Process Summary
Appendix D  Draft Region Supportive Housing Framework
Appendix E  CHPI Supportive Housing Redesign Question and Answers

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

Approved By: Douglas Bartholomew-Saunders, Commissioner, Social Services
APPENDIX A
Pre and Post CHPI Chart

The chart below summarizes the changes in homelessness funding pre and post-CHPI.

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

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Spaces</th>
<th>Age</th>
<th>Gender</th>
<th>Contributing Factors</th>
<th>Last Known Living Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grant Funded- Supportive Group Living (Total beds = 22)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argus - Five Beds to Home</td>
<td>5</td>
<td>100% (16-24)</td>
<td>100% (male)</td>
<td>58% (mental health) 33% (substance use) 33% (cognitive)</td>
<td>100% (shelter)*</td>
</tr>
<tr>
<td>Cramer House</td>
<td>9</td>
<td>50% (25-49) 50% (50-64)</td>
<td>100% (male)</td>
<td>67% (mental health)</td>
<td>50% (time limited)* 50% (private residence)*</td>
</tr>
<tr>
<td>Saginaw House</td>
<td>8</td>
<td>65% (25-49) 35% (50-64)</td>
<td>100% (male)</td>
<td>93% (concurrent)</td>
<td>100% (treatment)*</td>
</tr>
<tr>
<td><strong>Grant Funded- Self Contained Apartments (Total units = 181)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Bridges Supportive Housing</td>
<td>20</td>
<td>55% (25-49) 45% (50-64)</td>
<td>91% (male) 9% (female)</td>
<td>29% (substance use) 29% (mental health) 29% (concurrent)</td>
<td>100% (shelter)*</td>
</tr>
<tr>
<td>Charles Village</td>
<td>22</td>
<td>13% (16-24) 35% (25-49) 42% (50-64)</td>
<td>65% (male) 35% (female)</td>
<td>30% (mental health) 20% (concurrent)</td>
<td>100% (community housing)*</td>
</tr>
<tr>
<td>Eby Village</td>
<td>64</td>
<td>4% (16-24) 42% (25-40) 42% (50-64)</td>
<td>63% (male) 37% (female)</td>
<td>46% (mental health) 16% (physical)</td>
<td>50% (private residence)*</td>
</tr>
<tr>
<td>SHOW</td>
<td>30</td>
<td>27% (25-49) 73% (50-64)</td>
<td>85% (male) 15% (female)</td>
<td>88% (concurrent) 33% (physical)</td>
<td>75% (streets/outdoors) 25% (time limited)*</td>
</tr>
<tr>
<td>YWCA Lincoln Road</td>
<td>45</td>
<td>16% (16-24) 41% (25-49) 12% (50-64)</td>
<td>100% (female)</td>
<td>46% (mental health) 32% (concurrent)</td>
<td>80% (time limited)* 20% (shelter)*</td>
</tr>
<tr>
<td><strong>Per Diem Funded Supervised Boarding Homes (Total beds = 172)</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Doon Valley</td>
<td>16</td>
<td>8% (16-24) 48% (25-49) 36% (50-64) 8% (65+)</td>
<td>84% (male) 16% (female)</td>
<td>72% (mental health) 26% (substance use) 22% (concurrent)</td>
<td>25% (shelter) 20% (other home) 14% (hospital) 14% (family/friend) 4% (other)</td>
</tr>
<tr>
<td>Grand River</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HUGO**</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Kaljas</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kingsview</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Optimum</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Riverside</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stirling</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Underhill</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Per Diem Funded Retirement Homes (Total beds = 125)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marsdale</td>
<td>52</td>
<td>9% (under 50)</td>
<td>43% (male) 57% (female)</td>
<td>58% (mental health) 37% (physical) 33% (frail elderly)</td>
<td>39% (hospital) 18% (family) 11% (shelter) 11% (other home)</td>
</tr>
<tr>
<td>Millwood</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highland</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Trinity</td>
<td>10</td>
<td></td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>500</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*This information represents new tenants in 2012 only

** HUGO offers shared self-contained apartment units.
APPENDIX C  
Supportive Housing Redesign Consultation and Selection Process Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial background research and community consultations – most recent:</td>
<td></td>
</tr>
<tr>
<td>• Pilot HIFIS and Quality of Life Funding in Supportive Housing (Sept</td>
<td>2011-February 2014</td>
</tr>
<tr>
<td>2013-March 2014)</td>
<td></td>
</tr>
<tr>
<td>• Meeting with Waterloo Wellington-Community Care Access Centre (Oct 7,</td>
<td></td>
</tr>
<tr>
<td>2013)</td>
<td></td>
</tr>
<tr>
<td>• Meetings with Waterloo Regional Homes for Mental Health (WRHMH) (Oct</td>
<td></td>
</tr>
<tr>
<td>17 &amp; Nov 21, 2013)</td>
<td></td>
</tr>
<tr>
<td>• Housing Stability Forum (Nov 1, 2013)</td>
<td></td>
</tr>
<tr>
<td>• Supportive Housing Survey to all CHPI current providers (Nov 4-29,</td>
<td></td>
</tr>
<tr>
<td>2013)</td>
<td></td>
</tr>
<tr>
<td>• Meeting with CHPI grant funded supportive housing providers (Nov</td>
<td></td>
</tr>
<tr>
<td>18, 2013)</td>
<td></td>
</tr>
<tr>
<td>• Consultation with STEP Home (Dec 2 &amp; 13, 2013)</td>
<td></td>
</tr>
<tr>
<td>• Supportive Housing Survey to all CHPI current support workers (Dec</td>
<td></td>
</tr>
<tr>
<td>6/13-Jan 10/14)</td>
<td></td>
</tr>
<tr>
<td>• Consultation meetings with current providers (Jan 14 &amp; 22)</td>
<td></td>
</tr>
<tr>
<td>• Seven focus groups with tenants (Jan-Feb 2014)</td>
<td></td>
</tr>
<tr>
<td>Written communication to current providers about changes with CHPI and</td>
<td>Sept 2012-February 2014</td>
</tr>
<tr>
<td>supportive housing</td>
<td></td>
</tr>
<tr>
<td>• Letters - Sept. 25/12, Dec. 12/12, Jan. 29/13, Sept. 19/13, Nov 13/13,</td>
<td></td>
</tr>
<tr>
<td>Dec 6/13, Feb. 6/14</td>
<td></td>
</tr>
<tr>
<td>• Housing Stability System Newsletters - Sept 2013, Feb 2014</td>
<td></td>
</tr>
<tr>
<td>Report to Regional Council: CHPI Supportive Housing Redesign</td>
<td>March 4, 2014</td>
</tr>
<tr>
<td>Community Consultation Meeting on Draft CHPI Supportive Housing Program</td>
<td>March 26, 2014</td>
</tr>
<tr>
<td>Framework</td>
<td></td>
</tr>
<tr>
<td>Letter to current tenants re: focus groups and redesign</td>
<td>March 31, 2014</td>
</tr>
<tr>
<td>Evaluation of Pilot Projects (HIFIS, QOL)</td>
<td>Mar - May 2014</td>
</tr>
<tr>
<td>Further consultation (focus groups and meetings with current providers</td>
<td>April – May 2014</td>
</tr>
<tr>
<td>and other community stakeholders) on Draft CHPI Supportive Housing</td>
<td></td>
</tr>
<tr>
<td>Program Framework</td>
<td></td>
</tr>
<tr>
<td>Report to Regional Council: Framework for approval</td>
<td>June 17, 2014</td>
</tr>
<tr>
<td>Stakeholder consultation on Interim CHPI Supportive Housing Standards</td>
<td>June – Aug 2014</td>
</tr>
<tr>
<td>Report to Regional Council: Interim CHPI Supportive Housing Standards</td>
<td>September 9, 2014</td>
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<tr>
<td>and update on EOI/RFP process</td>
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<tr>
<td>EOI Released - open for 60 days</td>
<td>Nov 2014</td>
</tr>
<tr>
<td>Notify EOI proponents and tenants</td>
<td>Feb 2015</td>
</tr>
<tr>
<td>Release RFP to successful EOI proponents – open for 60 days</td>
<td>April 2015</td>
</tr>
<tr>
<td>Report to Regional Council about results of RFP</td>
<td>Fall 2015</td>
</tr>
<tr>
<td>Notify RFP proponents and tenants</td>
<td>Fall 2015</td>
</tr>
<tr>
<td>Redesigned Supportive Housing Program begins</td>
<td>April 1, 2016</td>
</tr>
</tbody>
</table>
Draft

Region of Waterloo
CHPI Supportive Housing

Program Framework
June 2014

Region of Waterloo
SOCIAL SERVICES
Social Planning, Policy & Program Administration
Region of Waterloo CHPI Supportive Housing Program Framework

by

Social Planning
Regional Municipality of Waterloo

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1. INTRODUCTION

Prior to 2013, the Regional Municipality of Waterloo (the Region) Social Services - Social Planning administered affordable supportive housing programs through two different provincial funding sources: the Consolidated Homelessness Prevention Program (CHPP) and the Domiciliary Hostel per diem (DH). These two supportive housing funding programs included different service philosophies, expectations, and funding models. As of January 1, 2013, these two funding programs were consolidated (along with three others) under the Province of Ontario’s Community Homelessness Prevention Initiative (CHPI).

This change was one of the following three key factors influencing the need to re-think how supportive housing is delivered locally:

1. Changes with funding and provincial legislation (e.g., a need to align CHPP and DH under the new CHPI guidelines).
2. Increase in service demand (e.g., a 46% increase in the waitlist for non-specific general supportive housing from 2008 to 2012).
3. Call for system improvements as identified through the local Homelessness to Housing Stability Strategy (the Strategy) and from federal and provincial funders (e.g., enhanced access, improved coordination, improved data, improved housing outcomes, quality assurance, and consistent administrative practices).

As such, supportive housing programs are being redesigned locally. Ultimately, the purpose of the redesign is to meet new provincial expectations, enhance tenant quality of life and improve services. This CHPI Supportive Housing Framework (Framework) outlines the context, philosophy, program elements, and transition plans for the CHPI Supportive Housing Program in Waterloo Region, which will begin under the new Framework effective April 1, 2016.

1.1 Scope of the Framework

The CHPI Supportive Housing Program Framework (Framework) applies only to CHPI funded supportive housing providers in Waterloo Region. The Framework describes the redesigned supportive housing program incorporating the essential aspects of the CHPI Program Guidelines, the local Homelessness to Housing Stability Strategy (Strategy), the existing Region of Waterloo Domiciliary Hostel Standards, and promising practices to shape how the CHPI Supportive Housing Program will be designed, structured and transitioned towards achieving the community’s vision,

“Waterloo Region is an inclusive community where everyone has adequate housing, income and support to make a home.”

This Framework is the first attempt at articulating the CHPI Supportive Housing Program. As of this printing, the Ministry of Municipal Affairs and Housing (MMAH) is still in the process of developing their program expectations under the CHPI ‘Housing with Related Supports’ category. Information from the Province will be incorporated as it becomes

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1 For an overview of all types of supportive housing in Waterloo Region, see Appendix A.
available. Moving ahead in the absence of those articulated expectations will not impede
the process.

While the Framework includes elements related to ensuring quality supportive housing
programming, the new quality assurance processes have yet to be determined and the
Framework is not considered “program standards”. Program standards will complement
the Framework providing greater detail about the mandatory requirements with which
supportive housing providers will need to comply. The Framework will be referenced in
the Legal Agreements for the CHPI Supportive Housing Program for April 1, 2016, but the
Framework itself is not a Legal Agreement.

The Framework describes the CHPI Supportive Housing Program as it is currently
understood. Recognizing that the Framework represents a shift in program delivery, the
Region has established a transition period over 2016 to 2018 for full implementation. As
such, the Framework may be updated on an as needed basis and any updates will be
communicated. The Region may also conduct a program review after 2018 that will inform
how the CHPI Supportive Housing Program will be administered and delivered in future
years.

1.2 Framework Development

The Region has been working closely with the community to understand the experience of
homelessness in Waterloo Region and to actively seek avenues to improve supportive
housing programs. The Region has been consulting and gathering information related to
emerging trends, service improvement, and financial impacts related to providing quality
supportive housing programs. The following research reports and program data informed
the development of the Framework:

- Understanding Homelessness and Housing Stability Experienced by Adults in
  Waterloo Region’s Urban Areas (2007)
- Understanding Homelessness and Housing Stability Experienced by Older Adults in
  Waterloo Region’s Urban Areas (2007)
- Understanding Homelessness and Housing Stability Experienced by Youth in
- We’ll Leave the Lights on for You: Housing Options for People Experiencing
  Persistent Homelessness Who Use Substances (Alcohol and/or Drugs) (2011)
- Program Review Resource Guide: Selected Longer Term Housing Stability
  Programs for People Experiencing Persistent Homelessness in Hamilton, Toronto
  and Ottawa
- All Roads Lead to Home: A Homelessness to Housing Stability Strategy for
  Waterloo Region (2007 updated 2012)
- The Story of SHOW: Development and Early Impact of Supportive Housing of
  Waterloo (2011)
- Hearing the Voices: Learning from the Kitchener Waterloo Out of the Cold (2011)
- Exploring Promising Practices in the Domiciliary Hostel Program: Learning from City
  of Hamilton, City of Ottawa, City of Windsor, County of Wellington, Halton Region,
  and York Region (2012)
• Working Together: A Snapshot into How Complementary Support Services are Provided in the Domiciliary Hostel Program (2012)
• Annual supportive housing program data

The Region has also incorporated the learnings from two pilot projects that occurred over 2013/2014 to help inform the development of this Framework (i.e., the HIFIS Supportive Housing Pilot project and the Supportive Housing Quality of Life Pilot project).

The Region has also provided multiple opportunities for supportive housing providers, organizations, tenants, and the community to provide feedback in how the CHPI Supportive Housing Program should be designed and delivered locally including:
• Site visits with supportive housing providers
• One on one conversations with supportive housing providers
• Supportive housing provider survey
• Direct support worker survey
• Tenant focus groups
• Small group consultations with key community stakeholders and groups
• Community consultation
• Opportunity to provide feedback on the Framework

1.3 Community Homelessness Prevention Initiative (CHPI)

In 2011, the Province announced its commitment to consolidate the existing patchwork of housing and homelessness programs to provide Service Managers with more flexibility to address local needs and design local programs for people experiencing or at-risk of homelessness. As of January 1, 2013 the following five homelessness related programs were consolidated into a single funding envelope under CHPI:
• Consolidated Homelessness Prevention Program (CHPP)
• Emergency Energy Fund
• Emergency Hostel Services
• Domiciliary Hostel (DH)
• Provincial Rent Bank

CHPI is now funded by the Ministry of Municipal Affairs and Housing (MMAH) and is administered locally by the Region as the Service Manager. Service Managers can use CHPI to fund programs under the following four service categories:
• Emergency Shelter Solutions
• Housing with Related Supports
• Other Services and Supports
• Homelessness Prevention

Supportive housing programs (including the former CHPP and DH) are included under the “Housing with Related Supports” service category. All CHPI funded programs must align with the following two key CHPI outcomes:
1. People experiencing homelessness obtain and retain housing; and
2. People at risk of homelessness remain housed.
The purpose of CHPI is to provide Service Managers with more flexibility to design and deliver programs to assist people experiencing or at-risk of homelessness. With this flexibility comes the responsibility for adequately assessing local needs and monitoring outcomes to better understand the effectiveness of the services being provided. This significant policy change has resulted in the need to redesign former supported housing funded under CHPP and DH to incorporate changes to the governing legislation, regulation, funding, policy, and program administration associated with CHPI.

For further information related to CHPI, refer to the Provincial Community Homelessness Prevention Initiative Program Guidelines (2012).

1.4 The Homelessness to Housing Stability Strategy

In Waterloo Region, Supportive Housing Programs work towards the community’s goal to end homelessness as identified in All Roads Lead to Home: The Homelessness to Housing Stability Strategy for Waterloo Region (Strategy). The Strategy was developed by housing stability stakeholders as a response to the need for a collective voice, calling for mutually-reinforcing ways of thinking and doing - believing that collective efforts are necessary to end homelessness rather than individual efforts alone. The Region plays a facilitating role in both the development and implementation of the Strategy. However, progress with implementation depends on strategic investments and requires dedicated, collaborative effort among all partners in the community and other orders of government. Ending homelessness is a shared responsibility – all orders of government, businesses, not-for-profits, community groups, landlords and residents of Waterloo Region have a role to play.

The local community has been involved in implementing the Strategy since 2008. CHPI provides the opportunity to shift how supportive housing is provided to reflect the values and priorities identified in the Strategy that could not be previously implemented due to former provincial program and funding restrictions.

To provide further context, the local concepts and definitions for housing stability, the housing stability system, and supportive housing are described below. For further information, refer to the Strategy (2012).

a) Defining Housing Stability

As outlined in the Strategy, housing stability refers to ideal living circumstances where people with a fixed address are able to retain adequate housing over the long term. To have housing stability, people must have three key resources:

1. **Adequate housing** provides security of tenure and is desirable, affordable, safe, adequately maintained, accessible and a suitable size.

2. **Adequate income** provides enough financial resources to meet and sustain minimum standards for housing (rent or mortgage expenses and utilities) and other basic needs (e.g., food, clothing, child care, transportation, personal hygiene, health/medical expenses, recreation, communication, and education).

3. **Adequate support** (informal and/or formal) provides enough personal support for living as independently and connecting with others as desired.
In general, people tend to access the three housing stability resources through a mix of informal connections (e.g., family, friends, neighbours), private markets/businesses (e.g., rental market, employment, support accessed through private funds) and formal community systems (e.g., housing stability, education, income assistance). What people consider to be adequate for their housing stability resources is subjective and up to the person to determine.

When people have access to housing stability (having adequate housing, income and support), community inclusion (feeling a sense of belonging to a shared space), and the sense of home (feeling a sense of belonging to a personal space) they have what they need to retain adequate housing over the long term.

**Figure 1.** Essential elements for ending homelessness ("the essentials").

In supportive housing programs the essential elements of housing stability are critical for tenants’ wellbeing and quality of life. Housing stability supports may look different across various supportive housing programs depending on the level of support need (e.g., acuity), tenant population served, and model of housing.

### b) Defining the Housing Stability System

The Province has defined a service system as “an inter-organizational network involved in administering and delivering a set of integrated supports and services that meets the defined needs of people”\(^2\). The defined need in this case is housing stability. The housing stability system is defined locally as those programs where 50% or more of their

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activities are dedicated to helping people find, establish, or retain housing. Housing Stability programs have been categorized into one of the following five program areas:

1. Emergency Shelter
2. Street Outreach
3. Housing Retention and Re-housing
4. Time-Limited Housing
5. Affordable Housing and Supportive Housing

There are just over 100 housing stability programs in Waterloo Region of which Affordable Housing and Supportive Housing programs comprise approximately one-third.

c) Defining Supportive Housing

For some people, adequate affordable housing on its own is not enough – it must be complemented with support to ensure housing stability. Supportive housing is a combination of affordable housing complemented with support services for vulnerable low-income individuals, couples, and families who are unable to live independently. There are many reasons why people need support including but not limited to following: they have a disability, they are recovering from serious trauma, they need specialized medical support, and/or they have limited skills and/or multiple barriers that impact their ability to maintain housing stability.

The support provided can be designated to a unit, building, or neighbourhood. If a tenant moves, the support will generally not follow them (although sometimes it does, depending on the circumstances and capacity of the program). In most programs, the support is provided by the same organization that owns or leases the housing. For some tenants, the support needed to maintain their housing is also complemented with additional specialized supports provided through a community support agency (e.g., support for their disability).

The housing may be owned or leased by a non-profit or for-profit organization and can take many forms, from self contained apartment units to shared group living environments. The rent may be fully or partially subsidized or the person may be paying market rent. There is no time limit for how long people can access supportive housing. All programs are covered under the Residential Tenancies Act, 2006. Tenants may access Supportive Housing programs with the intention that they will provide transitional support, as their goal is to live more independently at some point in the future. However, for some tenants they may seek and/or require life-long support to maintain their housing.

Supportive Housing programs are funded through many different sources and there is no central governance across the various Supportive Housing programs in Waterloo Region. Some of the Supportive Housing programs serve tenants with specific disabilities and governed and legislated by the Province whereas other do not have any licensing requirements.

The definition of supportive housing (above) from the Strategy is a general definition. For the specific definition of supportive housing within the CHPI Supportive Housing Program, refer to page 16 of this Framework.
2. PROGRAM PHILOSOPHY AND OUTCOMES

This section provides an overview of the underlying philosophy and expected outcomes under the CHPI Supportive Housing Program.

2.1 Principles of Quality Supportive Housing

The Provincial vision for CHPI is:

*A better coordinated and integrated service delivery system that is people centered, outcome-focused and reflects a Housing First approach to prevent, reduce and address homelessness in communities across Ontario.*

This vision reflects the Provincial direction of programs funded through CHPI moving from reactive responses to homelessness to services that focus on integrated permanent solutions. In order to realize the vision for CHPI, this Framework must have principles that will guide housing providers towards its achievement.

The following five principles for the CHPI Supportive Housing Program were generated through a combination of both the CHPI Guidelines and the Strategy. The principles include housing first, accessibility, respect, inclusion, and excellence. Each is described in further detail below, with an acknowledgement that they are interrelated and contain some overlapping concepts.

a) Housing First

A Housing First approach in supportive housing programs is a philosophy built on the belief that everyone experiencing homelessness is “housing ready” and has a right to housing. People do not need to follow a continuum of housing programs before they are able to access supportive housing (e.g., emergency shelter, transitional housing or time-limited residences). Housing is not a “reward” for programmatic success or adherence to treatment goals, it is a right!

At a program level, examples of a Housing First approach include:

- Supportive housing providers prioritize new tenants based on their level of need (acuity) and offer housing through a coordinated system.
- Tenants are not rejected based on poor credit or financial history, poor or lack of rental history, minor criminal convictions or other personal behaviours (e.g., personal hygiene practices).
- Tenants’ eligibility is not contingent on expecting people to stop, or even reduce, their participation in high-risk behaviours (e.g., substance use).
- Tenants are given reasonable flexibility in paying their rent on time and offered special payment arrangements (e.g., a payment plan) for rent arrears and/or assistance with financial management (e.g., access to a trusteeship).
- Direct support workers use a harm reduction approach to support service delivery.
- Every effort is made to avoid a tenant eviction.
b) Accessibility

A person-centered approach focuses on “meeting people where they are at” and provides flexible and accessible support services to all tenants. It means that people are able to access the support they need in the way that works best for them. It requires that people are not judged for their decisions, with the understanding that treating people with respect is the only way to create greater housing stability over the long term.

The supports are geared to what the tenant needs while supporting them towards greater independence and community inclusion, as desired. Responding to the unique support needs of each person means that what works for one person, may not work for another.

At a program level, examples of accessibility include:

- Staff providing different levels of support to each tenant depending on their individual needs.
- Emphasizing people’s strengths and treating them with dignity and respect.
- Reducing barriers for tenants to participate in support services by providing a variety of flexible options.
- Creating spaces that are welcoming and inclusive.
- Identifying gaps in service and providing creative solutions to fill the gap (where possible).
- Advocating for tenants to have access to community resources.
- Offering physically accessible place for people to connect.
- Avoiding evictions and where they are unavoidable support people to find and/or establish more adequate housing without experiencing homelessness.

b) Respect

The CHPI Supportive Housing providers work together in conjunction with community support providers, family and friends to ensure that tenant’s evolving support needs are met. Housing providers remove barriers to participation (wherever possible) and build the tenant’s formal and informal support networks to promote independence and community inclusion.

At the program level, examples of respect include:

- People’s decisions are accepted unconditionally and no judged for their choices.
- Striving for excellence and aligning our efforts with the vision of supporting the community to end homelessness.
- Approaching working relationships with humility and openness.
- Being curious about people’s different perspectives and lived experiences.
- Informing people of the resources available to them and of the potential consequences of their decisions.
- Creating circles of support that include tenants informal support systems.
- Believing that everyone has something to contribute and creating opportunities for tenants to participate and give feedback.
- Using people first inclusive language.
- Respecting tenant’s dietary needs and preferences (if food is provided)
d) Inclusion

All people have the right to equal treatment and protection from discriminatory practices that limit their housing opportunities. Supportive housing programs should create opportunities for tenants to be involved in decision making and designing services that are responsive to their feedback. Tenants should be recognized as being at different places on their life journey, and are capable of identifying their own goals. The supportive housing programs should be sensitive to various levels of (dis)abilities and work towards creating a barrier-free environment that is inclusive and free from discrimination. This right exists regardless of political or religious beliefs, ethno-cultural background, (dis)ability, mental health, substance use, gender identity and/or sexual orientation, legal status, or ability to pay.

At the program level, examples of being inclusive include:

- Fostering a sense of personal control through providing choice and autonomy and building capacity wherever possible.
- Treating people with dignity and respect.
- Referring to the tenants in supportive housing programs by their names and listening to their stories.
- Building trusting relationships with tenants over time by demonstrating genuine care and concern, and being open to reciprocal learning.

e) Excellence

Supportive housing programs use their resources wisely and look for creative ways to maximize their funding resources. Seeking out partnerships and working with the community will help contribute to success of supportive housing programs. Being fiscally responsible requires providers to continuously seek new ways of achieving greater efficiency and effectiveness with the funding available.

At the program level, examples of excellence include:

- Measuring the impact of the work and use the results to become more effective.
- Learning promising practices to deliver a high quality supportive program.
- Being transparent in governance and financial reporting.
- Providing access to information about how resources are allocated.
- Meeting the program core outcomes.
- Providing opportunities for tenants in be involved in a leadership capacity in the housing.
2.2 Core Outcomes for Tenants in Supportive Housing

The CHPI Program Guidelines identify two key outcomes:

1. People experiencing homelessness obtain and retain housing; and,
2. People at risk of homelessness remain housed.

As such, all CHPI funded programs, including supportive housing, must have these key outcomes as their overall purpose and goal.

Other sources have identified key outcomes specifically for supportive housing. The Corporation of Supportive Housing\(^3\) identified five core outcomes for supportive housing that are recognized throughout Canada and the United States as a best practice in measuring the effectiveness of supportive housing programs. These outcomes will also form part of the CHPI Supportive Housing Program.

For more information regarding the Corporation of Supportive Housing please see their website [www.csh.org](http://www.csh.org)

a) Tenants Stay Housed

CHPI Supportive Housing Programs are designed to provide tenants that have a history of homelessness or housing instability a permanent supportive place to live for as long as they desire to live there. A thorough intake and common assessment tool that measures the tenant’s level of acuity will assist in service prioritization. Each supportive housing program may need to develop individual responses to help keep tenants housed (e.g., conflict resolution panel, rent arrears support, support coordination, etc). Ultimately the goal is to keep tenants in permanent housing and provide support when tenants are exiting supportive housing to obtain permanent housing elsewhere.

b) Tenants Improve their Physical and Mental Wellbeing

CHPI Supportive Housing Programs provide tenants access to physical and mental wellbeing resources to ultimately improve their quality of life. Supportive housing programs partner with tenants and coordinate their access to medical care (including preventive care), mental health supports, and skill development resources. Supportive housing programs are able to make referrals and help tenants’ access community resources to improve their wellbeing and quality of life. For tenants with mental health issues supportive housing programs use a Recovery Informed Approach. A Recovery Informed Approach empowers tenants to be active participants in their own planning and ensuring the opportunity to make individual choices (for further information on recovery, refer to the Glossary).

c) Tenants Increase their Income Stability

CHPI Supportive Housing Programs encourage tenants to seek and maintain an income. Income sources could include employment and any number of income security and benefit programs for which people may be eligible (e.g., Employment Insurance, tax returns, Ontario Works, Ontario Disability Support Program, Old Age Security, Guaranteed Income

\(^3\) Corporation of Supportive Housing (2013) *Dimensions of Quality Supportive Housing* (2\(^{nd}\) edition)
Supplement, Guaranteed Annual Income, Canadian Pension Plan, Veterans Benefits, etc.) Where tenants are interested in employment, supportive housing programs encourage skill development and/or volunteering that align with the tenant’s career related goals. A secure income source directly benefits the tenant’s quality of life and wellbeing by providing greater housing stability.

d) Tenants are Satisfied with the Quality of the Support Services and Housing
Tenant satisfaction is an important outcome that ultimately impacts quality of life and housing stability. CHPI Supportive Housing Programs should be seeking to improve services and make them relevant and responsive to tenants’ needs. Each housing provider must gather information related to tenant satisfaction and demonstrate how they incorporate tenant feedback into program service design.

e) Tenants have Social and Community Connections
CHPI Supportive Housing Programs support an environment where tenants can develop connections to their community and build social support networks. Being a part of the community and experiencing a sense of “home” are critical to tenants experiencing community inclusion. Each supportive housing program will approach promoting community involvement and the building of social networks differently depending on each tenant’s interest and abilities.
3. PROGRAM ELEMENTS

The Region has established the following program elements for the CHPI Supportive Housing Program. These elements were informed through the documents, research and consultations outlined in section 1.2. Framework Development Process.

3.1 Program Description

The CHPI Supportive Housing Program provides affordable housing with attached support services for individuals, couples, and families living on a low-income, who are unable to live independently without on-site support services. The people must be experiencing or at-risk of homelessness with identified barriers or limited skills to retain their housing. People may experience multiple barriers to housing stability including: mental health issues, substance use, physical disabilities, cognitive disabilities, and/or development disabilities.

The CHPI Supportive Housing Program is intended to serve people who have more general support needs, rather than emphasizing a specific disability or issue. The focus is to serve people experiencing or at-risk of homelessness that are either:

- Not eligible for other supportive housing programs (e.g. they do not have a specific diagnosed disability, high enough level of acuity, or have multiple disabilities), or
- Not currently able to access other supportive housing programs for which they may be eligible.

There may be a number of reasons why people do not access other supportive housing programs for which they may be eligible (e.g., supportive housing programs designed to serve people with specific disabilities). For example, the service may not exist in the community, there are long waitlists, there are difficulties in accessing the service, or the tenant may not want to access the service. People accessing the CHPI Supportive Housing Program that are eligible for other supportive housing programs (e.g., diagnosed serious mental health issue) would be encouraged and supported to connect with more appropriate supportive housing programs.

A list of all publically funded supportive housing programs in Waterloo Region is included in Appendix A.

Further details of the program are included below under the following three headings: Program Design and Administration, Property and Housing Model, and Support Services.

a) Program Design and Program Administration

The CHPI Supportive Housing Program will now operate as a system of services connected with the broader housing stability system. Each provider within the CHPI Supportive Housing Program should be prepared to provide, incorporate and/or participate in processes to implement the following items:

- Serve low-income individuals, couples, and families that are at-risk or experiencing homelessness
- Coordinated entry (e.g., centralized intake with common tools and a priority service list which will be electronically maintained through a new or an existing database system)
• Standardized tenant care needs assessment completed as part of coordinated entry to inform the basis of eligibility and priority for service. Assessment tools may continue to be used after person is housed as part of on-going support and quality assurance processes.

• Quality assurance processes that aim to improve services to tenants (newly developed tools and processes or borrowing from existing documents e.g., Raising the Bar, Housing Matrix, and previous Domiciliary Hostel Standards).

• Electronic data collection expectations (e.g., Homeless Individual and Family Information System - HIFIS) with monthly reporting requirements.

• Enhanced budget accountability and reporting including annual audited program financials.

• Formalized policies and procedures related to eviction prevention, tenant discharge from supportive housing, and/or transfers to other housing or residential options when needed.

• Partnerships with organizations and agencies to meet tenant support needs and address other community interests (e.g., referrals, collaboration, memorandums of understanding).

• Separate staff serving in the role of the landlord (e.g., collecting rent, eviction, etc.) and the role of support (see c. Support Services below).

b) Property and Housing Model

This section outlines the preferences and requirements for the elements that should be included in the physical set-up and amenities offered in the housing environment. The CHPI Supportive Housing Program has a preference for the following:

• A geographic distribution of the supportive housing buildings across Waterloo Region to increase tenant choice.

• A variety of supportive housing models including: self contained units, shared self contained units, private bedrooms, semi-private bedrooms in either new or existing developments with a preference for:
  o self-contained units and/or
  o private bedrooms (where possible)

• Accessibility features (e.g., minimal barriers for people with physical disabilities).

• Energy efficiency.

• Multiple common areas available in the home.

• Some level of tenant access to a kitchenette or kitchen.

• Private space for tenants to visit with friends and family.

• Access to green space on the property.

• Sheltered outdoor space (beyond a front porch).

The CHPI Supportive Housing Program requires the following:

• Located near a Grand River Transit route and in close proximity to community service providers, recreational facilities, shopping and services.

• Locks on bedroom doors in private or semi-private bedrooms.

• Secured space to store valuables and belongings in private and semi private bedrooms (e.g., safe, locker).
- Air conditioned spaces (either through a central system or window units)
- Access to dedicated tenant telephone line
- Access to a computer with internet
- Access to cable television (or other similar television services)

c) Supportive Services

The CHPI Supportive Housing Program requires that housing providers provide different levels and types of support services depending on their program structure and tenant support needs. Ultimately, all supports are provided to enhance tenant quality of life and wellbeing. Here is a list of potential supports that may be offered (not necessarily exhaustive):

- Ensuring access to transportation (e.g., rides to appointments, tenant either purchases own bus tickets/passes or they are provided through the program)
- Support with scheduling and coordinating appointments
- Attending appointments with tenants (when appropriate)
- Support with medication management
- Assistance with personal supports (e.g., shaving, bathing)
- Housekeeping and laundry support
- Providing support with meals and/or food security such as:
  - providing food supports (e.g., an emergency food cupboard, assistance in accessing a community food bank, etc.)
  - supporting tenants to purchase food and/or prepare meals
  - preparing meals for tenants
- Assisting tenants to access community support agencies
- Assisting tenants to participate in the community (e.g., volunteering)
- Assisting tenants to build a support network (e.g., connecting with family and friends)
- Supporting tenants to participate in both on-site and off-site social, recreational and/or skill building activities (e.g., directly providing activities, encouraging tenant participation, and/or aiding in access and participation)
- Supporting tenants to build skills and participate in pre-employment activities
- Offering therapeutic groups on-site or supporting access to off-site (e.g., trauma counselling, Alcoholics Anonymous(AA)/Narcotics Anonymous(NA), peer support)
- Offering educational classes onsite or supporting access to off-site (e.g., cooking, computer skills, harm reduction supports)
- Providing tools and resources to prevent eviction (e.g., flex fund, small loans)
- Support with financial inclusion (e.g., opening a bank account, filing taxes)

Supportive services need to be provided in the context of supportive relationships. The supports provided to tenants are voluntary, meaning that tenants can choose whether to participate and have the ability to select the services they prefer. Direct support workers will develop a deep understanding of each tenant’s unique needs and ensure support is provided in a way that works best for the tenant. They are well trained to deliver effective services to the tenants they are supporting. Direct support workers
3.2 Program Funding Approach

The following funding approach will be piloted over the transition period 2016 to 2018. Funding will be provided as a grant distributed on a monthly basis and negotiated on an annual basis through a supportive housing provider submitted budget template (which will show expenses and revenues associated with both the physical housing property and the support services).

Allowable expenses are designed to fund services that directly support the tenants. The following capital expenditures are not available to be funded under CHPI:

- New construction and/or conversion of buildings
- Repairs and renovations
- Retrofits
- Buying land
- Purchasing buildings

All supportive housing providers must demonstrate a minimum 95% occupancy rate per site on a consistent basis or funding may be renegotiated. Supportive housing providers will be required to submit written requests and receive approval for any changes within their budgets during the year. If a provider is overpaid for the previous year based on their audited financial statements, their current year budget may be adjusted to reflect the difference. The pilot will be analyzed through provider feedback and a review of the submission of annual budget requests and annual audited program financials to determine the funding approach beyond 2018.

3.3 Service Agreement

Providers who participate in the CHPI Supportive Housing Program must sign a Service Agreement with the Region. Service Agreements are issued annually based on an April 1 – March 31 fiscal year. Each year, providers must submit required materials and be in compliance with quality assurance processes to be eligible for an annual Agreement. Required materials may include, but are not limited to the following:

- Program description (template)
- Program budget (template)
- A copy of the municipal zoning and/or occupancy permit
- Copy of the mortgage lender agreement or copy of the Deed or Rental/Lease Agreement
- Building Capacity Audit every 5 years (to include roof and chimney inspection and heating and cooling system inspection)
- Proof of the housing providers ability to cover costs associated with repairs and operations for at least 3 months
- Public Health inspection (both residential and food safety as required)
- Municipal Fire inspection (as required)
- Insurance Certificate (e.g., Business Insurance, Vehicle Insurance as required)
- Business license
- Articles of incorporation
Any relevant provincial or municipal licensing requirement (e.g., City of Kitchener-Boarding home license, Provincial-Retirement Home License)

Audited annual program financials

3.4 Quality Assurance/Standards

New processes to ensure quality services for tenants will be developed and implemented within the two year transition period. Providers will be consulted on the development of new quality assurance processes. Until such time as new processes are developed, providers will be expected to be in compliance with Interim Supportive Housing Standards. These Interim Supportive Housing Standards, which have been based on the previous Domiciliary Hostel Standards and revised to be relevant to all programs funded under CHPI Housing with Related Supports, will be available in draft form by June 2014 and will be presented to Regional Council for approval in September 2014.

3.5 Reporting

Program data will be collected through the Homeless Individual and Family Information System (HIFIS) and will be exported to the Region monthly as outlined in the HIFIS Data Sharing Protocol. In addition, a Quality of Life Activities report template will be made available and will be submitted by providers once a month along with the HIFIS export. Furthermore, a Qualitative Data Report template will be made available and will be submitted by providers annually. The Region may require the collection of additional data from time to time for special research projects. Financial reporting will be obtained through submission of an annual audited program statement.
### 3.6 Roles and Responsibilities

Roles related to CHPI and the Housing with Related Supports category are held at the Provincial, Service Manager (Region), and provider level as summarized in the following chart.

<table>
<thead>
<tr>
<th>Province</th>
<th>Region</th>
<th>Supportive Housing Program Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing CHPI Program Guidelines</td>
<td>Engage in planning activities related to developing local programs aligned with the CHPI Guidelines. Develop Supportive Housing Program Framework for redesigned supportive housing program</td>
<td>Participate in the development of the redesigned supportive housing program and Supportive Housing Program Framework</td>
</tr>
<tr>
<td>Administering funding for CHPI with Service Managers</td>
<td>Administering local CHPI funding (planning, resource allocation, accountability, quality assurance)</td>
<td>Applying for CHPI funding, entering into a Service Agreement with the Region, and delivering supportive housing as per the Agreement</td>
</tr>
<tr>
<td>Enter into a Service Agreement with 47 Service Managers</td>
<td>Creating, entering into and monitoring Service Agreements with Supportive Housing Program Providers</td>
<td></td>
</tr>
<tr>
<td>Establishing the Housing with Related Supports Standards Framework</td>
<td>Develop local Standards and establish quality assurance processes</td>
<td>Participate in the development and implementation of local Standards and quality assurance processes</td>
</tr>
<tr>
<td>Ensuring Service Managers are in compliance with the Service Agreement and Program Guidelines including outcomes and performance indicators</td>
<td>Collect CHPI financial and program data and report to MMAH on performance indicators for the services provided</td>
<td>Providing the Region with financial and program data for the services provided</td>
</tr>
</tbody>
</table>
4. **TIME FRAMES AND TRANSITION**

The Framework represents a significant shift in thinking and doing related to Region funded supportive housing in comparison to the former CHPP and DH. Recognizing that change takes time, there will be a two year transition period (2016-2018) for supportive housing providers to participate in the implementation of Framework and come into compliance with the Standards. The Region will work both with supportive housing providers and tenants as a group and individually over this time. The following chart summarizes the anticipated transition period activities within the Region Supportive Housing Program:

<table>
<thead>
<tr>
<th>Pre-Implementation 2014/2015</th>
<th>Pre-Implementation 2015/2016</th>
<th>Transition Year 1 2016/2017</th>
<th>Transition Year 2 2017/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder consultations on Draft Program Framework (March to June 2014)</td>
<td>Annual Service Agreements for continuing operators or Transition Letters for operators not continuing (April 1, 2015)</td>
<td>New Supportive Housing Program begins – Annual Service Agreements (April 1, 2016)</td>
<td>Annual Service Agreement (April 1, 2017)</td>
</tr>
<tr>
<td>Program Framework approved (June 2014)</td>
<td>Continue to support tenant transition plans (on-going)</td>
<td>Transition Letters for operators not continuing (April 1, 2016)</td>
<td>Continue to support tenant transition plans (on-going)</td>
</tr>
<tr>
<td>Interim Supportive Housing Standards Consultation (June - Aug 2014)</td>
<td>Interim Supportive Housing Program Standards effective (April 1, 2015)</td>
<td>Continue to support tenant transition plans (on-going)</td>
<td>Pilot coordinated entry, assessment and priority list (April 1, 2017 – Dec)</td>
</tr>
<tr>
<td>Expression of Interest (Nov 2014) with proponents of EOI informed of results (Feb 2015)</td>
<td>Request for Proposals (April 2015) with proponents of the RFP informed of results (Fall 2015)</td>
<td>Current providers continue to pilot HIFIS and the Standardized Needs Assessment (others are trained and begin using)</td>
<td>Provider submit Service Agreement materials for 2018/19 (Jan/Feb 2018)</td>
</tr>
<tr>
<td>Begin to support tenant transition plans as needed</td>
<td>Service Agreements signed with providers under the new program and former CHPP and DHP supportive housing programs end (March 31, 2016)</td>
<td>Quality Assurance Processes planning (April – Sept 2016) and Pilot (Oct – Dec 2016)</td>
<td>Planning for coordinated entry, assessment and prioritized list (2016/2017)</td>
</tr>
</tbody>
</table>
Some current providers may transition out of the redesigned supportive housing program, for reasons which may include:

- Choosing not to apply to the Expression of Interest (EOI) (transition would begin in January 2015)
- Are unsuccessful under the EOI (transition would begin in March 2015)
- Choosing not to submit under the Request for Proposals (RFP) (transition would begin in June 2015)
- Are unsuccessful under the RFP (transition would begin in fall 2015)

If a current supportive provider is not successful for the redesigned supportive housing program, there would be an immediate hold on new intakes that the Region will subsidize. Tenant transition planning would begin during the months identified above. The Region is committed to supporting existing subsidized tenants to new housing arrangements (where needed and/or interested) based on an individualized plan. Continuing supportive housing providers would be required to consider subsidized tenants transitioning from other homes as a first priority (where a good fit exists and tenants are willing).

In order for transitioning providers to be eligible for “transition funding”, individualized tenant transition plans would need to be developed in conjunction with tenants (who wish to participate). The overall transition plan would be attached to a transition letter of agreement with an end date to coincide with the transition plan.

A review of the CHPI Supportive Housing Program would be planned for 2018/2019.
5. **GLOSSARY**

“Homelessness Individuals and Families Information System (HIFIS)” is a comprehensive electronic database management system that helps service providers with their day-to-day operations and supports data sharing to increase understanding of homelessness while ensuring information security and privacy.

“Harm reduction” refers to a range of policies and interventions designed to reduce the harmful consequences associated with various human behaviours. Examples of harm reduction policies and activities include wearing a seatbelt or bike helmet, needle exchange, managed alcohol programs, condom distribution, etc. A harm reduction philosophy to service means acknowledging where the person is at by providing access to information, support, options or resources that will ensure the person’s health and safety (as well as the safety of those around them) despite their behaviours.

“The Recovery informed approach” empowers tenants to be active participants in their support planning and ensures the opportunity to make individual choices. For more information please see [http://ontario.cmha.ca/mental-health/mental-health-conditions/recovery/](http://ontario.cmha.ca/mental-health/mental-health-conditions/recovery/)

“Multiple barriers to housing stability” refers situations where people may be facing multiple barriers to their housing stability (i.e., housing, income, and support) which impact their ability to retain housing. For example: poor rental history, history of arrears, mental health issues, substance use, physical disabilities, cognitive/developmental disabilities, under/lack of employment, financial insecurity, etc.

“Service Prioritization and Decision Assistance Tool (SPDAT)” is designed as a tool to help prioritize housing services for homeless individuals based upon their acuity. The SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

“Housing First” approach in supportive housing programs is a philosophy built on the belief that everyone experiencing homelessness is “housing ready”. People do not need to follow a continuum of housing programs before they are able to access supportive housing...
(e.g., emergency shelter, transitional housing or time-limited residences). Housing is not a “reward” for programmatic success or adherence to treatment goals, it is a right!

“Housing Stability” refers to *ideal living circumstances* where people with a fixed address are able to retain adequate housing over the long term. To have housing stability, people must have three key resources:

- **Adequate housing** provides security of tenure and is desirable, affordable, self, adequately maintained, accessible and a suitable size.
- **Adequate income** provides enough financial resources to meet and sustain minimum standards for housing (rent or mortgage expenses and utilities) and other basic needs (e.g., food, clothing, child care, transportation, personal hygiene, health/medical expenses, recreation, communication, and education).
- **Adequate support** (informal and/or formal) provides enough personal support for living as independently and connecting with others as desired.

“Housing Stability System” refers to a service system as “an inter-organizational network involved in administering and delivering a set of integrated supports and services that meets the defined needs of people”\(^4\). The defined need in this case is housing stability. The housing stability system is defined locally as those programs where 50% or more of their activities are dedicated to helping people find, establish, or retain housing. Housing Stability programs have been categorized into one of the following five program areas:

1. Emergency Shelter
2. Street Outreach
3. Housing Retention and Re-housing
4. Time-Limited Housing
5. Affordable Housing and Supportive Housing

There are just over 100 housing stability programs in Waterloo Region of which Affordable Housing and Supportive Housing programs comprise approximately one-third.

“Supportive Housing” as defined in the Strategy is permanent housing complemented with a support program designated to a unit, building or neighbourhood (may also include subsidy).

APPENDIX A
Supportive Housing Programs in Waterloo Region

CHPI Supportive Housing funded through Region of Waterloo Social Planning is only one supportive housing program among many in Waterloo Region. For example, there are a number of supportive housing programs for adults funded through the Ministry of Health and Long Term Care (MOHLTC)/Waterloo Wellington Local Health Integration Network (WW-LHIN) or the Ministry of Community and Social Services (MCSS).

The most recent Inventory of Supportive Housing Programs in Waterloo Region (2011) identified:

- 2,574 spaces through Long Term Care Homes through MOHLTC/WW-LHINS
- 565 units/spaces for people with diagnosed developmental disabilities through MCSS
- 500 units/spaces of MMAH-CHPI funded supportive housing through Region of Waterloo Social Planning serving a general population of people requiring on-site support to remain housed
- 318 units/spaces for seniors (30 spaces for Seniors Supportive Housing through the Region and 288 spaces for seniors in the Integrated Assisted Living Program) through the MOHLTC/WWLIN
- 311 units/spaces for people with diagnosed serious mental health issues through MOHLTC/WW-LHIN
- 83 units/spaces for people with physical disabilities or acquired brain injury through MOHLTC/WW-LHIN
- 16 units/spaces for people with problematic substance use issues through MOHLTC/WW-LHIN

For a complete list and further information on supportive housing programs in Waterloo Region, refer to the Inventory of Supportive Housing Programs in Waterloo Region (2011) – Affordable Housing and Supportive Housing.
Region of Waterloo  
CHPI Supportive Housing Redesign  
General Question and Answers

This document answers questions received to-date about the Community Homelessness Prevention Initiative (CHPI) supportive housing redesign process. The document includes answers to general questions about the redesign as well as questions about the application process, tenant transition plans, elements of the redesigned program, and current operators selling their business.

The document will be updated as additional information becomes available or as further points of clarification are identified. If you have further questions, please contact Amber Robertson at arobertson@regionofwaterloo.ca or 519-575-4757 ext. 5261.

General Questions

1. Q: Why is the supportive housing redesign taking place?  
   A: Three key factors are influencing the need for the supportive housing redesign including:  
   1. changes with funding and provincial legislation;  
   2. increases in service demand; and  
   3. calls for system improvements as identified through the community’s Homelessness to Housing Stability Strategy and from federal and provincial funders.

   The redesigned program aims to meet new provincial expectations, enhance tenant quality of life and improve service.

2. Q: Where can I quickly find updated information on the CHPI supportive housing redesign?  
   A: See the Region’s website at …(waiting for link to be set up)

3. Q: What supportive housing programs are included in the redesign?  
   A: Only supportive housing programs located in Waterloo Region, funded through the Regional Municipality of Waterloo (the Region) Community Homelessness Prevention Initiative (CHPI), within the Housing with Related Supports service category.

4. Q: What supportive housing programs are not included in the redesign?  
   A: Not included are other housing stability programs within Region Social Services or other supportive housing programs funded through the Waterloo-Wellington Local Health Integration Network (WW-LHIN), the Ministry of Community and Social Services (MCSS), or other funding bodies.
5. **Q:** Is there new money under the redesigned supportive housing program?
   **A:** No, funding is currently fixed within the existing funding envelope set by the Province of Ontario.

6. **Q:** When does the redesigned supportive housing program start?
   **A:** The redesigned program is anticipated to begin April 1, 2016.

7. **Q:** Who is leading the process?
   **A:** Region of Waterloo Social Services – Social Planning staff is leading the supportive housing redesign process with support through Region Legal Services and Region Procurement and Supply Services.

8. **Q:** Who else has been involved in the process?
   **A:** Stakeholders have had opportunities throughout the process to provide input (e.g., current providers, tenants, supportive housing staff, other community agency partners, other divisions/departments within the Region, other interested parties). Input has/is being provided through reports, surveys, focus groups, group and individual meetings, and community forums.

9. **Q:** Who is eligible to be served through the redesigned supportive housing program?
   **A:** The Region of Waterloo’s Supportive Housing Program provides affordable housing with attached supports for individuals, couples, and families living on a low-income (including, but not limited to those on Ontario Works, Ontario Disability Support Program and Old Age Security) and who have an identified support need and who are either experiencing or at-risk of homelessness. Tenants may have multiple barriers to housing stability, including mental health issues, substance use, physical disabilities, and/or cognitive disabilities and are unable to retain their housing without supports.

10. **Q:** In what ways will the supportive housing redesign seek to enhance quality of life for tenants?
    **A:** Examples of planned elements within the redesigned program include increased options for private rooms, increased security (e.g., locks on bedroom doors, locked space for personal items), increased control over personal income, improved physical space, and increased access to recreation opportunities.

11. **Q:** In what ways will the supportive housing redesign seek to improve service?
    **A:** Examples of planned elements within the redesigned program include coordinated entry, a common priority waitlist, common assessment, enhanced quality assurance processes, a common data collection system, and increased eviction prevention measures.
Applying to the Redesigned Supportive Housing Program

12. Q: What are the timelines for applying to operate within the redesigned supportive housing program?

13. Q: Who can apply to operate within the redesigned supportive housing program?
   A: The process is open to anyone who wishes to receive funding from the Region through the Community Homelessness Prevention Initiative (CHPI) to deliver the redesigned supportive housing program as outlined in the Region of Waterloo CHPI Supportive Housing Program Framework. This includes both those supportive housing providers currently in receipt of this funding (i.e., supportive housing providers funded through the former Domiciliary Hostel per diem and Consolidated Homelessness Prevention Program) and potential new providers.

However, the Region of Waterloo will not open and consider proposals received from parties with whom the Region is in litigation or pending litigation unless approval allowing such is obtained by the proponent from Regional Council prior to the close of the request for proposals.

14. Q: How do interested potential providers apply to the redesigned program?
   A: An Expression of Interest (EOI) is planned to be issued in November 2014 for all interested applicants. The EOI will be publically advertised in The Record and on the Region’s website at: http://www.regionofwaterloo.ca/en/doingbusiness/bidsquotestenders.asp?_mid_=17270.

It is the proponent’s responsibility to check The Record and/or the Region’s website for opportunities: Those who are successful in the EOI process will be invited to submit a Request for Proposals (RFP) in April 2015.

Further information on EOI and RFP processes will be made available both during and following the CHPI Supportive Housing Consultation taking place March 26

15. Q: Why is the Region choosing to use an open EOI/RFP process?
   A: It is the intent of the Region to utilize the EOI/RFP process in order to ensure a process of selection which is fair, open and transparent to all applicants.

16. Q: What happens if a current provider does NOT apply for the redesigned supportive housing program?
   A: If a current operator chooses not to apply to the redesigned supportive housing program or is unsuccessful in the EOI or RFP process, there will be an
immediate hold on new admission of tenants that the Region will subsidize. Any annual Agreement that the operator has entered into continue to March 31.

17. Q: Where will current tenants go if a current provider is not going to be in the redesigned program?
A: Operators can continue to serve private tenants. Once it is determined that a current operator is not participating in the redesigned program, the Region will connect with the existing subsidized tenants to confirm whether they wish to move. If they wish to move and would like support, the Region will work with them to develop individualized tenant transition plans and support them to relocate to other appropriate housing.

18. Q: Is the Region providing any tenant transition funding?
A: Should tenant transition plans extend beyond any former program Agreement, current operators may be eligible for “transition funding” at a per diem rate of $47.75. The approved tenant transition plans would be attached to a letter of agreement with an end date to coincide with the transition plans. Supports to assist tenants to other appropriate housing may be considered in accordance with each individual tenant transition plan.

19. Q: What happens if a current provider does NOT want to be a part of the redesigned supportive housing program but wants to continue providing housing?
A: Current providers may choose to do as they wish with their housing, program or business. The Region will no longer fund providers or subsidize tenants through per diem after the Agreement ends. Current providers may terminate their Agreement with the Region upon 60 days written notice to the Region (as per the Agreement). Providers can keep their tenants who wish to stay as private pay tenants. As with any landlord, current providers continue to be bound by the Residential Tenancies Act (2006) and should consult their own legal counsel as needed.

20. Q: Can Region staff make tenants leave if a current provider is not successful through the EOI/RFP process?
A: The Region will no longer subsidize tenants for current providers who do not hold an Agreement with the Region. Providers can keep their tenants as private pay. For tenants who wish to move, there is a commitment to provide support to find appropriate alternative housing. It is a tenant’s choice whether or not they wish to engage in tenant transition planning to move to other housing.

21. Q: If a current operator is still interested in providing supportive housing but not under the redesigned supportive housing program. Are there any other opportunities the Region is providing?
A: No, not currently.
22. Q: When and how will proponents under the EOI/RFP be informed of the results?
   A: Proponents are notified by the Region Procurement and Supply Services division. It is anticipated that EOI proponents will be informed by February 2015 and that RFP proponents will be informed by fall 2015.

23. Q: If I have questions about the EOI/RFP who do I talk to?
   A: There will be a designated official within the Region’s Procurement and Supply Services that questions may be directed to during the EOI/RFP process. That person will be named in the EOI/RFP with contact information provided.

24. Q: Who is responsible for reviewing the EOI/RFPs?
   A: Region’s Procurement and Supply Services facilitates the process. The evaluation of the EOI and RFP submissions will be completed by a committee of staff from various departments across the Region including Social Services, Housing and Finance.

25. Q: If I am not successful in my application for the redesigned supportive housing program is there an appeal process?
   A: There will not be an “appeal” process for the EOI/RFP. However, if the proponent has any complaint, disagreement or dispute whatsoever in regard to the manner in which the Region has or is carrying out the EOI/RFP which cannot be resolved then the proponent may submit its complaint, disagreement or dispute in writing to the Region’s Chief Financial Officer as soon as practicable and the Region’s Chief Financial Officer will investigate the complaint, disagreement or dispute and provide a written report as he or she deems necessary to the proponent with the results arising from such.

26. Q: Will there be a reduction of supportive housing units or beds in Waterloo Region through this process?
   A: This is unknown at this time as it will be dependent on the response to the EOI/RFP process.

Tenant Transition Plans

27. Q: What is a tenant transition plan?
   A: Region staff will develop tenant transitions plans with each current CHPI funded supportive housing provider that is not selected as a successful proponent through the EOI/RFP process for the redesigned supportive housing program. Individualized tenant transition plans will be developed with tenants who wish to receive support to move to other appropriate housing. The transition plan will outline actions and timelines to support the move. A template will be developed to assist with this process.
28. Q: How will the Region be communicating these changes to tenants?
   A: Tenants will be sent a letter from Region staff about the redesigned supportive housing process in late March 2014. Opportunities for tenants to meet with Region staff will also be made available. Once it is determined whether or not their current housing operator will be part of the redesigned supportive housing program, tenants will receive a subsequent letter from Region staff, followed by a meeting.

29. Q: Can Region staff make tenants leave if a current provider is not successful through the EOI/RFP process?
   A: The Region will no longer subsidize tenants for current providers who do not hold an Agreement with the Region. Providers can keep their tenants as private pay. For tenants who wish to move, there is a commitment to provide support to find appropriate alternative housing. It is a tenant’s choice whether or not they wish to engage in tenant transition planning to move to other housing.

30. Q: What is the responsibility of current operators to continue to house tenants if they are no longer receiving subsidy from the Region?
   A: Regardless of Region funding, housing providers continue to be bound by the Residential Tenancies Act (2006) and should consult their own legal counsel as necessary.

Redesigned Supportive Housing Program

31. Q: What is the Region of Waterloo CHPI Supportive Housing Program Framework (the Framework)?
   A: The Framework, currently in draft form, is a high level overview, policy framework, and description of the CHPI Supportive Housing Program.

32. Q: When will the Framework be available?
   A: The Draft Framework will be available February 28, 2014 on the Region’s website…(waiting for link to be set up). It is anticipated that the Framework will be brought back to Council for approval in June 2014.

33. Q: How did the Region create the Draft Framework?
   A: Significant research has informed the development of the Draft Framework. Consultations on the Draft Framework began in November 2013 and will continue through May 2014. Available reports and other information about the supportive housing redesign process can be found on the Region’s website at ……(waiting for link to be set up)
34. Q: Who has been consulted regarding the development of the initial Draft Framework?
A: The Region has provided multiple opportunities for current supportive housing providers, key service providers, and tenants to provide feedback in how quality supportive housing programs should be designed and delivered:
  - Site visits with supportive housing providers
  - One on one conversations
  - Supportive housing provider survey
  - Direct support worker survey
  - Tenant focus groups
  - Small group consultations and meetings

Further consultations will be scheduled with other key community stakeholders over March – May 2014.

35. Q: What is meant by the word “preference” within the Draft Framework referring to aspects of the redesigned supportive housing program?
A: These will not be requirements of the redesigned supportive housing program. However, they are desirable in the program and may result in a higher assessment within the EOI/RFP process.

36. Q: If the Region has a preference for self contained units or single bedrooms will funds be made available to achieve this?
A: Capital costs are not eligible under CHPI according to provincial guidelines. Providers will need to seek other sources of funding for capital costs.

37. Q: What does it mean that providers cannot use the redesigned supportive housing program funding for “capital costs”?
A: The following services/activities are not available to be funded under CHPI:
  - Capital expenditures, which include:
    - New construction and/or conversion of buildings
    - Repairs and renovations
    - Retrofits
    - Buying land
    - Purchasing buildings
  - The construction, repair, and renovation of new and existing social and affordable housing
  - Services that do not directly support people who are homeless or at-risk of housing loss

38. Q: Within the redesigned program, will supportive housing providers have a say as to which tenants they will house or will the Region require providers to accept tenants identified through a coordinated entry process?
A: The CHPI Supportive Housing Framework that identifies components of the redesigned program is still in draft. Once the Framework is approved
(anticipated June 2014), components such as coordinated entry will be further developed. All program details will be finalized in consultation with providers after the redesigned supportive housing program begins April 1, 2016.

39. Q: Will supportive housing providers still have to submit a monthly billing invoice to Region Employment and Income Services Hostel Caseworkers in the redesigned program?
A: No, a new funding approach will be piloted over the initial implementation of the redesigned supportive housing program. Funding will be provided as a grant distributed on a monthly basis. Providers will submit an annual budget, through a budget template, to Region Social Planning. Grants will be provided based on the approved budget. Programs will have to submit an annual program audit to verify their income and expenses.

40. Q: What is HIFIS?
A: The Homelessness Individuals and Families Information System (HIFIS) is a comprehensive electronic database management system that helps service providers with their day-to-day operations and supports data sharing to increase understanding of homelessness while ensuring information security and privacy.

41. Q: Do I have to provide all of the support services listed in the CHPI Supportive Housing Framework or can I pick and choose what makes sense for the population of tenants that my home serves?
A: Supportive housing providers do not need to provide all of the support services listed. Each housing provider should determine what supports are necessary for the tenant population they serve and their particular housing model.

42. Q: What does harm reduction mean in a supportive housing environment?
A: Harm reduction refers to a range of policies and interventions designed to reduce the harmful consequences associated with various human behaviours. Examples of harm reduction policies and activities include wearing a seatbelt or bike helmet, needle exchange, managed alcohol programs, condom distribution, etc. A harm reduction philosophy to service means acknowledging where the person is at by providing access to information, support, options or resources that will ensure the person’s health and safety (as well as the safety of those around them) despite their behaviours.

43. Q: What does a recovery informed approach to service delivery mean?
A: The Recovery informed approach empowers tenants to be active participants in their support planning and ensures the opportunity to make individual choices. For more information please see http://ontario.cmha.ca/mental-health/mental-health-conditions/recovery/
44. Q: What does a separation of landlord duties mean? Does that mean owner/operators are not allowed to work a shift in the home?
   A: The separation of the landlord duties means that the typical responsibilities associated with being the landlord (e.g., collecting rent, eviction, maintenance) should be separate from the role of direct support workers. Separating the duties ensures that if a tenant is experiencing problems with the landlord that they are still able to access support. Separating the roles in a supportive housing environment helps reduce any potential conflict of interests.

Current Operators Selling the Business

45. Q: Why is the Region not accepting assignments, sales or other transfers in relation to current supportive housing Agreements?
   A: The Region’s agreement states that the Operator may not assign or subcontract the Agreement to a third party. It also states that the Agreement shall automatically terminate if there is any sale or other transfer of the Hostel. These provisions are included because the programs are currently being redesigned and the new Supportive Housing Program will begin April 1, 2016.

46. Q: How can a current operator sell his/her business if the funding for Domiciliary Hostels no longer exists?
   A: Owners are able to sell their business privately and should consult their own legal counsel. The only restriction is that the rights under the Agreement with the Region cannot be transferred as part of any such sale.

47. Q: If a current operator wants to sell his/her business in 2014-2015 should the potential buyer apply through the EOI/RFP process or should the current owner?
   A: The current plan is that anyone can apply through the EOI process so that all interested parties can be considered. Thus, both current providers and prospective providers could be considered if they are interested in providing supportive housing under the redesigned program.
Region of Waterloo
Public Health
Emergency Medical Services

To: Chair Sean Strickland and Members of the Community Services Committee
Date: March 4, 2013
File Code: P05-80
Subject: Emergency Medical Services (EMS) Performance Measurement Quarterly Report – October to December 2013

Recommendation:
For Information.

Summary:
Key performance measures can address how effective and efficient a program is at meeting specific objectives, priorities, and legislated mandates. The focus of this work is on quality and performance, with measurement being a means to provide information to help make decisions and better manage operations.

Monitoring of these indicators over time will allow Region of Waterloo EMS to identify patterns and address the challenges that arise. Some highlights for the months of October – December 2013 include:

Volume and Service Level
- Call volumes for 2013, as projected mid-year, were 1.16% less than 2012. This would be considered a normal fluctuation/variance in call volume and typically is not indicative of a trend to decreased call volumes year over year.

Compliance and Quality Assurance
- EMS Response Time to emergency calls (Code 4) remains above the historical benchmark of 10:30 for the 90th percentile. EMS 90th Percentile Response Time has trended lower through 2013, likely due to the improvements in Offload Delays as well as resource additions in 2012 and 2013. December 2013 saw an increase to the 90th Percentile and we have not yet determined the cause of this
anomaly.

- Note that resource additions in 2013 will have had some impact for this report, but a larger sample will be necessary to confirm a trend in service improvement.
- No warning system infractions were identified through internal reviews in the last three months.

**Efficiency Indicators**

- Over the course of the last three months, Offload Delay losses have varied from month to month, but are still significantly below 2012 values. The slight rise seen in December was not unexpected given the upward pressure on Offload Delays during flu season. Overall, EMS is in a much more stable situation and better poised to deal with Offload Delay issues in 2013 compared to 2012.

**Service and Quality Impact**

- The service indicators tend to fluctuate around the average over time, and will continue to be monitored for possible trends into the future.

**Report:**

The report contains four indicator categories:

1. Volume and Service Level (How much did we do?)
2. Compliance and Quality Assurance (How well did we do it?)
3. Efficiency (How efficiently did we do it?)
4. Service and Quality Impact (How well is the service being performed?)

To produce this report and the indicators included in it, a number of data sources were utilized. Due to the nature of EMS, the Region of Waterloo relies on a joint effort with external parties to access accurate and reliable data in as timely a fashion as possible. The Ambulance Dispatch Reporting System (ADRS), Central Ambulance Communications Centre (CACC) and St. Mary’s Hospital are data sources for a number of indicators. For the remaining indicators, data values have been pulled from the EMS TabletPCR (an internal tool used to track information and data relevant to calls and patient care reporting). The EMS Performance Measurement Quarterly Report will undergo additional development in the future. Additional indicators currently not included in the draft report have been identified for future inclusion (for example, additional compliance and efficiency indicators).

**Summary of Results:**

**Volume and Service Level**

- Region of Waterloo EMS transported patients approximately 81% of the time in comparison to total dispatched calls over the past three months. The remaining percentage (approximately 19%) is due to situations such as patient refusal, other ambulance transport or other non patient carrying instances.
Call volumes for 2013, as projected mid-year, were 1.16% less than 2012. This would be considered a normal fluctuation/variance in call volume and typically is not indicative of a trend to decreased call volumes year over year.

UHU (unit hour utilization) tends to increase beginning around 4am, peaking around 11am, before gradually decreasing the rest of the day; however, the rate varies by month. Staffing is partly based on patterns and predictions seen in UHU, and monitoring UHU allows for proactive planning to alter the deployment of staff to reach an appropriate UHU level.

Note that one 12-hour ambulance was added in July in each of 2011, 2012 and 2013. Resource additions in 2013 will have some impact for the time frame of this report, but a larger sample will be necessary to confirm an ongoing trend in service improvement.

Compliance and Quality Assurance

EMS Service Response Time to Emergency Calls (Code 4) remains above the historical benchmark of ‘10 MIN 30 SEC’ for the 90th percentile. However, EMS 90th Percentile Response Time has trended lower through 2013, likely due to the improvements in Offload Delays as well as resource additions in 2012 and 2013. December 2013 saw an increase to the 90th Percentile and we have not yet determined the cause of this anomaly.

Note that one 12-hour ambulance was added in July in each of 2011, 2012 and 2013. Resource additions in 2013 will have some impact for the time frame of this report, but a larger sample will be necessary to confirm an ongoing trend in service improvement.

No warning system infractions were identified through internal reviews in the last quarter.

Chute time adherence (time from crew notification to when they are en route) continues to stay fairly steady around 93%.

Efficiency

Over the course of the last three months, Offload Delay losses have varied from month to month, but are still significantly below 2012 values. The slight rise seen in December was not unexpected given the upward pressure on Offload Delays during flu season.

Close collaboration between EMS and local hospitals continues to address the issue of Offload Delay and the ability of our services to address and limit Offload Delays to EMS. Collaboration on new and innovative strategies to address Offload Delay and return crews to the public for re-assignment is assisting in lowering and stabilizing our Offload Delay losses.

Time spent in Code Yellow continues to be near the year-to-date average for the current quarter. Region of Waterloo EMS will continue to monitor and make adjustments as required.

A positive note is that the amount of time spent in Code Red has continued to
remain low over the past three months. Both Code Yellow and Code Red times have trended in a positive direction since the start of 2013.

Service and Quality Impact

- Service indicators tend to fluctuate around the average over time.
- The percentage of stroke patients taken to stroke facilities hovered just above the year-to-date average for the months of November and December, following a slight decline for the month of October.
- Heart attack STEMI (ST-Segment Elevation Myocardial Infarction) Protocol adherence had a 100% capture rate once this quarter (variation is normal for heart attack STEMI due to the numerous variables involved).
- Results for ROSC showed a slight decline over this quarter, but are in an acceptable range given that any Return of Spontaneous Circulation (ROSC) is deemed positive (variation is also normal for ROSC results due to the numerous variables involved). Results will be monitored for trends in future months.

Corporate Strategic Plan:

This report supports Strategic Objective 5.3: Ensure Regional programs and services are efficient and effective and demonstrate accountability to the public.

Financial Implications

Nil.

Other Department Consultations/Concurrence:

Strategic and Quality Initiatives and Epidemiology & Health Analytics staff in Public Health and Information Technology staff in Corporate Resources collaborated on the production of this report.

Attachments

Appendix A: EMS Performance Measurement, Quarterly Performance Report, for the period of October – December 2013, produced February 12, 2014, Summary. (Distributed Separately)

The detailed report is available online at the following link:


Prepared By: Stephen Van Valkenburg, Director/Chief EMS  
Dr. Liana Nolan, Commissioner/Medical Officer of Health  
Jordan Steffler, Strategic & Quality Improvement Specialist

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

A. Volume and Service Level Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Oct-2013</th>
<th>Nov-2013</th>
<th>Dec-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Calls*</td>
<td>2,945</td>
<td>2,809</td>
<td>2,985</td>
</tr>
<tr>
<td>Total Number of Patient Transp*</td>
<td>2,380</td>
<td>2,222</td>
<td>2,437</td>
</tr>
</tbody>
</table>

B. Compliance and Quality Assurance Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Oct-2013</th>
<th>Nov-2013</th>
<th>Dec-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS Service Response Time* to Emergency calls*</td>
<td>11 MIN</td>
<td>10 MIN</td>
<td>11 MIN</td>
</tr>
<tr>
<td>Chute Time Adherence</td>
<td>93%</td>
<td>93%</td>
<td>100%</td>
</tr>
</tbody>
</table>

C. Efficiency Indicators

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Response Time</th>
<th>Total Call Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OCT-2013</td>
<td>NOV-2013</td>
</tr>
<tr>
<td>Cambridge</td>
<td>11 MIN 50 SEC</td>
<td>674</td>
</tr>
<tr>
<td>Kitchener</td>
<td>10 MIN 09 SEC</td>
<td>1,419</td>
</tr>
<tr>
<td>Waterloo</td>
<td>10 MIN 10 SEC</td>
<td>594</td>
</tr>
<tr>
<td>North Dumfries</td>
<td>16 MIN 08 SEC</td>
<td>44</td>
</tr>
<tr>
<td>Wellesley</td>
<td>20 MIN 50 SEC</td>
<td>23</td>
</tr>
<tr>
<td>Wilmot</td>
<td>18 MIN 49 SEC</td>
<td>77</td>
</tr>
<tr>
<td>Woolwich</td>
<td>15 MIN 21 SEC</td>
<td>113</td>
</tr>
<tr>
<td>Outside Region</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

D. Service and Quality Impact Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Oct-2013</th>
<th>Nov-2013</th>
<th>Dec-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offload Delay Measurement (# of 24 hour ambulance days)*</td>
<td>10.32</td>
<td>6.18</td>
<td>11.54</td>
</tr>
<tr>
<td>Code Yellow Status (% of total time)</td>
<td>7.76%</td>
<td>5.71%</td>
<td>6.48%</td>
</tr>
<tr>
<td>Code Red Status (% of total time)</td>
<td>0.47%</td>
<td>0.19%</td>
<td>0.22%</td>
</tr>
</tbody>
</table>

*Indicator is captured in a similar fashion (with some variation in measurement) within a portion of the OMBI reporting process.

i Volume and Service Level indicators can be forecasted, but do not necessarily require targets. They are monitored to identify trends to ensure appropriate action (if any) can be taken to address the changing demands on the service.

ii Compliance and Quality Assurance indicators do have targets, and EMS strives to continually improve reporting period over reporting period, understanding variances and taking appropriate action.

iii Monthly breakdown of Code 4 (Emergency Calls) Response Times measured against...
the historical benchmark target time of 10 MIN 30 SEC, in the 90th Percentile.

IV Year-to-Date Summary based on data as of January 23rd, 2014 (for calendar year 2013), Code 4 (Emergency Calls) Response Times measured against the historical benchmark target time of 10 MIN 30 SEC, in the 90th Percentile.

V Efficiency and Cost indicators provide tracking mechanisms to see overall system status/health. The target is to continually improve reporting period over reporting period, understanding variances and taking appropriate action.

VI Service and Quality Impact indicators tend to fluctuate around averages, due to the shared nature of responsibility among multiple parties. They are monitored over time for trending to understand possible patterns and improvement opportunities.
Region of Waterloo
Public Health
Central Resources

To: Chair Sean Strickland and Members of the Community Services Committee
Date: March 4, 2014
File Code: P01-80
Subject: Public Health 2013 Year-End Accountability Agreement Indicator Results

Recommendation:
For Information.

Summary:
This report provides 2013 Year-End results for the Public Health indicators that are part of the Public Health Accountability Agreement with the Province of Ontario. The 2011-2013 Accountability Agreement was effective January 1, 2011 for a term of three years, as outlined in report PH-11-041 Public Health Budget Approval & Accountability Agreement, dated September 27, 2011. The Accountability Agreements between the Ministry of Health and Long Term Care (MOHLTC) and Health Units provide a framework for setting specific performance expectations, and establish data reporting requirements to support the monitoring of performance.

As part of the 2011-2013 Accountability Agreement Year-End reporting for 2013, Region of Waterloo Public Health reported nine separate health protection and health promotion indicator results to the MOHLTC. Most indicator baselines and targets were negotiated as part of the 2011-2013 Agreement, with some indicator targets being adjusted following the first full reporting cycle in 2012. With respect to this cycle of 2013 Year-End reporting requirements, Region of Waterloo Public Health was on or above target for seven of the nine values.

The two indicator values that did not meet 2013 targets were related to the “percentage of confirmed gonorrhea cases where initiation of follow-up occurred within 2 business days” and “the percentage of vaccine wasted by vaccine type that are stored or administered by the public health unit (Influenza)”. A summary of actual values versus targets, as well as supporting comments, can be found below.
Report:

As per Report PH-11-041, Public Health Budget Approval & Accountability Agreement, dated September 27, 2011, the Regional Municipality of Waterloo entered into the Public Health Accountability Agreement with the Province of Ontario, effective January 1, 2011 for a term of three years. Based on this agreement, the Public Health Department is required to report 2013 Year-End performance results on the required indicators.

The Region of Waterloo Public Health Department was on or above target for seven of the nine required values. Below is a summary table of the 2013 targets and Year-End actual performance achieved.

<table>
<thead>
<tr>
<th>2011-2013 PH Accountability Agreement Performance Indicator</th>
<th>2013 Target</th>
<th>2013 Year-End Actual Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 % of high risk food premises inspected once every 4 months while in operation</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2 % of pools and public spas by class inspected while in operation</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>3 % of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>4 Time between Health Unit notification of a case of gonorrhoea and initiation of follow-up (measures the percentage of confirmed cases where initiation of follow-up occurred within 0-2 business days)</td>
<td>100%</td>
<td>99.4%</td>
</tr>
<tr>
<td>5 Time between Health Unit notification of an Invasive Group A Streptococcal Disease (iGAS) case and initiation of follow-up (measures the percentage of confirmed cases where initiation of follow-up occurred on the same day lab confirmed positive case)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>6 % of known high risk personal services settings inspected annually (DEFERRED)</td>
<td>Currently not required to report on</td>
<td></td>
</tr>
<tr>
<td>2011-2013 PH Accountability Agreement Performance Indicator</td>
<td>2013 Target</td>
<td>2013 Year-End Actual Performance</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>7a. % of vaccine wasted by vaccine type that is stored/administered by the Public Health Unit (Human Papillomavirus (HPV))</td>
<td>0.5%</td>
<td>0.4%</td>
</tr>
<tr>
<td>7b. % of vaccine wasted by vaccine type that is stored/administered by the Public Health Unit (influenza)</td>
<td>1.3%</td>
<td>3.5%</td>
</tr>
<tr>
<td>% completion of reports related to vaccine wastage by vaccine type that is stored/administered by other health care providers (DEFERRED)</td>
<td>Currently not required to report on</td>
<td></td>
</tr>
<tr>
<td>9a. % of school aged children who have completed immunizations for hepatitis B</td>
<td>Currently not measured against targets</td>
<td></td>
</tr>
<tr>
<td>9b. % of school aged children who have completed immunizations for HPV</td>
<td>Currently not measured against targets</td>
<td></td>
</tr>
<tr>
<td>9c. % of school aged children who have completed immunizations for meningococcus</td>
<td>90%</td>
<td>90.8% (Reported on in October 2013)</td>
</tr>
<tr>
<td>10 % of youth (ages 12-18) who have never smoked a whole cigarette</td>
<td>83.5%</td>
<td>Reporting will take place in Fall of 2014</td>
</tr>
<tr>
<td>11 % of tobacco vendors in compliance with youth access legislation at the time of last inspection</td>
<td>≥ 90%</td>
<td>99.1%</td>
</tr>
<tr>
<td>12 Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)</td>
<td>Maintain or improve current rate</td>
<td>Reporting will take place in Fall of 2014</td>
</tr>
<tr>
<td>13 % of population (19+) that exceeds the Low-Risk Drinking Guidelines</td>
<td>26.9%</td>
<td>Reporting will take place in Fall of 2014</td>
</tr>
<tr>
<td>14 Baby Friendly Initiative Status (category)</td>
<td>Advanced</td>
<td>Advanced</td>
</tr>
</tbody>
</table>
As indicated in the table above, targets were met for seven of the nine indicator values requested by the Ministry during the 2013 Year-End cycle, and no further information requests are expected by the Ministry related to these values. The indicators that met targets include:

- Indicator 1 – High risk food premise inspection
- Indicator 2 – Pool and public spa inspection
- Indicator 3 – Small Drinking Water System (SDWS) inspection
- Indicator 5 – Invasive Group A Streptococcal Disease (iGAS) follow-up
- Indicator 7a – HPV vaccine wastage
- Indicator 11 – Tobacco vendor compliance with legislation
- Indicator 14 – Baby Friendly Initiative (BFI) status

Targets were not met for two of the nine indicator values requested by the Ministry during the 2013 Year-End cycle. As part of the agreement, the MOHLTC may request further information on the two indicator values that did not meet 2013 targets; however, supporting comments and justification have already been provided and further detail is readily available upon request. The indicators that did not meet targets are:

- Indicator 4 – Gonorrhoea follow-up
  Of the 158 cases that Region of Waterloo Public Health was responsible for in 2013, one case was not followed up on within two business days. This was a result of business processes not being followed, which led to a delay in initiating the case investigation. Businesses processes were reviewed to ensure the error does not repeat itself.

- Indicator 7b – Influenza vaccine wastage
  The result for this indicator represents vaccine wastage from two distinct flu seasons. In the previous season, there was higher than anticipated wastage primarily due to expired vaccine. During this past flu season (September-December 2013), Region of Waterloo Public Health made significant changes (process and other) to the Program. This season saw a wastage rate of less than 1% of influenza vaccine. It is anticipated that the changes that have been implemented will enable achievement of the target in the next reporting cycle.

As the sample of Mid-Year and Year-End data continues to grow with all Public Health Units reporting on the defined indicators, in future years the Ministry may continue to evaluate and propose new targets for each indicator.

In addition to new targets for existing indicators, the Ministry has proposed a number of new indicators for 2014, including the addition of five new Health Promotion indicators and seven new Health Protection indicators. Amendments to the Public Health Funding and Accountability Agreement, including the new indicators and targets, will be highlighted to the Board of Health when the final agreement from the Ministry is available for approval.
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, which outline the expectations for providing Public Health programs and services. This report provides information related to the compliance with several requirements of the Standards.

Corporate Strategic Plan:

Provincial funding for Public Health programs is tied to the Accountability Agreement and enables the delivery of programs and services which contribute to the following focus areas of the corporate strategic plan (2011-2013):

- Environmental Sustainability: Protect and enhance the environment.
- Growth Management and Prosperity: Manage growth to foster thriving and productive urban and rural communities.
- Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities.
- Service Excellence: Deliver excellent and responsive services that inspire public trust.

Financial Implications

No additional funding or resources are being made available to Public Health Units by the provincial government to enable achievement or monitoring of targets associated with the Accountability Agreements. In order for the targets to be achieved within the existing base budget for Public Health, some resources will be re-directed to higher priority areas, which will be identified through indicator results versus targets, and the root cause(s) defined through the review and analysis of reports (as required).

Other Department Consultations/Concurrence:

Nil.

Attachments

Nil.

Prepared By: Jordan Steffler, Strategic & Quality Improvement Specialist
Approved By: Dr. Liana Nolan, Commissioner/Medical Officer of Health
<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Requestor</th>
<th>Request</th>
<th>Assigned Department</th>
<th>Anticipated Response Date</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
</tbody>
</table>