Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, June 17, 2014

Approximately 10:30 a.m. (← Note Time Change)

Immediately Following Planning and Works

Regional Council Chamber

150 Frederick Street, Kitchener, Ontario

1. Declarations of Pecuniary Interest Under The Municipal Conflict of Interest Act

   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.

2. Request to Remove Items From Consent Agenda

3. Motion to Approve Items or Receive for Information

   a) SS-14-028, Waterloo Region Energy Assistance Program Update (Information) 1

   b) SS-14-029, Donation to the Town of Goderich (Approval) 23

   c) SS-14-030, Community Homelessness Prevention Initiative Supportive Housing Program Framework (Approval) 25
d) **SS-14-033**, Amendments to Purchase of Service Agreements for Children’s Services (Approval) 63

e) **P-14-074**, Sixteenth Annual Report of the Kissing Bridge Trailway Advisory Board (Information) 69


g) **PH-14-026**, Electronic Cigarettes (Information) 90

h) **PH-14-028**, 2013 Food Safety Annual Report (Information) 97

i) **PH-14-030**, Baby-Friendly Initiative (BFI) Pre-Assessment Site Visit (Information) 103

j) **PH-14-031**, 2013 Public Health Annual Report (Information) 105

k) **PH-14-032**, Healthy Babies Healthy Children Program Update – Local Service Delivery Model (Information) 108

l) Memo: **Housing First Training** and Technical Assistance 112

m) Memo: **Housing Stability System** Newsletter – June 2014 115

n) Memo: **Ontario Works Caseload**: May 2014 120

o) Memo: **STEP Home 2012-2014 Report** 122

p) Memo: **2011 National Household Survey Bulletins** 179

q) Memo: **Jane’s Walk 2014** 182

---

**Regular Agenda Resumes**

---

4. **Reports – Social Services**

a) **SS-14-032**, Children’s Planning Table Progress Report (Presentation) 185

b) Memo: **Tuesday Night K-W OOTC Site** 189

**Reports – Interdepartmental**

c) **SS-14-031/P-14-076**, 2013 Homelessness to Housing Stability Data Reports 194
Reports – Planning, Housing and Community Services

d) P-14-070, Area Municipal Consideration of Tools and Incentives for Affordable Housing 209

e) P-14-075, Cultural Sites Program Review 2012/2013 Implementation Update 213

Reports – Public Health

f) PH-14-024, 2013 Response Times Analysis 223

g) PH-14-029, Update on Harm Reduction Planning, Programs, and Services in Waterloo Region 236

5. Information/Correspondence

a) Council Enquiries and Requests for Information Tracking List 245

6. Other Business

7. Motion to go Into Closed Session

That a closed meeting of the Planning and Works and Administration and Finance Committees be held on Tuesday, June 17, 2014 immediately following Community Services Committee 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 and proposed or pending litigation related to a matter before an administrative tribunal;

b) proposed or pending acquisition of land in the City of Kitchener;

c) receiving of legal advice subject to solicitor-client privilege and proposed or pending litigation related to a legal matter;

d) receiving of legal advice subject to solicitor-client privilege and proposed or pending acquisition of land in the City of Kitchener

8. Motion to Reconvene Into Open Session

1650997
9. **Presentations**
   
a) Dr. Fred Mather, Medical Director, Sunnyside Home re: **SS-14-021**, Sunnyside Home Medical Director Report 2013

10. **Next Meeting – August 12, 2014**

11. **Adjourn**
Report: SS-14-028

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

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

Date: June 17, 2014

File Code: S13-40

Subject: Waterloo Region Energy Assistance Program Update

Recommendation:

For information.

Summary:

This report provides an update on the Waterloo Region Energy Assistance Program, sharing highlights from the 2013 annual program report (attached as Appendix A). The Program report includes program data from 2013, provides information on energy trends and policy and program changes impacting low income households, and identifies program plans for 2014.

Report:

1.0 Background
An inability to pay utility bills is one of the indicators of housing instability. In Waterloo Region, several energy assistance programs have operated in a partnership model since the 2002/03 heating season to deliver the Waterloo Region Energy Assistance Program (WREAP), ensuring that services are working together to respond to community need. The WREAP is an award winning program that offers energy assistance to prevent housing instability and homelessness in Waterloo Region. In 2013, the WREAP partnership included:

Corporate Partners:

- Low-income Energy Assistance Program (LEAP) partners include Cambridge and North Dumfries Hydro, Kitchener-Wilmot Hydro, Waterloo North Hydro, and Kitchener Utilities.

- Settlement Funds are available through a class action lawsuit settlement administered through United Way of Toronto for local utility companies including: Cambridge and North Dumfries Hydro, Kitchener-Wilmot Hydro, and Waterloo
North Hydro.

- Winter Warmth funding is provided by Union Gas in partnership with the United Way of Chatham-Kent and the United Way of Cambridge and North Dumfries.

**Community Homelessness Prevention Initiative (CHPI) One-time Funding**

- Funding was provided 100% from the Province through the Ministry of Community and Social Services (MCSS) for supporting municipalities across Ontario to transition to the new CHPI, for the period January 1, 2013 to March 31, 2014.

**Waterloo Region Social Services**

- Funding was provided through Waterloo Region Social Services, cost-shared on an 85.8/14.2 basis between the Province and the Region. This assistance was available year-round.

The program is accessed through Ontario Works or Waterloo Region Social Services.

**2.0 Waterloo Region Energy Assistance Program: Final Report for 2013**

The purpose of the “Waterloo Region Energy Assistance Program: Final Report for 2013” is to review data on funding distribution and households served through the WREAP in 2013, highlight energy trends and policy changes impacting low-income households, and identify program plans for 2014. The full report is attached as Appendix A. Highlights from the report are included below.

The WREAP has operated successfully in a partnership model for over 10 years, offering energy assistance to prevent housing instability and housing loss in Waterloo Region. The program has evolved through the years to include various funding sources and changing eligibility rules and funding levels.

Several changes initiated by the Province in 2012 impacted the WREAP funding structure and levels in 2013. These changes included the capping of Discretionary Benefits, the elimination of the Community Start Up and Maintenance Benefit, and the consolidation of the Provincial Emergency Energy Fund into the new CHPI, along with one-time CHPI transition funds provided to the Region for 2013/14. Information on these changes has been previously provided to Council through the 2013 budget process and Committee reports (SS-12-044, SS-12-050, and SS-13-001). Reduced provincial funding through Discretionary Benefits and Community Start Up and Maintenance Benefit was mitigated in 2013 with the CHPI one-time transition funds.
Program data highlights for 2013 include:

- Nine hundred and nineteen households in the Region received assistance through WREAP;
- A total of $461,608 was distributed for energy arrears to assist low-income consumers;
- The average assistance received per household was $434;
- Sixty-one percent of households assisted were families with children, a two percentage point decrease from 2012;
- Thirty-eight percent of households assisted were singles and couples, a one percentage point increase from 2012;
- The average monthly household income of those households assisted was $1,432; and
- Fifty-five percent of households assisted resided in Kitchener, 32% resided in Cambridge, nine percent resided in Waterloo, and four percent resided in the Townships.

3.0 Next Steps

Several significant trends, program and policy changes were noted in the report. To ensure continued effectiveness of the WREAP in assisting low-income households with energy arrears, the following next steps are planned to be, or have been, completed by Region staff for 2014:

- Meet with Utility Partners in early 2014 to discuss the WREAP 2013 findings and plans for 2014;
- Distribute the “Waterloo Region Energy Assistance Program: Final Report for 2013” to program partners;
- Continue to improve data collection and reporting of the WREAP by updating the application forms, the approval and payment processes, and the program database;
- Continue to monitor funding levels and assess how recent funding changes affect the WREAP; and
- Continue to prepare WREAP annual reports and bring to Council for information.

Corporate Strategic Plan:

Energy assistance programs support housing stability. Working to end homelessness in Waterloo Region is consistent with the Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities: to “foster healthy, safe, inclusive and caring communities”; and specifically, Strategic Objective 4.5 to “work collaboratively to increase the supply and range of affordable housing and reduce homelessness”.

Financial Implications:

The Region’s CHPI one-time allocation was provided through 100% provincial dollars. Contributions through Winter Warmth, the LEAP, and Settlement Funds are provided through 100% corporate partner dollars, of which 15% is available for administration of the WREAP and is directed towards Social Planning, Policy and Program Administration.
Other Department Consultations/Concurrence:
Nil

Attachments

Appendix A: Waterloo Region Energy Assistance Program: Final Report for 2013

Prepared By: Melodie Klassen, Social Planning Associate

Van Vilaysinh, Manager, Social Planning

Lynn Randall, Director, Social Planning, Policy, and Program Administration

Approved By: Douglas Bartholomew-Saunders, Commissioner, Social Services
Appendix A

WATERLOO REGION ENERGY ASSISTANCE PROGRAM
FINAL REPORT FOR 2013

Regional Municipality of Waterloo
Social Planning, Policy and Program Administration
# Table of Contents

1.0 Introduction ............................................................................................. 7

2.0 Energy Trends and Policy Overview ....................................................... 8
   2.1 Energy Sector Overview ........................................................................ 8
   2.2 Energy Prices and Trends ..................................................................... 9

3.0 WREAP Funding Sources and Distribution ............................................ 11
   3.1 Summary of WREAP Funding Sources ................................................ 11
   3.2 Funding Distribution in 2013 ................................................................. 13
   3.3 Funding Available for 2014 ................................................................. 16

4.0 Overview of Households Assisted ........................................................... 17

5.0 Summary and Next Steps ....................................................................... 21
1.0 Introduction
Since the 2002/2003 heating season, Waterloo Region has been working in partnership with government, not-for-profit, and for-profit organizations to respond to community need for emergency energy assistance through the Waterloo Region Energy Assistance Program (WREAP). The three main goals of the WREAP are:

a) To prevent housing instability and housing loss due to an inability to pay energy costs;
b) To avoid duplication and coordinate services among energy assistance programs; and
c) To fill gaps in energy assistance and respond to individual/family need when all other sources of assistance have been exhausted.

The WREAP is administered and delivered by Waterloo Region Social Services to low-income households on behalf of the partnership. The partnership includes the following:

Corporate Partners:
- Low-income Energy Assistance Program (LEAP) partners include Cambridge and North Dumfries Hydro, Kitchener-Wilmot Hydro, Waterloo North Hydro, and Kitchener Utilities.
- Settlement Funds are available through a class action lawsuit settlement administered through United Way of Toronto for local utility companies including: Cambridge and North Dumfries Hydro, Kitchener-Wilmot Hydro, and Waterloo North Hydro.
- Winter Warmth funding is provided by Union Gas in partnership with the United Way of Chatham-Kent and the United Way of Cambridge and North Dumfries.

Community Homelessness Prevention Initiative (CHPI) One-time Funding
- Funding was provided 100% from the Province through the Ministry of Community and Social Services (MCSS) for supporting municipalities across Ontario in transitioning to the new CHPI, for the period January 1, 2013 to March 31, 2014.

Waterloo Region Social Services
- Funding was provided through Waterloo Region Social Services, cost-shared on an 85.8/14.2 basis between the Province and the Region. This assistance was available year-round.

The purpose of this annual report is to review data on funding distribution and households served through the WREAP in 2013, highlight energy trends and policy changes impacting low-income households, and identify program plans for 2014.
2.0 Energy Trends and Policy Overview

This section describes Ontario’s energy sector and the roles of organizations involved in providing electricity and natural gas across the Province. Pricing trends will be reviewed for both electricity and natural gas, and any patterns will be described in order to provide some context for the importance of the WREAP for low-income households in Waterloo Region.

2.1 Energy Sector Overview

The Government of Ontario, through the Minister of Energy, sets the legal and policy framework, passing legislation and regulations that govern the energy sector. Further legislative roles are led by the Ontario Energy Board (OEB) to regulate prices and licensing, the Independent Electricity System Operator (IESO) to oversee short-term supply, and the Ontario Power Authority (OPA) to coordinate long-term energy conservation.

Figure 1: Ontario's Electricity Structure

Source: Ontario Power Authority

Ontario Power Generation and HydroOne are provincially owned companies. Ontario Power Generation is an electricity generation company that generates approximately 70% of Ontario’s power via hydroelectric, nuclear, and fossil fuel stations. HydroOne operates the majority of Ontario’s transmission lines and supplies power to most rural areas. Local distributors supply power to residents in urban settings. Figure 1 above illustrates this structure within the electricity sector in Ontario.

The natural gas sector operates on a somewhat smaller level. The OEB regulates natural gas prices for Union Gas, Enbridge Gas, and Natural Resource Gas (but not Kitchener Utilities and Utilities Kingston) and licenses gas marketers. Producers are firms that are involved in the exploration, processing, and production of natural gas and petroleum. There are a small number of pipeline and storage companies that are involved in pipeline transmission and gas storage. Local gas distributors deliver natural
gas to consumers, but also have storage containers to reduce costs during the winter.

### 2.2 Energy Prices and Trends

Electricity rates have been on the rise, and have been forecasted to continue rising over the next several years. The rising cost of energy has been a particularly heated political topic, fueled by the ongoing controversy over the cancellation of two Ontario gas plants in 2011 and more recently, the Long Term Energy Plan for Ontario announced by the Minister of Energy in December 2013. With the anticipated provincial election in 2014, both opposition parties have been attacking the Ontario government on the issue of energy, and have already been laying out their own promises of reducing energy bills for residential and business customers alike. Thus, there appears some hope that even if prices continue to rise, the increases may be less than what some have predicted.

#### Figure 2: Time-of-Use Electricity Prices

Data source: Ontario Energy Board

Over the past 10 years, the average blended electricity price\(^1\) has more than doubled. While households have seen electricity bills sky rocket, income to support the rising bills have not kept up. In the same 10 year period, the minimum wage in Ontario increased by only 43% (from $7.15/hour to $10.25/hour). Electricity prices in Ontario have far surpassed the annual inflation rates posted by Statistics Canada over the same period. Since 2002, electricity prices in Ontario have increased by more than 100% (i.e. doubled), whereas inflation (measured by the Consumer Price Index) only increased by just over 20%. The significant disproportion of rising electricity prices is graphically demonstrated in Figure 3 below.

---

\(^{1}\) The average blended electricity price is an average of all the TOU and Tiered prices set by the OEB.
Natural Gas

The OEB sets the rates that Union Gas, Enbridge Gas Distribution, and Natural Resource Gas can charge for selling, distributing, transporting, and storing gas. Quarterly rate adjustments are made to reflect the difference between forecasted price for natural gas in the next 12 months and actual costs. In Waterloo Region, natural gas is provided by two companies: Kitchener Utilities and Union Gas. Overall, natural gas prices have been trending downward over the last several years, as shown in Figure 4 below. Since July 2012, however, Union Gas prices have actually been on the rise. Information available at the time of this report indicates that gas prices will continue to rise in 2014.

Rising energy prices puts added strain on already tight budgets of low-income households. In order to maintain housing stability, households need to allocate more and more of their household budgets to the cost of energy on a monthly basis. But, more money for electricity and natural gas means less money for other things, like rent or groceries. Low-income households, especially those experiencing some type of financial or family crisis, can quickly find themselves at risk of housing loss.
3.0 WREAP Funding Sources and Distribution

Funding for the WREAP is made up of a mix of funding programs. These programs have continued to evolve through the years to include various funding sources with different eligibility criteria. This section will describe the funding sources for the WREAP, summarize the funding distribution in 2013, and outline the anticipated funding available in 2014.

3.1 Summary of WREAP Funding Sources

In 2013, the funding programs included were the Low-income Energy Assistance Program (LEAP), Settlement Funds, Winter Warmth, Community Homelessness Prevention Initiative (CHPI) one-time funding, and Waterloo Region Social Services.

Low-income Energy Assistance Program (LEAP)

LEAP was implemented by the OEB in January 2011. There are three components of LEAP, including: emergency financial assistance (EFA) for customers in need; access to more flexible customer service rules on matters such as bill payment and disconnection notices; and targeted conservation and demand management programs. Four local hydro companies participate in LEAP, including: Cambridge and North Dumfries Hydro, Kitchener-Wilmot Hydro, Waterloo North Hydro, and Kitchener
Utilities\(^2\).

For the LEAP EFA component, utility companies are required to allocate 0.12% of their revenues, annually, to assist low income utility customers with energy arrears. LEAP EFA is delivered locally under the umbrella of the WREAP within the guidelines set out by the OEB. LEAP funds of each hydro company are disbursed and monitored separately, as contributed funds may not be used to assist with arrears with a different utility. No significant changes to LEAP were made in 2013.

**Settlement Funds**

Settlement Funds were introduced to assist low-income households across Ontario as a result of court settlements in 2011 involving utility companies charging late payment penalties of five to seven percent per month up until the early 2000s. However, the Criminal Code prohibits charging interest of more than 60% per year. Settlement funds are available for both natural gas and hydro. Settlement Funds for Union Gas are managed through the Winter Warmth program (see Winter Warmth section below), while Hydro Settlement Funds are managed through the United Way of Toronto.

Locally, three local hydro companies are involved in Hydro Settlement Funds, including: Cambridge and North Dumfries Hydro, Kitchener-Wilmot Hydro, and Waterloo North Hydro. Rules around the disbursement of Settlement Funds follow those of the LEAP EFA. Payments to the Region are made from United Way Toronto, as requested until funds are depleted.

**Winter Warmth**

Settlement Funds for Union Gas are managed through the Winter Warmth program by the United Way of Chatham-Kent, in partnership locally with the United Way of Cambridge and North Dumfries. The annual Winter Warmth funding allocation for the WREAP is based upon local need and annual funding available provincially. It is anticipated that the Winter Warmth program will continue until these settlement funds are fully expended (likely 2015), at which point Winter Warmth will move to become LEAP. No changes to the program were made in 2013.

**Community Homelessness Prevention Initiative (CHPI) One-Time Funding**

The Provincial Government implemented the Community Homelessness Prevention Initiative (CHPI) on January 1, 2013. CHPI consolidated the following five existing homelessness prevention programs, four of which were under the Ministry of Community and Social Services (MCSS), but are now under the Ministry of Municipal Affairs and Housing (MMAH):

- Consolidated Homelessness Prevention Program (100% MCSS)
- Provincial Rent Bank Program (100% MMAH)
- Emergency Energy Fund (PEEF) (100% MCSS)
- Emergency Hostel Services (82.8/17.2 cost-shared MCSS and the Region)
- Domiciliary Hostel Program (80/20 cost-shared MCSS and the Region)

\(^2\) Kitchener Utilities is not mandated at this time to participate in LEAP; however, they have chosen to participate.
The CHPI consolidation effectively cancelled the PEEF, which had been a consistent funding source for the WREAP since 2004/05.

On December 27, 2012, the Province of Ontario announced $42 million in one-time funding (100% MCSS) to support municipalities across Ontario in transitioning to the new CHPI. The Region’s allocation was $1,517,140 for January 1, 2013 to March 31, 2014 to be used for CHPI housing and homelessness related supports based on local priorities. This funding was available for the entire 2013 year.

**Waterloo Region Social Services**

Prior to January 1, 2013, low-income energy consumers on Ontario Works (OW) were able to first access the Community Start Up and Maintenance Benefit (CSUMB)\(^3\) and Discretionary Benefits through the Region’s OW office before LEAP funds and other emergency sources. Low-income consumers on the Ontario Disability Support Program (ODSP) accessed CSUMB through the ODSP office and accessed Discretionary Benefits through the Region’s OW office.

CSUMB was eliminated as a mandatory benefit by the Province, as of January 1, 2013. This was a significant reduction in funding for emergency energy assistance. The effect of this reduction was mitigated in 2013 with the utilization of CHPI one-time funding. Given the availability of CHPI one-time funding in 2013, Discretionary Benefits were available year round in 2013, but were used as a last resort.

**3.2 Funding Distribution in 2013**

The following tables provide summaries of WREAP funding distributions across the different funding sources and utilities.

**Total Dollars Distributed**

In 2013, a total of $461,608 was distributed to assist low-income residents with energy arrears, as shown in Table 1 below. Prior to 2013, the majority of energy assistance was paid through Waterloo Region Social Services (i.e. CSUMB and Discretionary Benefits). Because data for these programs were inaccessible in the format required for yearly reporting of the WREAP, these amounts were not included in the table prior to 2013. Furthermore, the jump in total dollars distributed in 2013 (more than doubled) is mainly attributed to the utilization of one-time CHPI funds for energy arrears that may have otherwise been sourced through CSUMB, which was not reported through the WREAP previously.

---

\(^3\) For more information on the CSUMB, see the Community Services Committee Report SS-12-049, dated November 6, 2012.
Table 1: Dollars Distributed by Funding Source from 2002/03 to 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Funds Distributed</th>
<th>Corporate Partner Funds</th>
<th>Share the Warmth</th>
<th>Winter Warmth</th>
<th>Provincial Energy Assistance</th>
<th>Waterloo Region Social Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002/03</td>
<td>$31,062</td>
<td>$10,000</td>
<td>$21,062</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>2003/04</td>
<td>$29,859</td>
<td>$20,000</td>
<td>$9,859</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>2004/05</td>
<td>$97,498</td>
<td>$20,000</td>
<td>$14,826</td>
<td>n/a</td>
<td>$62,672</td>
<td>n/a</td>
</tr>
<tr>
<td>2006</td>
<td>$209,223</td>
<td>$34,000</td>
<td>$11,121</td>
<td>$12,500</td>
<td>$151,602</td>
<td>n/a</td>
</tr>
<tr>
<td>2007</td>
<td>$137,208</td>
<td>$36,500</td>
<td>$8,837</td>
<td>$14,800</td>
<td>$77,071</td>
<td>n/a</td>
</tr>
<tr>
<td>2008</td>
<td>$122,827</td>
<td>$41,000</td>
<td>$6,100</td>
<td>$13,038</td>
<td>$62,689</td>
<td>n/a</td>
</tr>
<tr>
<td>2009</td>
<td>$130,341</td>
<td>$44,000</td>
<td>$4,500</td>
<td>$19,152</td>
<td>$62,689</td>
<td>n/a</td>
</tr>
<tr>
<td>2010</td>
<td>$135,252</td>
<td>$46,000</td>
<td>n/a</td>
<td>$21,563</td>
<td>$67,689</td>
<td>n/a</td>
</tr>
<tr>
<td>2011</td>
<td>$243,609</td>
<td>$134,275</td>
<td>n/a</td>
<td>$41,645</td>
<td>$67,689</td>
<td>n/a</td>
</tr>
<tr>
<td>2012</td>
<td>$207,739</td>
<td>$113,828</td>
<td>n/a</td>
<td>$26,222</td>
<td>$67,689</td>
<td>n/a</td>
</tr>
<tr>
<td>2013</td>
<td>$461,608</td>
<td>$139,336</td>
<td>n/a</td>
<td>$39,160</td>
<td>$217,087</td>
<td>$66,025</td>
</tr>
</tbody>
</table>

Notes:

- Corporate Partner Funds from 2002-2010 included funds from the Heat Bank Corporation Fund, but since 2011 includes LEAP and Hydro Settlement Funds.
- Share the Warmth ceased after the 2009 heating season.
- Winter Warmth began in 2006.
- Provincial Energy Assistance up until the end of 2012 came from PEEF. In 2013 funds were allocated from CHPI one-time funding.
- Up until 2013, data on the dollars distributed through Waterloo Region Social Services was inaccessible in the format required for reporting. In 2013, data was still not reported in the same way as assistance provided through other sources, but given some changes in database technology the total amount was available.

Figure 5: Percentage of Dollars Distributed by Funding Source
Of the $461,608 distributed in 2013, $139,336 was distributed from Corporate Partner Funds (made up of LEAP and Settlement Funds), $39,160 from Winter Warmth, $217,087 from CHPI one-time funding (Provincial Energy Assistance), and $66,025 from Waterloo Region Social Services. Figure 5 above graphically demonstrates this distribution of dollars in 2013 by funding source. Provincial Funds allocated from CHPI one-time funding were the largest funding source for the WREAP in 2013 at 47%, followed by the Corporate Partner Funds (30%), Waterloo Region Social Services (14%), and Winter Warmth (nine percent).

Further data on the $66,025 funded through the Waterloo Region Social Services (i.e. Discretionary Benefits) in 2013, beyond the total dollar amount as reported above, will not be included in the remaining analysis of the report, because it is not available. Due to some changes and improvements made in the administrative processes for the program for 2014, however, data for households assisted through Discretionary Benefits will be reported in the same way as all other funding sources in the WREAP beginning in 2014.

Distribution of Funding by Utility Company

Table 2 below outlines the distribution of funding for energy assistance by utility company. In 2013, 32% ($126,552) of funding was directed to Kitchener-Wilmot Hydro, 20% ($77,594) to Cambridge and North Dumfries Hydro, 19% ($76,497) to Kitchener Utilities, 13% ($50,039) to Union Gas, nine percent ($33,898) to Waterloo North Hydro and eight percent ($31,004) to other utility companies.

<table>
<thead>
<tr>
<th>Utility Company</th>
<th>Corporate Partner Funds</th>
<th>Winter Warmth</th>
<th>CHPI one-time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge &amp; North Dumfries Hydro</td>
<td>$ 25,452</td>
<td>$ 52,141</td>
<td>$ 77,594</td>
<td></td>
</tr>
<tr>
<td>Kitchener Utilities</td>
<td>$ 45,127</td>
<td>$ 31,370</td>
<td>$ 76,497</td>
<td></td>
</tr>
<tr>
<td>Kitchener-Wilmot Hydro</td>
<td>$ 40,355</td>
<td>$ 86,197</td>
<td>$ 126,552</td>
<td></td>
</tr>
<tr>
<td>Waterloo North Hydro</td>
<td>$ 27,902</td>
<td>$ 500</td>
<td>$ 33,898</td>
<td></td>
</tr>
<tr>
<td>Union Gas</td>
<td>$ 39,160</td>
<td>$ 10,880</td>
<td>$ 50,039</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>$ 31,004</td>
<td></td>
<td>$ 31,004</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$ 138,836</td>
<td>$ 39,160</td>
<td>$ 217,087</td>
<td>$ 395,583</td>
</tr>
</tbody>
</table>
3.3 Funding Available for 2014

This section will summarize funds available for the WREAP in 2014, identifying the anticipated 2014 funding allocations as well as funds that were not utilized in 2013 that will be available for carry-over.

LEAP

At the beginning of each calendar year, each utility determines the annual allocation (0.12% of previous year revenues) and contributes the amount to the Region in lump sum payments for disbursement. Any funds that are not distributed in the year may be carried forward into the next year. For 2013, the total LEAP funding distributed was $138,836. An amount of $22,533 was carried forward for Waterloo North Hydro customers for 2014. All other 2013 LEAP funds were fully expended in 2013.

Settlement Funds

Settlement Funds were not accessed in 2013 in order to utilize one-time CHPI one-time funds, which unlike Settlement Funds are not available for carry-over from year to year. The total amount of Settlement Funds held in reserve by the United Way Toronto is approximately $237,966. These funds are available for the WREAP upon request of the Region until they are exhausted. In addition, a total of $95,640 in Settlement Funds already held at the Region, were carried-over for 2014. The Region will utilize Settlement Funds in 2014.

Winter Warmth

In 2013, $42,433 was available for assistance, of which $3,273 was not distributed and is available for carry-over to 2014. Winter Warmth contributions to the WREAP will be made in several installments in 2014, totaling an amount that will be determined based upon demonstrated need locally as well as the draw upon Winter Warmth funds provincially.

CHPI One-Time

Funding allocated from the CHPI one-time grant from the Province was available for the entire 2013 year, and will continue to be utilized for the WREAP in 2014 until it ends March 31, 2014. On-going annual CHPI funds have not been allocated for the WREAP in 2014.

Waterloo Region Social Services

With the ending of the one-time CHPI funds in March 2014, which reduced the impact of the cancellation of both the PEEF and CSUMB in 2013, the Region anticipates significant funding pressures for the WREAP in the years ahead. In planning for 2014, Regional Council approved some on-going and one-time funding for Discretionary Benefits that will be used to support the WREAP in 2014.
4.0 Overview of Households Assisted
This section summarizes data of households assisted with energy arrears through WREAP in 2013. The data for 2013 will serve as an excellent baseline for year-to-year comparisons in future years, but may not be particularly useful for previous year comparisons given the significant change in funding sources (see section 3.1), and the way in which data is now gathered for reporting purposes for the WREAP.

In 2013, a total of 919 households were provided with assistance through the WREAP. Figure 6 below details the breakdown of households by utility company for 2013. The program assisted 382 households with Kitchener Wilmot Hydro arrears, 234 Cambridge and North Dumfries Hydro households, 198 Kitchener Utilities households, 102 Union Gas households, 79 Waterloo North Hydro households, and 71 “Other” households. The “Other” category primarily includes payments made to assist households for water arrears with the City of Cambridge and City of Waterloo. Out of the total 919 households served in 2013, 155 (or 17%) households accessed the WREAP for assistance of arrears with more than one utility company (for example, gas and hydro).

Figure 6: Number of Households Assisted by Utility Company

Across all households, the average total assistance for energy arrears was $434 per household in 2013. Figure 7 below shows the average amount of assistance provided to households from 2002/03 to 2013. Since 2006, the average amount of assistance per household per year has fluctuated between $400 and $450. The average amount of assistance provided increased by eight percent from 2012 to 2013.

---

4 Analysis in this section does not include data from Waterloo Region Social Services.
Figure 7: Average Energy Arrears Assistance Provided per Household

![Average Energy Arrears Assistance Provided per Household](chart1.png)

<table>
<thead>
<tr>
<th>Year</th>
<th>Assistance (Average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002/2003</td>
<td>$252</td>
</tr>
<tr>
<td>2003/2004</td>
<td>$277</td>
</tr>
<tr>
<td>2004/2005</td>
<td>$385</td>
</tr>
<tr>
<td>2006</td>
<td>$412</td>
</tr>
<tr>
<td>2007</td>
<td>$408</td>
</tr>
<tr>
<td>2008</td>
<td>$424</td>
</tr>
<tr>
<td>2009</td>
<td>$430</td>
</tr>
<tr>
<td>2010</td>
<td>$448</td>
</tr>
<tr>
<td>2011</td>
<td>$402</td>
</tr>
<tr>
<td>2012</td>
<td>$401</td>
</tr>
<tr>
<td>2013</td>
<td>$434</td>
</tr>
</tbody>
</table>

Figure 8: Percentage of Types of Households Served

![Percentage of Types of Households Served](chart2.png)

- Single (no dependents): 28%
- Two-parent (with dependents): 22%
- One-parent (with dependents): 39%
- Couple (no dependents): 10%
- Other: 1%
Types of Households Assisted in 2013

Figure 8 above illustrates types of households served in 2013. Similar to previous years, families with children represented the greatest proportion of energy assistance recipients in 2013, totaling 61% of all households served. One-parent families totaled 39% of households served in 2013, which was a seven percentage point increase from 2012. Couples and singles without children represented 38% of households assisted.

Household Income for Households Assisted in 2013

Of all households that accessed the WREAP in 2013, 52% were receiving Ontario Works (OW), 23% were receiving Ontario Disability Support Program (ODSP), and 24% were not receiving social assistance (i.e. OW or ODSP). Twenty percent of all households assisted were earning some form of employment income, with 13% of households receiving income from full-time employment.

The average monthly household before-tax income was $1,432, while the median monthly household income was $1,178. Figure 9 below demonstrates a more detailed breakdown of the income status of households assisted in 2013. Twenty percent of households assisted had a monthly household income of $750 or less. Forty-four percent of households had a monthly household income of between $750 and $1,500. Only 14% of households had a monthly household income of over $2,250 (and these households had an average of 2.8 children).

Figure 9: Distribution of Assistance by Monthly Household Before-Tax Income
Housing Costs for Households Assisted in 2013
Of the households assisted, 75% were in a market rent unit paying an average of $759 monthly rent. The remaining households were either in community housing (16%) or owned (9 percent). Housing cost (i.e. monthly rent or mortgage cost) as a proportion of household monthly income is used as a measure of housing stability. The MMAH defines affordable housing as housing for which the housing cost does not exceed 30% of gross household income for low and moderate income households. As Figure 10 below shows, of the households assisted, only 15% of households were paying less than 30% of their income on rent or mortgage. Yet, 62% of households assisted were paying more than half of their monthly income towards rent/mortgage.

Eleven percent of households assisted reported housing costs that exceeded their monthly income at the time of application to the WREAP. These situations were primarily crisis situations (often due to job loss) for which they were seeking assistance with arrears. It is during periods of prolonged inability to increase income and pay rent and other bills that households may become at risk of housing loss. The WREAP is an important housing retention program for low-income households in Waterloo Region.

Figure 10: Housing Cost as a Proportion of Household Monthly Income

Location of Households Assisted in 2013
The location of households receiving energy assistance in 2013 was not entirely representative of the Region’s geographical population distribution. As Figure 11 below shows, 55% of households assisted resided in Kitchener, 32% in Cambridge, 9 percent in Waterloo, and 4 percent in the Townships. In comparison, the Region’s population is

distributed as follows: 42% living in Kitchener, 24% in Cambridge, 23% in Waterloo, and 12% in the Townships. As a proportion of total population, Cambridge and Kitchener have a higher portion of households assisted, demonstrating a higher depth of need for energy assistance in these two cities. Waterloo and the Townships have a lower number of households assisted, as a proportion of the population.

Figure 11: Percentage of Household Location by Utility Company

5.0 Summary and Next Steps

An inability to pay utility bills is one of four indicators of households at-risk of housing instability. The WREAP has operated successfully in a partnership model for over 10 years, offering energy assistance to prevent housing instability and housing loss in Waterloo Region. The following are highlights from 2013:

- Nine hundred and nineteen households in the Region received assistance through WREAP;
- A total of $461,608 was distributed for energy arrears to assist low-income consumers;
- The average assistance received per household was $434;
- Sixty-one percent of households assisted were families with children, a two percentage point decrease from 2012;
- Thirty-eight percent of households assisted were singles and couples, a one

---

6 Source: Region of Waterloo. 2012 Year-End Population and Household Estimates. See the Region of Waterloo’s webpage for more information.

7 Other indicators are: household dedicating more than 30% of their income to shelter, family falls into the low-income category as defined by Statistics Canada, and use of food banks. Source: Assessing Economic-based Homelessness: A Report for the Housing Stability System. See the Region of Waterloo’s webpage for more information.
percentage point increase from 2012;

- The average monthly household income of those households assisted was $1,432; and
- Fifty-five percent of households assisted resided in Kitchener, 32% resided in Cambridge, nine percent resided in Waterloo, and four percent resided in the Townships.

Next Steps
Each year, measures are taken to facilitate effective coordination and promotion of the WREAP. In 2013, these activities included:

- Updating energy assistance flyers and distributing 14,000 across the Region. The flyer is also posted to the Region’s website;
- Updating the Region’s webpage regarding the WREAP;
- Monthly activity and annual reports were distributed to the United Way of Chatham-Kent regarding the Winter Warmth program;
- Progress and annual reports were completed and submitted for LEAP and Settlement Funds;
- Utility companies continued to promote the program to their customers through the internet, flyers (e.g., at service counters, with customer care representatives) and staff members (e.g., over the phone, in person at the service counter); and
- Region of Waterloo Social Services made some administrative process changes of the WREAP to increase the efficiency and accountability of the program.

Several significant trends, program and policy changes were noted in this report. To ensure continued effectiveness of the WREAP in assisting low-income households with energy arrears, the following next steps are planned to be, or have been, completed by Region staff for 2014:

- Meet with Utility Partners in early 2014 to discuss the WREAP 2013 findings and plans for 2014;
- Bring the “Waterloo Region Energy Assistance Program: Final Report for 2013” to Council for information;
- Continue to improve data collection and reporting of the WREAP by updating the application forms, the approval and payment processes, and the program database; and
- Continue to monitor funding levels and assess how recent funding changes affect the WREAP.
Region of Waterloo
Social Services
Employment and Income Support Division

To: Chair Sean Strickland and Members of the Community Services Committee
Date: June 17, 2014

Subject: Donation to the Town of Goderich

Recommendation:

That the Regional Municipality of Waterloo donate $1,000 to the Town of Goderich for its tree planting program to be funded by revenues from the 2014 Emergency Services Conference as outlined in report SS-14-029, dated June 17, 2014.

Summary:

Nil

Report:

1.0 Psycho-Social Advisory Committee

The Psycho-Social Advisory Committee is a community committee of Social Services. It is chaired and resourced by Regional staff. Members include representatives from community agencies in such areas as: crisis intervention, mental health, counseling, faith and spiritual need, and emergency services.

The Committee’s purpose is the provision of advice, direction and support during and after an emergency. Members focus on the emotional and psychological needs of the community and those affected. A key activity is an annual conference to promote professional awareness and development in the provision of personal services in an emergency.

2.0 2014 Conference

An Information Memorandum of April 29, 2014 outlined this year’s emergency services conference, which focused on the experience of the Town of Goderich as a result of the
August 2011 tornado. The workshop, held on June 5, 2014, included first-hand accounts of the event, the immediate response and recovery, and the lessons learned. Presenters included representatives from the Ontario Provincial Police, the Huron Chamber of Commerce, the Salvation Army, Huron County Victim Services, Goderich’s Office of Emergency Coordination, and the Canadian Red Cross as well as a personal account of the impact. The workshop was most relevant to those involved in the delivery of emergency response and social services during such a catastrophic event. Over 90 persons were registered.

2.0 Donation

Eight of the nine presenters to the conference did not request honoraria or payment. Each was provided with a small token of appreciation nonetheless. The conference itself has generated revenue from the registration. Given the devastating impact of the tornado on the Town of Goderich, the conference planning committee recommends a contribution to the Town’s tree planting program as part of its general recovery plan.

Corporate Strategic Plan:

Support of a community in recovery from a disaster addresses the Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities: (to) foster healthy, safe, inclusive and caring communities.

Financial Implications:

The proposed donation would be taken from the revenues of the 2014 emergency services conference, Goderich Tornado: Surviving and Rebuilding (June 5, 2014).

Other Department Consultations/Concurrence:

Finance oversees the management of the funds for the annual emergency services conference.

Attachments

Nil

Prepared By: Jeff Wittich, Social Worker

David Dirks, Director, Employment and Income Support

Approved By: Douglas Bartholomew-Saunders, Commissioner, Social Services
Region of Waterloo
Social Services
Social Planning, Policy, & Program Administration

To: Chair Strickland and Members of the Community Services Committee
Date: June 17, 2014
File Code: S13-30
Subject: Community Homelessness Prevention Initiative Supportive Housing Program Framework

Recommendation:
That the Regional Municipality of Waterloo approve in principle the Community Homelessness Prevention Initiative Supportive Housing Program Framework as outlined in report SS-14-030, dated June 1, 2014.

Summary:
A report to Council in March 2014 (SS-14-09) outlined the redesign of supportive housing programs within the Community Homelessness Prevention Initiative (CHPI) and included the Draft CHPI Supportive Housing Program Framework (the Framework). This report provides an update on the consultation process over March – May 2014 and seeks approval on the final Framework (DOCS#1647197). The Framework provides a high level description of the CHPI Supportive Housing Program which will be used to guide the development of local program quality assurance expectations (Program Standards) and the elements to be included in the Prequalification (PQ) and Request for Proposals (RFP) process for providers wishing to participate in the redesigned program effective April 1, 2016.

A further report regarding the CHPI Supportive Housing Program Standards and plans for the PQ/RFP will be brought back to Council in September 2014.

Report:

1.0 Background

CHPI was implemented January 1, 2013, consolidating five previous homelessness prevention programs under the Ministry of Municipal Affairs and Housing (MMAH). Supportive Housing is one component of a full range of supports for people experiencing homelessness or at-risk of housing loss within CHPI. CHPI consolidated two previous funding streams for supportive housing programs in Waterloo Region (i.e., Domiciliary
Hostel per diem and the grant funded 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). As such, there is a need to redesign supportive housing programs under a new program framework that aims to meet new provincial expectations, enhance tenant quality of life and improve service (as outlined in detail in the March 2014 report SS-14-09, with further background information included in SS-13-001, SS-13-005, SS-13-030, and SS-14-008).

2.0 Development of the CHPI Supportive Housing Program Framework

The CHPI Supportive Housing Program Framework (the Framework) provides a high level description of the redesigned program (see Appendix A). The Framework outlines the context, philosophy, program elements, and implementation plans for the CHPI Supportive Housing Program in Waterloo Region (the Program), which will begin under the new Framework effective April 1, 2016.

As identified in the March 2014 report to Council (SS-14-009), Region staff completed the following activities to inform the development of the initial draft Framework:

- Conducted 21 site visits with current CHPI funded supportive housing providers.
- Conducted 3 site visits with local Ministry of Health and Long Term Care funded supportive housing programs.
- Surveyed CHPI funded supportive housing providers (18 respondents).
- Surveyed CHPI funded supportive housing staff (those who either directly support tenants or work in the home/building) (34 respondents).
- Conducted nine focus groups for tenants living in CHPI funded supportive housing (67 participants).
- Reviewed 13 local housing stability reports
- Analyzed supportive housing program data from 2009 to 2012
- Reviewed results of three pilot programs created to gather information about new elements identified for the Program (e.g., electronic database, tenant quality of life, and common support assessment) (SS-14-008)
- Held four consultation meetings with the current CHPI funded supportive housing providers (approximately 24 participants)
- Conducted three small group consultations with key community stakeholders (approximately 27 participants)

Following the March 2014 report to Council on the redesigned supportive housing program (SS-14-009), the initial draft Framework was released March 7, 2014 for public consultation and feedback. Staff created a specific page on the Region’s website related to the redesign where further information and related materials are posted http://socialservices.regionofwaterloo.ca/en/housing/CHPI-Supportive-Housing-Redesign.asp. Region staff offered multiple opportunities for community feedback on the first draft of the Framework over March and April 2014 including:

- Conducted an open community consultation on March 26, 2014 on the Framework (98 participants)
- Conducted four small group consultations with key community stakeholders (approximately 48 participants)
• Conducted one meeting with the current CHPI funded supportive housing providers (21 participants)
• Received 11 written feedback submissions from the community
• Received five telephone calls from the community to provide feedback

Staff incorporated this feedback and released a second draft of the Framework on May 6, 2014 for further feedback up until May 23, 2014. Staff updated the Region’s website related to the redesign and offered the following opportunities for further feedback:
  • An email was sent to all attendees of the open community forum and current CHPI funded supportive housing providers regarding the opportunity to review the second draft of the Framework
  • Conducted three small group consultations with key community stakeholders (approximately 27 participants)
  • Conducted a meeting with the current CHPI funded supportive housing providers (21 participants)
  • Received two written feedback submissions from the community
  • Received two telephone calls from the community to provide feedback

3.0 Next Steps

Once approved by Council, the Framework will form the foundation for the CHPI Supportive Housing Program implementation April 1, 2016. The Framework will be attached as a guiding document in the Prequalification (PQ), along with the CHPI Supportive Housing Program Standards that are currently under development and planned to be brought forward for Council approval in September 2014.

The PQ is planned to 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 comprised of staff from Social Planning, 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) is 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 is set to begin April 1, 2016 (corresponding with the commencement of the fiscal year for this program area).

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 approximately $3M for the Community Homelessness Prevention Initiative Housing with Related Supports service category.
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  [CHPI Supportive Housing Program Framework](DOCS#1647197)

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

Approved By:  Douglas Bartholomew-Saunders, Commissioner, Social Services
Region of Waterloo
Community Homelessness Prevention Initiative (CHPI)

Supportive Housing Program Framework

June 2014
Community Homeless Prevention Initiative (CHPI) Supportive Housing Program Framework

by

Social Planning
Regional Municipality of Waterloo

©Region of Waterloo, 2014

Recommended citation:

ISBN #

Should you have questions about this document, please contact:
The Regional Municipality of Waterloo, Social Services
99 Regina Street, 5th Floor
Waterloo, ON N2J 4G6
Tel: 519-883-2117    Fax: 519-883-2234
TTY: 519-575-4608
www.regionofwaterloo.ca

Docs# 1647197.2

Alternative formats are available upon request.
Acknowledgements

The completion of this Framework reflects the efforts of a number of individuals, groups, organizations, and the broader community. We would like to thank and acknowledge everyone who has shared their ideas, comments and feedback to help inform the development of this Framework. We appreciate the thoughtful feedback of those people that participated in the public consultation, smaller consultation meetings, and those that provided feedback through telephone or email. Thank you for your contributions.

Framework Authors:

Marie Morrison  Manager, Social Planning, Policy and Program Administration
Amber Robertson  Social Planning Associate, Social Planning, Policy and Program Administration
Lynn Randall   Director, Social Planning, Policy and Program Administration

Disclaimer:
The CHPI Supportive Housing Program Framework (the Framework) provides a high level description of the redesigned program. The Framework outlines the context, philosophy, program elements, and implementation plans for the CHPI Supportive Housing Program in Waterloo Region (the Program), which will begin under the Framework effective April 1, 2016. The Framework is not intended to provide legal advice. It is the individual Program provider’s responsibility to be incompliance with all federal, provincial and municipal legislation or other regulatory authority or statute. Any reference to a statute herein shall include any successor or legislation thereto. This Framework does not supersede any such statute or regulation.
# Table of Contents

1. **INTRODUCTION** ...................................................................................................... 5  
   1.1 Scope of the Framework .................................................................................... 5  
   1.2 Framework Development ................................................................................... 6  
   1.3 Community Homelessness Prevention Initiative (CHPI) .................................... 7  
   1.4 The Homelessness to Housing Stability Strategy .............................................. 8  

2. **PROGRAM PHILOSOPHY AND OUTCOMES** ...................................................... 10  
   2.1 Principles of Quality Supportive Housing ......................................................... 10  
   2.2 Core Outcomes for Tenants in Supportive Housing ............................................ 13  

3.0 **PROGRAM OVERVIEW** ........................................................................................ 15  
   3.1 Program Description ......................................................................................... 15  
   3.2 Key Program Features ..................................................................................... 18  
   3.3 Tenancy Approach ........................................................................................... 21  
   3.4 Program Funding Approach ............................................................................. 23  
   3.5 Agreement ........................................................................................................ 23  
   3.6 Quality Assurance/Standards ........................................................................... 24  
   3.7 Reporting ........................................................................................................ 24  

4.0 **IMPLEMENTATION** ................................................................................................ 25  
   4.1 Roles and Responsibilities ................................................................................... 25  
   4.2 Activities and Timeframe ..................................................................................... 26  

GLOSSARY .................................................................................................................. 28  

APPENDIX A Supportive Housing Programs in Waterloo Region .......................... 32  

APPENDIX B Supportive Housing Needs in Waterloo Region ............................... 33
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 funding programs for supportive housing 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 Program Guidelines).

2. Increase in service demand (e.g., a 46% increase in the waitlist for CHPP funded 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, CHPI funded 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. The CHPI Supportive Housing Program Framework (the Framework) outlines the context, philosophy, program elements, and implementation plans for the CHPI Supportive Housing Program in Waterloo Region (the Program), which will begin under the new Framework effective April 1, 2016 (corresponding with the commencement of the fiscal year for this Program). A Glossary has been included for further information on terms used throughout the Framework.

1.1 Scope of the Framework

The Framework applies only to CHPI funded supportive housing providers in Waterloo Region\(^1\). The Framework provides an overall description of the Program and will be referenced in the April 1, 2016 Program Agreement.

While the Framework includes elements related to ensuring quality supportive housing programming, the Framework does not include “program standards”. The CHPI Supportive Housing Program Standards (Program Standards) are currently under development will complement the Framework providing greater detail about mandatory Program requirements.

---

\(^1\) For an overview of all types of supportive housing in Waterloo Region, see Appendix A.
It should be noted that the Framework describes the Program as it is currently understood and planned. Recognizing that the Framework represents a shift in program delivery, the Region has established an implementation period over 2016 to 2018. During this implementation period, the Region will be working closely with Program providers to develop the new program elements listed in section 3. As such, the Framework may be revised and updated on an as needed basis after April 1, 2016.

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. Region staff completed the following activities to inform the development of the Framework:

- Conducted 21 site visits with current CHPI funded supportive housing providers.
- Conducted three site visits with local Ministry of Health and Long Term Care funded supportive housing programs.
- Surveyed CHPI funded supportive housing providers (18 respondents).
- Surveyed CHPI funded supportive housing staff (those who either directly support tenants or work in the home/building) (34 respondents).
- Conducted nine focus groups for tenants living in CHPI funded supportive housing (67 participants).
- Reviewed 13 local housing stability reports (listed in Appendix B)
- Analyzed supportive housing program data from 2009 to 2012
- Reviewed results of three pilot programs created to gather information about new elements identified for the Program (e.g., electronic database, tenant quality of life, and common support assessment)
- Held an open community consultation on the draft Framework (98 participants)
- Held seven consultation meetings with current CHPI funded supportive housing providers
- Conducted ten small group consultations with key community stakeholders (approximately 70 participants)
- Created a page on the Region’s website providing information on the redesign of CHPI funded supportive housing, including the draft Framework. A total of 13 written feedback submissions and five telephone calls were received from the community.

The Framework incorporates the essential aspects of the CHPI Program Guidelines. Further information about CHPI is included in section 1.3 below. As of this printing, the Ministry of Municipal Affairs and Housing (MMAH) is still in the process of developing their specific program expectations under the CHPI ‘Housing with Related Supports’ service category, referenced in the CHPI Program Guidelines. Information from the Province will be incorporated as needed as it becomes available.
Finally, the development of the Framework was also influenced by the local Homelessness to Housing Stability Strategy (2007 and updated in 2012). Further information about the Strategy is included in 1.4 below.

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). As the Service Manager, the Region administers CHPI locally and is able to fund programs under the following four service categories:

1. Emergency Shelter Solutions
2. Housing with Related Supports
3. Other Services and Supports
4. 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 housing loss remain housed.

The purpose of CHPI is to provide Service Managers with more flexibility to design and deliver programs to assist people experiencing housing instability. 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 programs 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, the CHPI Supportive Housing Program is informed by *All Roads Lead to Home: The Homelessness to Housing Stability Strategy for Waterloo Region* (Strategy). The overall goal of the Strategy is to end homelessness and to work towards the community vision that, “Waterloo Region is an inclusive community where everyone has adequate housing, income and support to make a home.”

The Strategy was developed by housing stability stakeholders as a response to the need for a collective voice and for mutually-reinforcing ways of *thinking* and *doing* – recognizing 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 community partners. 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 delivered locally to reflect the values and priorities identified in the Strategy, many of which could not be previously implemented due to former provincial program and funding restrictions.

To provide further context, 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.

When people have access to housing stability (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 (see Figure 1). In the CHPI Supportive Housing Program, the essential elements of housing stability are critical for tenants’ wellbeing and quality of life.
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 activities are dedicated to helping people find, establish, or retain housing, and/or support greater community inclusion. Housing stability programs in Waterloo Region 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 Residence
5. Affordable Housing and Supportive Housing

There are over 100 identified housing stability programs in Waterloo Region, of which Affordable Housing and Supportive Housing programs comprise approximately one-third. See the Inventory of Housing Stability Programs (2011) for further information.

---
2. PROGRAM PHILOSOPHY AND OUTCOMES

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

The Province’s 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 Province’s direction for programs funded through CHPI to move from reactive responses to homelessness, to services that focus on integrated permanent solutions. The Framework includes five principles and five outcomes that are considered important for creating effective programs that will support tenant’s housing stability over the long-term and move the community closer to realizing the vision of CHPI.

2.1 Principles of Quality Supportive Housing

The following five principles for the CHPI Supportive Housing Program were generated by combining the principles identified in 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 philosophy is rooted in the belief that all people deserve permanent housing and are “housing ready”. Housing is not a “reward” for programmatic success, adherence to treatment, or advancement through a continuum of support. Housing First is an approach to ending homelessness that involves supporting people experiencing homelessness to move into permanent housing as a first step – with no preconditions – and then providing or connecting them with additional supports as needed and desired.

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

- New tenants access supportive housing through a coordinated system where they are offered choices that align with their level of support needs and their desired model of housing.
- Tenants are not rejected based on poor credit or financial history, poor or lack of rental history, criminal convictions or other personal behaviours.
- Tenants’ eligibility is not contingent on expecting people to stop, or even reduce, their participation in high-risk or self-harming behaviours (e.g., substance use).
- Direct support workers use a variety of harm reduction approaches to support housing stability (recognizing not all providers will offer the same types of supports).
- Tenants are offered rent support (e.g., subsidy, reasonable flexibility if they cannot pay their rent on time, re-payment plan for arrears, assistance with financial management such as budgeting or trustee program).
- Seeking eviction is a last resort. When no other options are available to retain housing, tenants are supported to find and establish more adequate housing.
b) Accessibility

Providing accessible support services is a person-centered approach that focuses on being flexible and “meeting people where they are at”. It means that people are able to access the support they need in the way that works best for them. It recognizes that what works for one person, may not work for another. 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. Supportive housing providers remove barriers to participation (wherever possible).

At a program level, examples of accessibility include:
- Tailoring the frequency and intensity of supports to each tenant according to their individual needs.
- 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 physical accessibility features to support tenant safety and quality of life.

c) Respect

Respect means that tenants are appreciated and treated with thoughtfulness and consideration. Respect requires that people are not judged for their decisions. Tenants should be recognized as being at different places on their life journey, each with their own strengths and capabilities. People have the right to equal treatment and protection from discriminatory practices.

At the program level, examples of respect include:
- Accepting tenants’ decisions and choices with a non-judgmental attitude.
- Using respectful language\(^3\)
- Building trusting relationships with tenants over time by demonstrating genuine care and concern, and being open to reciprocal learning.
- Informing people of the resources available to them and of any potential consequences of their decisions.
- Emphasizing people’s strengths and helping tenants to identify their own goals.
- Working together with tenants in conjunction with community support providers, family and friends to ensure that tenants evolving support needs are met overtime.
- Respecting tenant’s dietary needs and preferences (if food is provided).
- Serving people regardless of their political or religious beliefs, ethno-cultural background, gender identity, sexual orientation, source of income etc.

\(^3\) Region of Waterloo (2012) *Homelessness to Housing Stability Strategy Summary Series Language Guide*
d) Inclusion

Supportive housing programs seek to support a sense of inclusion both within their housing, the neighbourhood, and the broader community. Supportive housing programs create opportunities for tenants to be involved in decision making and designing services that are responsive to their feedback. Supportive housing providers seek to support tenants’ interests, and to build tenants' formal and informal support networks.

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.
- Believing that everyone has something to contribute; and creating opportunities for tenants to participate and give feedback.
- Providing opportunities for tenants in be involved in a leadership capacity in their housing environment.
- Supporting tenants to explore and connect with their surrounding neighbourhood.
- Creating opportunities for tenants to participate in activities and events in the broader community.

e) Excellence

Supportive housing programs align their efforts with the vision of supporting the community to end homelessness. Programs see themselves as part of a learning community and seek to implement promising practices. Programs seek out partnerships with a broad range of community partners. Programs use their resources wisely, looking for creative ways to maximize their funding, and continuously seek new ways of achieving greater efficiency and effectiveness.

At the program level, examples of excellence include:

- Participating in training.
- Participating in networks and opportunities to learn from other supportive housing providers.
- Implementing promising practices to deliver a high quality supportive housing program.
- Collecting data (e.g., tenant and community partner feedback, program, outcomes) and using the results to become more effective.
- Being transparent in governance and financial reporting.
- Contributing to the local housing stability system learning culture to improve service.
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. For example, the Corporation of Supportive Housing\(^4\) has identified five core outcomes for supportive housing that are recognized throughout Canada and the United States as a best practice for 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

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 and appropriate referral. Each supportive housing program may need to develop individual responses to help keep tenants housed (e.g., conflict resolution panel, rent arrears re-payment support, support coordination). Ultimately the goal is to keep tenants in permanent housing. Where an eviction is unavoidable, the exit is coordinated with the tenant and their other formal and informal supports to explore options to obtain other appropriate housing.

b) Tenants Maintain and/or Increase their Income Stability

Supportive housing programs encourage tenants to seek and maintain an adequate income. Income sources can include employment and/or 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 Supplement, Guaranteed Annual Income, Canadian Pension Plan, Veterans Benefits). Where tenants are interested in securing 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.

c) Tenants Maintain and/or Improve their Physical and Mental Wellbeing

Supportive housing programs support tenants’ access to resources that promote physical and mental wellbeing, to ultimately improve their quality of life. Access can be achieved through direct provision of services, partnerships with community agencies, and/or making

\(^4\) Corporation of Supportive Housing (2013) *Dimensions of Quality Supportive Housing* (2\(^{nd}\) edition)
referrals to other community resources. Supportive housing programs partner with tenants to coordinate their access to medical care (including preventive care), dental care, mental health supports etc., as needed and desired. A recovery informed approach is often used when tenants have mental health and/or substance use issues. This approach empowers tenants to be active participants in their own planning and ensuring the opportunity to make individual choices (for further information refer to the Glossary).

d) Tenants Maintain and/or Improve their Social and Community Connections

Supportive housing programs support an environment where tenants can develop connections to their community and build social support networks. Being part of the community and experiencing a sense of “home” are critical to tenants experiencing community inclusion. Each supportive housing program will have a different approach to promoting community involvement and building of social networks, depending on tenants’ interest and abilities.

e) Tenants are Satisfied with the Quality of the Housing and Support Services

Tenant satisfaction is an important outcome that ultimately impacts quality of life and longer term housing stability. Supportive housing programs should seek to improve services, ensuring they are relevant and responsive to tenants changing support needs overtime. Each housing provider gathers information related to tenant satisfaction and demonstrates how they incorporate tenant feedback into program service design.
3.0 PROGRAM OVERVIEW

This section provides an overview of the CHPI Supportive Housing Program (the Program) and outlines its key features. It also includes the Program approach regarding tenancy and funding. The section concludes with information regarding the Program agreement, quality assurance/standards and reporting.

It is important to note that the following information is intended to describe the Program as a whole. Individual Program providers may focus on a particular tenant population and/or provide different models of housing with different frequency and intensity of support services.

3.1 Program Description

This section includes a brief description, outlines general eligibility criteria, provides clarity and rationale for the supportive housing model focus in the Program, and identifies the purpose and role of the Program in relation to other services in the community. The section ends by clearly identifying what the Program is not. Further details regarding key Program features are outlined in section 3.2.

a) Brief Description

The Region of Waterloo's CHPI Supportive Housing Program includes permanent, affordable, rental housing with attached, on-site supports for people living on a low-income who require support in order to maintain housing stability.

b) Eligibility

A broad range of tenant populations may be served within the overall Program including: individuals, couples, families, youth, adults, and/or seniors (recognizing individual Program providers may focus on a particular population). Program eligibility includes both an assessment of peoples’ financial and support needs at time of intake. The Program is designed to serve people with the lowest level of income and medium to high level support needs related to housing stability.

Where other income measures are not already required (e.g., Community Housing), financial eligibility is based on a level of income at intake that does not exceed the maximum Old Age Security/Guaranteed Income Supplement/Guaranteed Annual Income System (OAS/GIS/GAINS). This means that people on Ontario Works (OW), Ontario Disability Support Program (ODSP) or any other form of income below the OAS/GIS/GAINS level at intake would be eligible.

Support eligibility will be based on a common assessment that indicates medium to high level of acuity related to housing stability at time of intake. Examples of support needs may include but are not limited to: a history of homelessness or housing instability, recovery from a serious trauma, physical health issues, mental health issues, substance use issues, physical disabilities, and/or cognitive disabilities (e.g., development disability, acquired brain injury, learning disability). The Program as whole does not require those eligible to have a diagnosis or have complementary support services already in place before accessing the Program.
c) Model of Supportive Housing (Attached On-Site)

The “Supportive Housing Models Diagram” below shows which supportive housing niche the Program aims to address (attached on-site, connected to the unit, building or neighbourhood which may include self-contained, shared self-contained or group living housing). It is recognized that this form of supportive housing is, and should be, just one option in the community. This form of supportive housing is most often designed to serve people who have greater support needs than what can be provided in a scatter-site detached model of supportive housing, but lesser support needs then what is provided through Community Based Residential Treatment or Long Term Care. It is recognized that in some situations, tenants may also prefer and choose the attached on-site model of housing with support.

**Supportive Housing Models Diagram**

The attached on-site supportive housing model has been chosen as the focus for the Program because there is a need for a full range of supportive housing options in the community. Attached on-site supportive housing was the model previously funded by the Region prior to the CHPI consolidation. Community stakeholders and tenants identified continuing need for the attached on-site supportive housing model, along with the other models.

It should be noted that all models of supportive housing are present in the community funded both through other Ministries as well as the Region (e.g., the Region funds STEP Home programs offering scatter site housing with off site services as well as Sunnyside Long Term Care Home). However, it is recognized that the demand for all forms of supportive housing exceeds availability. A variety of populations with a variety of support needs have been identified for the Program (see Appendix C for further information).
d) Connection with Other Supportive Housing and Community Services

The purpose of the Program is to meet the identified CHPI outcomes (people experiencing homelessness obtain and retain housing and people at risk of homelessness remain housed) and the goal of the Strategy (to end homelessness).

The Program is not intended to duplicate existing, or replace the need for, other supportive housing and community services designed for specific populations. Rather, the Program seeks to complement these services while fulfilling its purpose. As such, the Program seeks to serve people within its mandate that are either:

- Not eligible for other permanent supportive housing programs (e.g. specific diagnosed disability, high enough level of acuity, or multiple disabilities), or
- Not currently able to access other supportive housing programs for which they may be eligible (e.g., waitlists, difficulties accessing the service, person refusing the service, or the service does not currently exist in the community).

People accessing the Program that are eligible for other supportive housing programs will be encouraged and supported to connect with more appropriate supportive housing programs while continuing to be housed. Some examples of how tenants may be encouraged include:

- Educating tenants about the resources available to them
- Supporting tenants to get on the waitlist for a more appropriate resource, and/or
- Supporting tenants to access resources to complement the on-site supports already in place (e.g., 1:1 specialized support service).

e) What The CHPI Supportive Housing Program Isn’t

Given limitations in funding, the Program is not able to meet all the unmet supportive housing needs in the community. As such, the Program is focused on serving households with the lowest levels of income (at intake) and medium to high level acuity (at intake) as these households are the ones most likely to experience homelessness. This focus meets the intended purpose of the Program which is to end homelessness and promote housing stability.

This focus means that some low income households (above the income eligibility threshold) and people with lower level acuity, though they may benefit from some level of affordable housing and/or support, will not be served within this particular Program. It is anticipated that even with the eligibility criteria identified (lowest income and medium to high levels of acuity) that the Program will be over subscribed. The community should continue to advocate to all levels of government for additional affordable and supportive housing.
3.2 Key Program Features

The Region has established the following three key program elements for the CHPI Supportive Housing Program (the Program). These key elements were informed through the research, consultations and documents outlined in section 1.2. The key elements are included below under the following three headings: Overall Program Design – A Systems Approach, Property and Housing Model, and Support Services.

a) Overall Program Design – A Systems Approach

The Program will operate as a system of services connected with the broader housing stability system. As identified above, individual Program providers within the Program may focus on a particular tenant population and/or support need and may offer different models of housing and different frequency and intensity of support services. However, all providers within the Program will participate in the following planned system elements:

- Coordinated entry (e.g., centralized intake with common tools and a priority service list electronically maintained through a new or an existing database system).
- Common assessment completed as part of coordinated entry to inform the basis of eligibility, priority and appropriate referral for service (note that assessment tools may continue to be used after person is housed as part of on-going support and quality assurance processes) (e.g., Service Prioritization Decision Assistance Tool - SPDAT).
- Common Information and Referral Guide (description of provider’s program which clearly outlines their housing and support model to determine tenant suitability and fit)
- Common Eviction Prevention, Arrears, Exit and Referral Protocol (related to eviction prevention, tenant discharge from supportive housing, and/or transfers to other housing or residential options when needed)
- Common Program Standards
- Single electronic data collection system (e.g., Homeless Individuals and Families Information System - HIFIS) with regular reporting requirements
- System-wide networking, capacity building, and learning which may include some form of required training.
- Shared Program-wide supports may be considered (e.g., third party transition and follow out supports, shared specialized service supports, system wide partnerships with other agencies, fund for essential health items, quality of life resources, building condition audits, risk assessment audits, etc.).

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. There should be strong alignment between the housing structure and model and what population(s) providers seek to serve.

There is a preference in the Program for the following:

- Self-contained or shared self-contained units and/or private bedrooms.
- A geographic distribution of the supportive housing buildings across Waterloo Region
to increase tenant choice

- Private or semi-private bathrooms.
- 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 service providers, friends, and family.
- Green space on the property.
- Sheltered outdoor space (e.g., beyond a front porch).
- Security and privacy features (e.g., staff name tags, cameras, secured entry)

There is a requirement in the Program for the following:

- Located near a Grand River Transit route and in close proximity to community service providers, recreational facilities, shopping and services. In the absence of these, the Program provider must have provisions to provide cost-efficient transportation.
- Consideration for privacy if offering semi-private bedrooms (e.g., larger size, privacy curtain, furniture set-up, etc.).
- Consideration for privacy and security features in shared bathrooms (e.g., locks or latches on doors, separated spaces, shower schedule, etc.)
- Locks on bedroom doors in private or semi-private bedrooms (where there are no required restrictions in doing so).
- Secured space to store valuables and belongings that is easily accessible to the tenant (e.g., safe, locker).
- Air conditioned common and sleeping spaces (either through a central system or window units).
- Access to a dedicated tenant telephone line.
- Access to a computer with the internet.
- Access to cable television (or other similar television services).

**c) Supportive Services**

An essential part of the Program is the supports offered to support tenants’ housing stability and quality of life. Supports need to be provided within the context of the Principles and Outcomes identified in section 2.

As mentioned previously, individual supportive housing providers within the Program may focus on a particular tenant population and/or support need(s) and may offer different models of housing and different types and frequency of support services. Individual housing providers will ensure that the appropriate supports are provided for the population(s) they have selected to serve. Direct support workers should be trained to deliver services to the tenants they are supporting and 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.

Tenants have the right to choose the type and frequency of supports that work best for them. People will be offered housing options within the overall Program for which they are eligible (e.g., that match their age, gender, level of support needs), recognizing that for particular populations or support needs, options may be limited. Some individual Program providers
may have particular requirements within their housing that tenants would be required to adhere to should they choose that housing option. However, beyond those tenancy requirements, tenants can choose whether to participate in particular activities or supports and have the ability to select the services they prefer.

The list of potential supports included below may be offered directly by the individual Program provider, through coordination or partnership with other community support service organizations, and/or accessing resources available in the community. The level of support offered in each of these areas will be dependent on the tenant’s skills and capabilities which may change over time. Providers will ensure the level of support offered focuses on retaining and building the tenant’s skill and capacities to support the greatest level of independence.

Potential supports to be offered (this list is not necessarily exhaustive):

- Access to community support services (e.g., referring, connecting, coordinating).
- Appointments (e.g., scheduling, coordinating, and/or accompaniment as needed).
- Medication (e.g., prompting, safekeeping, supervision, and/or managing as needed).
- Personal supports (e.g., providing or coordinating supports for shaving, bathing).
- Housekeeping and laundry (e.g., prompting, assisting, providing as needed)
- Meals and/or food security (e.g., assistance in accessing a community food bank, providing an emergency food cupboard, supporting tenants to purchase food and prepare meals, and/or prepare meals for tenants).
- Access to transportation (e.g., providing access to bikes, supporting tenants to access public transportation, and/or providing transportation).
- Assist tenants to build an informal support network (e.g., friends, family, other tenants, church, clubs).
- Tenant participation in both on-site and/or off-site social, recreational and/or skill building activities (e.g., community events, activities, classes).
- Tenant skill building and participation in pre-employment activities (e.g., assisting to access training, volunteering).
- Offering groups on-site or supporting access to off-site (e.g., trauma counselling, Alcoholics Anonymous(AA)/Narcotics Anonymous(NA), peer support).
- Provide tools and resources to prevent eviction (e.g., flex fund, small loans). In times of conflict with landlord, ensure a separate staff to provide support to the tenant.
- Financial inclusion (e.g., opening a bank account, filing taxes).
- Communication (e.g., returning messages, organizing mail).
- Tenant engagement within their housing (e.g., suggestion box, tenant meetings, tenant association, volunteering).
3.3 Tenancy Approach

This section identifies issues of tenancy as it relates to the Residential Tenancies Act, role of transitional housing and rent payments as well as the Program stance related to smoking and pets.

a) Residential Tenancies Act (2006) Implications

All housing within the Program is permanent housing under the Residential Tenancies Act, 2007 (RTA). Some individual Program providers may be part of other programs, such as Community Housing, with their own specific requirements or policies. Further information about Community Housing can be found at [http://socialservices.regionofwaterloo.ca/en/housing](http://socialservices.regionofwaterloo.ca/en/housing). Some individual Program providers may be identified as Care Homes under the Residential Tenancies Act, 2006 (RTA) and other individual Program providers may fall under a different section under the RTA.

It is recognized that both tenants and landlords have rights and responsibilities as it relates to rental housing as outlined in the RTA. As the purpose of the Program is to end homelessness and promote housing stability, preventing evictions and retaining tenancies is an essential component of the Program. Given tenants in the Program have support needs, a variety of supports and measures must be in place to prevent evictions. Evictions are possible within the Program, but may only be employed as a last resort. In addition to requirements outlined in the RTA, the Program will have additional expectations (identified through the Program Standards) related to supporting tenants and communicating with other service providers in the event of an eviction.

Further information about the RTA and the Care Home designation can be found:


b) Clarifying Role of Transitional Housing

Housing within the Program is not time-limited and is not intended for respite. While some individual Program providers may provide supports that are transitional in nature and intended to help people move to more independent housing situations, there are no time-limits identified in the Program and tenants can remain in the housing for as long as needed or desired.

Tenants should be encouraged and supported to move to more appropriate housing when their housing and/or support needs significantly change. In homes identified as a Care Home, where the supports are no longer suitable to a tenant’s support needs, individual Program provider will have to follow the RTA - Care Home eviction process and assist with securing another housing arrangement that is appropriate for the type and frequency of support needed by the tenant. In housing that is not identified as a Care Home, tenants can and should be encouraged and supported to move to more appropriate housing when
their support needs are no longer suitable for the program; however, if the tenant desires to remain in their housing, they have the legal right to do so.

c) Rent Payments

The Program is rent-based (rather than room and board). Tenants who are in receipt of OW or ODSP will be supported to move from “Board and Lodging Rates” or “Room and Board Rates” to receive their regular Basic Allowance and Shelter Allowance. Where there are not other rent level requirements in place (i.e., Community Housing), rents will align with the maximum shelter portion of ODSP. Wherever possible, direct rent deposits from the funding source or through a bank account should be arranged. In situations where food is provided or purchased as a group, individual Program providers may charge a “food contribution amount” (separate from the rent). Where eligible, tenants will continue to receive Special Diet Allowance under OW/ODSP. Tenants in the Program will not be charged for support services.

Tenants will no longer receive Personal Needs Benefit/Allowance (PNB/A). Tenants retain the remainder of the income for their own personal use (e.g., personal care items, clothes, bus tickets/passes, activities), which will vary depending on their income source. During the two year implementation period, the Program will retain a small fund for which tenants (with limited income remaining after rent/food have been paid) can apply, to support access to essential health items that are not otherwise covered/provided while alternative resources are identified.

d) Smoking

It is currently at the discretion of the individual Program providers who offer self-contained units to determine if their building will be “non-smoking” or will allow smoking in the unit/building. The Smoke Free Ontario Act dictates rules regarding smoking, including those for multi-unit residences (e.g., smoking prohibited in common areas) and residential care facilities (e.g., smoking prohibited inside – smoking shelters must be nine meters from building). For further information, refer to [http://www.mhp.gov.on.ca/en/smoke-free/legislation/default.asp](http://www.mhp.gov.on.ca/en/smoke-free/legislation/default.asp).

e) Pets

The Program as a whole does not have a stance on pets. Please refer to the RTA for information on landlord and tenant rights and responsibilities related to pets. Individual Program providers may have a “house” pet or offer pet therapy as a form of support, keeping in mind any risks or concerns of tenants.
3.4 Program Funding Approach

The following funding approach will be piloted over the implementation 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. For the physical property side of the budget, each supportive housing provider budget will be considered individually depending on the housing model, other funding sources, and overall budget. Allowable expenses may include rent subsidies where the ODSP shelter rate is not affordable (e.g., the different between OW shelter rate and ODSP shelter rate for tenants on OW – see section 3.3 for further information on tenant contributions) and/or the regular annual operational expenses of maintaining units, the building, grounds, etc.

The following capital expenditures are not available to be funded under CHPI:

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

All individual Program providers must consistently demonstrate a low vacancy rate or grant funding levels may be renegotiated. Program providers will be required to submit written requests and receive approval for any significant 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 (over expenditures will not be reimbursed).

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.

3.5 Agreement

Program 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, Program providers must submit required materials and be in compliance with quality assurance processes to be eligible for an annual service agreement. Required materials may include, but are not limited to the following:

- Program description (template)
- Program budget (template)
- 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
Any relevant provincial or municipal licensing requirement (e.g., City of Kitchener-Boarding home license, Provincial-Retirement Home License)
- Audited annual program financials
- Articles of incorporation (if any changes)
- A copy of the municipal zoning (if any changes)
- Copy of the mortgage lender agreement or copy of the Deed or Rental/Lease Agreement (if any changes)
- Building Condition Audits (to include roof and chimney inspection and heating and cooling system inspection – frequency to be determined)
- Proof of the housing providers ability to cover costs associated with repairs and operations for at least 3 months

3.6 Quality Assurance/Program Standards

New processes to ensure quality services for tenants will be developed and implemented by 2018 (see section 4). The CHPI Supportive Housing Program Standards (Program Standards) will be drafted over the summer of 2014 with input from the current CHPI funded supportive housing providers to form the foundation for the new quality assurance processes and expectations.

The Program Standards will reflect requirements through CHPI and will employ best practices wherever possible (e.g., dimension of quality as identified through Corporation of Supportive Housing). Processes used to monitor the Program Standards and evaluate for quality assurance may include newly developed tools and processes or ones borrowed or adapted from those already existing (e.g., Raising the Bar, Housing Matrix, and previous Domiciliary Hostel Standards). Program-wide protocols will also be developed as part of the Program Standards in consultation with Program providers. The Program Standards will be presented to Region Council in the fall of 2014 for approval. Individual Program providers are expected to be in compliance with Program Standards over 2016-2018.

It should be noted that the Program Standards approved by Council in 2014 will describe the quality assurance process as they are currently understood and planned. The Program Standards will be further revised as a part of the implementation period 2016 to 2018 (see section 4) with opportunity to gather feedback from the broader community.

3.7 Reporting

Program data will be collected through the Homeless Individuals and Families Information System (HIFIS) and will be exported to the Region monthly as outlined in the Data Sharing Protocol. Program providers will be expected to meet all annual data submission requirements (including qualitative data) and participate on the HIFIS working group as outlined in the Data Sharing Protocol. The Region may require the collection of additional data from time to time. Financial reporting will be obtained through submission of an annual audited program statement. Further report requirements will be outlined in the service agreement and Program Standards (e.g., serious occurrence, policies, eviction prevention, and quality of life activities).
4.0 IMPLEMENTATION

The Framework represents a significant shift in thinking and doing related to Region funded supportive housing in comparison to the former CHPP and DH. This section outlines roles and responsibilities in implementing the Program and a summary of the anticipated activities and associated timeframes for implementation over 2016-2018.

4.1 Roles and Responsibilities

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

<table>
<thead>
<tr>
<th>Province</th>
<th>Region</th>
<th>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 the Program as per the service agreement</td>
</tr>
<tr>
<td>Enter into a Service Agreement with 47 Service Managers</td>
<td>Creating, entering into, and monitoring Service Agreements with Program providers</td>
<td></td>
</tr>
<tr>
<td>Establishing the Housing with Related Supports Standards Framework</td>
<td>Develop local Program Standards</td>
<td>Participate in the development and implementation of local Program Standards</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>
4.2 Activities and Timeframe

Recognizing that change takes time, there will be a two year period (2016-2018) in which individual Program providers will participate in the implementation of the Framework and come into compliance with the Program Standards. New program elements such as coordinated entry, common assessment tool, HIFIS, and quality assurance processes will be implemented in consultation with Program providers. The following chart summarizes the anticipated activities towards the implementation of the Program:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Framework approved (June 2014)</td>
<td>Continue to support tenant transition plans (on-going)</td>
<td>Continue to support tenant transition plans (on-going)</td>
<td>Continue to support tenant transition plans (on-going)</td>
</tr>
<tr>
<td>Program Standards Consultation (June - Aug 2014)</td>
<td>Current providers continue to pilot HIFIS and the Common Assessment Tool Request for Proposals (April 2015) with proponents of the RFP informed of results (Fall 2015)</td>
<td>Providers using HIFIS begin monthly exports and incorporate the Common Assessment Tool (others are trained and begin using)</td>
<td>Pilot coordinated entry, assessment and priority list (April 1, 2017 – Dec)</td>
</tr>
<tr>
<td>Begin to support tenant transition plans as needed</td>
<td></td>
<td>Providers submit service agreement materials for 2017/18 (Jan/Feb 2017)</td>
<td></td>
</tr>
</tbody>
</table>
The Framework describes a significant shift for the CHPI Supportive Housing Program and as such there may be current CHPI funded supportive housing providers through the former CHPP or DH that choose to not participate in the redesigned supportive housing program or are not successful in the Prequalification (PQ) and Request for Proposals (RFP). It is anticipated that should this occur that there would be four periods of transitions including but not limited to the following:

1. The operator chooses to not apply to the Prequalification (PQ) (tenant transition support would begin once known - January 2015)
2. The operator’s proposal under the PQ is unsuccessful (tenant transition support would begin in March 2015)
3. The operator chooses to not apply to the Request for Proposals (RFP) (tenant transition support would begin once known – June 2015)
4. The operator’s proposal under the RFP is unsuccessful (tenant transition support would begin in fall 2015).

If a supportive housing provider currently in receipt of CHPI funding through the former CHPP or DH is not successful for the redesigned supportive housing program, there would be an immediate hold on new intakes that the Region will subsidize and they would continue under their current annual contract until March 31. Tenant transition planning would begin during the months identified above. The Region is committed to supporting existing subsidized tenants to transition to new housing arrangements (where needed and/or interested) based on an individualized transition plan. For more information about tenant transition plans or the PQ/RFP process please refer to the CHPI Supportive Housing Redesign General Question and Answer.

A review of the CHPI Supportive Housing Program is planned for 2018/2019.
GLOSSARY

“Acuity” is a term that is used in the SPDAT assessment depth of vulnerability related to housing stability. A person’s acuity is assessed and helps inform their priority for service.

“Common Assessment” refers to a standardized support assessment that all tenants would participate in at intake and maybe as a part of on-going service and/or support planning.

“Harm reduction” refers to a range of policies and interventions designed to reduce the harmful consequences associated with various activities. Examples of harm reduction include wearing a seatbelt or bike helmet, needle exchange, managed alcohol programs, 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 support the person’s health and safety (as well as the safety of those around them) despite their activities.

“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.

“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”. 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 Residence
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.

“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.

“Program” refers to the Community Homelessness Prevention Initiative (CHPI) Supportive Housing Program as defined in the Region of Waterloo CHPI Supportive Housing Program Framework.

“Program provider” refers to the individual supportive housing providers funded under Agreement with the Region through CHPI under the CHPI Supportive Housing Program Framework beginning April 1, 2016.

“Program Standards” refers to the CHPI Supportive Housing Program Standards that will form part of the CHPI Supportive Housing Program Agreement and with which all individual Program providers must be in compliance.

A “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/

“RTA” The Residential Tenancy Act came into effect on January 31, 2007. This provincial Act sets out the rights and responsibilities of landlords and tenants who rent residential properties. Landlords and tenants of most rental units are covered by most of the rules in the Act. A rental unit can be an apartment, a house, or a room in a rooming or boarding house. The Act also applies to care homes, retirement homes, and sites in a mobile home park or land lease community. For more information please see: http://www.ltb.gov.on.ca/standprodconsumer/groups/csc/_ltb/_keyinfo/documents/resourceList/stel02_111704.pdf

Service Prioritization and Decision Assistance Tool (SPDAT)” The SPDAT is an evidence-informed approach to assessing an individual’s or family’s acuity. The tool, across multiple components, prioritizes who to serve next and why, while concurrently
identifying the areas in the person/family’s life where support is most likely necessary in order to avoid housing instability.

The SPDAT is designed to:

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

For more information please see: http://www.orgcode.com/
Appendix A
Supportive Housing Programs in Waterloo Region

CHPI Supportive Housing funded through Region of Waterloo Social Planning is only one of a number of supportive housing programs in Waterloo Region. Please see the chart below for the breakdown of the 2013 percentage of spaces per supportive housing program area in Waterloo Region (excluding Long Term Care):

- 565 units/spaces for people with diagnosed developmental disabilities through MCSS
- 500 units/spaces of MMAH-CHPI funded supportive housing through Region of Waterloo serving a range of populations
- 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
- 7 units/spaces for people with deaf/blindness through MCSS

---

8 For a complete list and further information on supportive housing programs in Waterloo Region, refer to the Affordable Housing and Supportive Housing section of the Inventory of Supportive Housing Programs in Waterloo Region (2011).
Appendix B
Local Housing Stability Reports Informing the Framework


2. Region of Waterloo (2007) Understanding Homelessness and Housing Stability Experienced by Older Adults in Waterloo Region’s Urban Areas.


5. Region of Waterloo (2011) We’ll Leave the Lights on for You: Housing Options for People Experiencing Persistent Homelessness Who Use Substances (Alcohol and/or Drugs).


Appendix C  
Supportive Housing Needs in Waterloo Region - Population & Services

There are more people on the waitlist for supportive housing in Waterloo Region than there are spaces. Gaps have been identified for all populations and for a variety of housing and services models. Please see the table below for a non-exhaustive list:

<table>
<thead>
<tr>
<th>Tenant Population</th>
<th>Presenting Support Needs</th>
<th>Types of Housing</th>
</tr>
</thead>
</table>
| Youth (ages 16-24) and/or adults (ages 25+) experiencing persistent homelessness | Experiences multiple barriers to housing stability and require intensive support. Supports needs may include:  
- recovery from a serious trauma  
- physical health issues  
- mental health issues  
- substance use issues  
- physical disabilities  
- cognitive disabilities (e.g., development disability, acquired brain injury, learning disability)  
- prefers harm reduction supports for people who active in substance use (see figure below)  
- prefers no substance use (see figure below) | • Self-contained units  
• Shared self-contained units  
• Some congregate or group living – primarily single rooms  
Considerations:  
• Female only housing  
• Male only housing  
• Mixed gender housing |
| Youth (ages 16-24), adults (ages 25+), families, older adults (55+), and/or frail elderly (75+) who are experiencing homelessness or at-risk of housing loss | Experiences multiple barriers to housing stability and require medium level of support. Supports needs may include:  
- recovery from a serious trauma  
- physical health issues  
- mental health issues  
- substance use issues  
- physical disabilities  
- cognitive disabilities (e.g., development disability, acquired brain injury, learning disability)  
- prefers harm reduction supports for people who active in substance use (see figure below)  
- prefers no substance use (see figure below) | • Self-contained units  
• Shared self-contained units  
• Some congregate or group living – primarily single rooms  
Considerations:  
• Female only housing  
• Male only housing  
• Mixed gender housing |
Substance Use Services Continuum in the Context of Housing

**LEVEL 1: DRY**
- No substance use on site (i.e., "dry")
- Typically not allowed access if under the influence

**LEVEL 2: DAMP**
- No substance use on site
- Allowed access if under the influence

**LEVEL 3: ACKNOWLEDGMENT**
- Acknowledge (formally or informally) use on site

**LEVEL 4: SUPPORT**
- Various forms of support to reduce harm

**LEVEL 5: ALCOHOL ADMINISTRATION**
- Providing and administering safe beverage alcohol on site

**LEVEL 6: MANAGED DRUG USE**
- Offering supervised injection and/or direct support for non-injection substance use (e.g., inhalants)

For further information [We'll Leave the Lights On For You Report](#)
Region of Waterloo

Social Services

Children’s Services

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

Date: June 17, 2014  File Code: S02-01

Subject: Amendments to Purchase of Service Agreements for Children’s Services

Recommendation:

That the Regional Municipality of Waterloo amend current service agreements with the Waterloo Region District School Board and the Waterloo Catholic District School Board to incorporate all school sites offering extended day programs effective September 1, 2014;

And further that the Regional Municipality of Waterloo amend current service agreements with Conestoga College Institute of Technology and Advanced Learning, 299 Doon Valley Drive, Kitchener, ON N2G 4M4; Creative Beginnings Child Care Centre, 1140 Snyder’s Rd. West, Baden, ON N3A 3L3; Jacob Hespeler Child Care Services, 640 New Hampshire Street, Waterloo, ON N2K 0A5; Young Women’s Christian Association, Kitchener-Waterloo, 153 Frederick Street, Kitchener, ON N2H 2M2; and Kitchener Waterloo Young Men’s Christian Association, 161 Roger Street, Waterloo, ON N2J 1B1, for the purposes of offering youth development programs, as outlined in report SS-14-033, dated June 17, 2014.

Summary:

This report provides background and context to amend existing agreements for the provision of before and after school programs for children, 4-12 years of age in local schools. These programs are administered by the local school boards either directly or through third party agreements. The number of school sites has steadily grown over the past four years in conjunction with the implementation of full day kindergarten. Availability of before and after school programs is a welcome addition to support families in Waterloo Region. Further background and descriptions of the services provided are outlined in this report.
1.0 Background

The implementation of full day kindergarten in the Province of Ontario has created significant changes to licensed early learning and child care. Starting in 2010 in a five year phased approach, all school boards in Ontario were mandated to deliver a full day kindergarten program for all four and five year old children and where demand exists also offer before and after school care. In Waterloo Region the local School Boards have worked closely with staff to plan for and implement before and after school programs. September 2014 is the final phase of implementation of full day kindergarten.

2.0 Before and After School Programs

Before and after school programs have historically been provided by licensed early learning and child care centres either in a community setting or co-located within a school. With the implementation of full day kindergarten changes to the Education Act directed school boards to offer before and after school programs for 4 & 5 year olds and included the provision for children up to the age of 12 years. These programs operated by the school boards are called “Extended Day” programs.

2.1 Extended Day Programs

Extended Day programs are provided by both Waterloo Region District School Board (WRDSB) and Waterloo Catholic District School Board (WCDSB) for children aged 4-7. This September, the WRDSB will be offering extended day programs at a total of 80 of 87 schools. The WCDSB will be offering extended day programs at a total of 23 of 46 schools. In total, extended day programs will be available in 77% of all public and catholic elementary schools. Where demand exists school boards have the ability to expand the extended day program to offer space to families, meaning families enrolled in these programs do not have to wait for service. The number of children enrolled in these programs has grown from approximately 200 in the first year to over 1600 in September 2014.

In addition to the WRDSB operated extended day program, there are a total of sixteen school sites that had child care operators co-located in purpose built space within schools prior to implementation of full day kindergarten. Through a third party agreement these operators are providing before and after school care on behalf of the WRDSB at these sites. These programs operate under the Day Nurseries Act and are licensed child care settings. In total, 80 out of 87 public schools will have extended day programs.

The report for consideration today recommends amending the current service agreements with both Boards of Education to ensure subsidy eligible families have timely access to extended day programs.
**Bolded schools** are the new locations for September 2014.

### WRDSB Extended Day Schools for September 2014

<table>
<thead>
<tr>
<th>Bolded School</th>
<th>WRDSB School</th>
<th>Bolded School</th>
<th>WRDSB School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abraham Erb Public School</td>
<td>Driftwood Public School</td>
<td>J.F. Carmichael Public School</td>
<td>Moffat Creek Public School</td>
</tr>
<tr>
<td>Ayr Public School</td>
<td>Elizabeth Ziegler Public School</td>
<td>Jean Steckle Public School</td>
<td>N.A. MacEachern Public School</td>
</tr>
<tr>
<td>Blair Road Public School</td>
<td>Empire Public School</td>
<td>John Darling Public School</td>
<td>New Dundee Public School</td>
</tr>
<tr>
<td>Breslau Public School</td>
<td>Forest Glen Public School</td>
<td>John Mahood Public School</td>
<td>Northlake Woods Public School</td>
</tr>
<tr>
<td>Bridgeport Public School</td>
<td>Forest Hill Public School</td>
<td>Keatsway Public School</td>
<td>Parkway Public School</td>
</tr>
<tr>
<td>Cedar Creek Public School</td>
<td>Franklin Public School</td>
<td>King Edward Public School</td>
<td>Pioneer Park Public School</td>
</tr>
<tr>
<td>Cedarbrae Public School</td>
<td>Glencairn Public School</td>
<td>Laurelwood Public School</td>
<td>Preston Public School</td>
</tr>
<tr>
<td>Central Public School</td>
<td>Grand View Public School (C)</td>
<td>Lester B. Pearson Public School</td>
<td>Prueter Public School</td>
</tr>
<tr>
<td>Chalmers Public School</td>
<td>Grandview Public School (N.H.)</td>
<td>Lexington Public School</td>
<td>Riverside Public School</td>
</tr>
<tr>
<td>Conestogo Public School</td>
<td>Hespeler Public School</td>
<td>Lincoln Heights Public School</td>
<td>Rockway Public School</td>
</tr>
<tr>
<td>Coronation Public School</td>
<td>Highland Public School</td>
<td>Mackenzie King Public School</td>
<td>Sandhills Public School</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wilson Public School</td>
</tr>
<tr>
<td>School Name</td>
<td>Program Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country Hills Public School</td>
<td>Hillcrest Public School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crestview Public School</td>
<td>Howard Robertson Public School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hillcrest Public School</td>
<td>Manchester Public School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manchester Public School</td>
<td>Sandowne Public School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sandowne Public School</td>
<td>Winston Churchill Public School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hillcrest Public School</td>
<td>Manchester Public School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mountain Public School</td>
<td>Sandowne Public School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sandowne Public School</td>
<td>Winston Churchill Public School</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WCDSB Extended Day Schools for September 2014**

<table>
<thead>
<tr>
<th>School Name</th>
<th>Program Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blessed John Paul</td>
<td>Our Lady of Grace</td>
</tr>
<tr>
<td>Our Lady of Grace</td>
<td>St. Anne (K)</td>
</tr>
<tr>
<td>St. Anne (K)</td>
<td>St. Gabriel</td>
</tr>
<tr>
<td>St. Gabriel</td>
<td>St. Teresa (K)</td>
</tr>
<tr>
<td>Blessed Mother Teresa</td>
<td>Our Lady of Lourdes</td>
</tr>
<tr>
<td>Our Lady of Lourdes</td>
<td>St. Brigid</td>
</tr>
<tr>
<td>St. Brigid</td>
<td>St. John</td>
</tr>
<tr>
<td>St. John</td>
<td>St. Teresa of Avila Elmira</td>
</tr>
<tr>
<td>Canadian Martyrs</td>
<td>Sir Edgar Bauer</td>
</tr>
<tr>
<td>Sir Edgar Bauer</td>
<td>St. Daniel</td>
</tr>
<tr>
<td>St. Daniel</td>
<td>St. Mark</td>
</tr>
<tr>
<td>St. Mark</td>
<td>St. Timothy</td>
</tr>
<tr>
<td>Holy Family</td>
<td>St. Agnes</td>
</tr>
<tr>
<td>St. Agnes</td>
<td>St. Dominic Savio</td>
</tr>
<tr>
<td>St. Dominic Savio</td>
<td>St. Nicholas</td>
</tr>
<tr>
<td>Holy Spirit</td>
<td>St. Ambrose</td>
</tr>
<tr>
<td>St. Ambrose</td>
<td>St. Elizabeth</td>
</tr>
<tr>
<td>St. Elizabeth</td>
<td>St. Paul</td>
</tr>
</tbody>
</table>

### 1.0 Youth Development Programs

Since 2012 the availability of before and after school programs has expanded, based on demand, to 8 – 12 year old children by WRDSB. Parents pay a fee for their child to participate in the program. The programs are operated through third party agreements with existing local service providers. The WRDSB has a service delivery agreement with seven organizations for the delivery of the Youth Development Programs. In total, 53 schools will offer Youth Development Programs.

The Youth Development Programs operate under the legislative authority of the Day Nurseries Act and are available to subsidy eligible families. The Youth Development Program created by WRDSB provides a new option for families of school aged children for before and after school and meets a significant need in our community.

The following table provides a listing of the organizations and the new school locations that Youth Development Programs will run this September. All of the organizations listed have current purchase of service agreements with the Region of Waterloo and require an amendment to the current contracts to extend the program to the new school sites.
### Rates

<table>
<thead>
<tr>
<th>Operator</th>
<th>School Name</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conestoga College</td>
<td>Laurelwood Public School (after school only)</td>
<td>Before School $14.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After School $14.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Instructional Day $39.00</td>
</tr>
<tr>
<td>Creative Beginnings Child Care Centre</td>
<td>Forest Glen Public School</td>
<td>Before School $10.25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After School $15.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Instructional Day $35.00</td>
</tr>
<tr>
<td>Jacob Hespeler Child Care Centre</td>
<td>Chalmers St. Public School, Lexington Public School, Suddaby Public School</td>
<td>Before School $10.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After School $14.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Instructional Day $35.00</td>
</tr>
<tr>
<td>KW YMCA</td>
<td>Conestogo Public School, Crestview Public School (after school only), Keatsway Public School, Lincoln Heights (after school only), Riverside Public School, Sandhills Public School (after school only), Westmount Public School</td>
<td>Before School $9.45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After School $14.25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Instructional Day $41.50</td>
</tr>
<tr>
<td>KW YWCA</td>
<td>Jean Steckle Public School (after school only), N.A. MacEachern Public School, Shepherd Public School</td>
<td>Before School $9.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After School $14.75</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Instructional Day $40.50</td>
</tr>
</tbody>
</table>

#### 3.0 Child Care Fee Subsidy

The Education Act allows for subsidy eligible children to be placed in extended day programs which are operated under the Education Act. Service agreements are in place with both the WRDSB and WCDSB for placement of subsidy eligible children in the extended day programs. As outlined in this report the current contract will be amended to include the new sites added in 2014-15 school year. Amending the current service agreement allows for greater choice for families when selecting before and after school care and significantly reduces the number of transitions for children in their day.

#### 4.0 Summary

The availability of extended day and youth development programs is a welcome addition to licensed early learning and child care spaces for children from 4-12 years of age. Limited availability of spaces through licensed child care has meant that many families have not been able to access regulated programs for their children. Families...
often report resorting to informal arrangements due to lack of options. Under the Education Act, extended day and youth development programs do not accrue waiting lists; this means that whenever families need the program they have access to it. Availability of fee subsidy will ensure that families who require assistance with the fees will be able to access these programs for their children. The seven third party operators delivering the programs also deliver other child care services; expansion to this service provides an additional source of revenue for these operators. The numbers of children enrolled in both programs has steadily increased over the past four years. This fall the projected enrollment for the two programs exceeds 3,500 children.

**Corporate Strategic Plan:**

This report addresses the Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities; Strategic Objective 4.6: Collaborate with the community to support the development of services for children.

**Financial Implications:**

The 2014 Purchase of Service budget totals $17.9M. Costs associated with placing subsidy eligible families in the expanded before and after school programs will be funded through the fee subsidy budget. In 2013-14 school year approximately $1.05M was utilized from the fee subsidy budget to support placement of subsidy eligible children in extended day and youth development programs. The expansion of these programs does place pressure on the fee subsidy budget, however the benefits of increasing availability of school aged care programs benefits many fee paying families as well by increasing the number of spaces in Waterloo Region.

**Other Department Consultations/Concurrence:**

The assistance of Legal services and Finance are required to establish agreements and monitor expenditures.

**Attachments**

Nil

**Prepared By:** Sheri Phillips, Manager, Child Care Subsidy

  Judi Neufeld, Manager, Early Learning Program

  Nancy Dickieson, Director, Children’s Services

**Approved By:** Douglas Bartholomew-Saunders, Commissioner, Social Services.
Region of Waterloo
Planning, Housing and Community Services
Community Planning

To: Chair Sean Strickland and Members of the Community Services Committee
Date: June 17, 2014
File Code: D12-40/Kissingbridge
Subject: Sixteenth Annual Report of the Kissing Bridge Trailway Advisory Board

Recommendation:
For information.

Summary:
When the County of Wellington and Regional Municipality of Waterloo jointly created the Kissing Bridge Trailway Advisory Board in May 1998, the Terms of Reference required the Board to report to both Councils each year on its activities. The Board adopted the attached report as its Sixteenth Annual Report for the year 2013 (Attachment 1).

Some notable highlights from 2013 include:

- On March 24, 2013, approximately 300 cyclists participated in the first Steaming Nostril cycle race in the Woolwich Township – Elmira area, with the initial part of the race occurring on a section of the Kissing Bridge Trailway between Elmira and Wallenstein.
- Distance marker signs are all in place along the Kissing Bridge Trailway from kilometre 0 at Silver Creek Parkway in Guelph to kilometre 44 at Road 121 in Milbank.
- Spring on the Trail, an annual trail event was held on May 11, 2013. Spring on the Trail is intended to promote activities along the length of the trail and to help raise the local profile of the Trailway.
- Ten benches were installed along the trailway in Guelph-Eramosa to provide convenient resting places for Trailway users.
- A set of stairs was constructed to assist cyclists ascend the steep embankment from the Trailway to Katherine Street, where the detour through the Kissing Bridge in West Montrose rejoins the Trailway. The stairs feature a set of custom made railings and includes a bike trough allowing cyclists to wheel their bicycles up and down the stairs rather than carrying them.
• The lease granted by the Province to Wellington County and the Region of Waterloo in 1997 expired in 2012. Consistent with direction given by the two Councils at the previous five-year renewal of the Lease in 2007, staff negotiated an extension to 2017. The renewal was approved on behalf of the Region by the Commissioner of Corporate Resources pursuant to the Signing Authorities By-law. County of Wellington Council approved the lease extension in April, 2013, and the $508 cost was shared equally between the Region and County.

Report:

The Kissing Bridge Trailway runs through parts of the County of Wellington and the Region of Waterloo through Guelph to Millbank. The Trailway Advisory Board met three times in 2013. For the most part, the meetings focused on activities involving development of infrastructure, promotion of trail use and maintenance required to ensure that Trailway users are provided with a safe and enjoyable experience.

Mike Curtis, representative of the Guelph Hiking Trail Club was re-elected Chair of the Trailway Advisory Board for 2013 and Doug Cerson, a community business representative, was elected as vice-chair.

Some notable highlights of 2013 include:

**Steaming Nostril Race** - On March 24, 2013, the first Steaming Nostril cycle race was held in the Woolwich Township – Elmira area, with the initial part of the race occurring on a section of the Kissing Bridge Trailway between Elmira and Wallenstein. Approximately 300 riders took part in the event which was organized by Cycle Waterloo and is one of several in the province that cyclists can participate in for a “King of Spring” title.

**Distance Markers** - The distance marker signs are all in place along the Kissing Bridge Trailway from kilometre 0 at Silver Creek Parkway in Guelph to kilometre 44 at Road 121 in Milbank. The distance markers are useful to trail users as an indication of distance covered and will also be of value should an emergency situation arise on the Trailway.

**Spring on the Trail** - In 2010, a proposal was put forward by Doug Cerson, the business community representative, to organize an annual trail event. A subcommittee was formed to explore possibilities for such an event. The resulting event has become known as Spring on the Trail and is intended to promote activities along the length of the trail and to help raise the local profile of the Trailway. In 2013, Spring on the Trail event was held on May 11, 2014.

**Trailside Benches** - Ten benches were installed along the trailway in Guelph-Eramosa to provide convenient resting places for Trailway users, particularly those who are out for a leisurely day walk and who desire a place to relax and rest before returning to their starting point.

**Katherine Street Stairs** - A set of stairs was constructed to assist cyclists ascend the steep embankment from the Trailway to Katherine Street, where the detour through the Kissing Bridge in West Montrose rejoins the Trailway. The stairs feature a set of custom
made railings and includes a bike trough allowing cyclists to wheel their bicycles up and down the stairs rather than carrying them. The stairs were constructed early in the fall of 2013, with the railings installed early in 2014. The stairs and railings were financed in large part through generous donations by Trailway users and a local business.

**Lease renewal** - The lease granted by the Province jointly to Wellington County and the Region of Waterloo in 1997 expired in 2012. At the latest five-year renewal of the lease in 2007, Regional Council gave direction to staff to discuss with the Province an extension of the lease beyond 2012 (Report P-070, dated January 9, 2007). The Province granted a five-year lease in 2013. Given the modest cost of $500, the lease was approved on behalf of the Region by the Commissioner of Corporate Resources pursuant to the Signing Authorities By-law. County of Wellington Council approved the lease extension in April, 2013, and the cost was shared equally between the Region and County.

**Trailway encroachment** –

Over the past few years there have been a number of encroachments onto Trailway right of way by neighbouring landowners. Some of the encroachments appear to be deliberate and aggressive. Region and County staff continue to work with the local steward groups to find effective solutions to these situations, including installation of fencing and or planting tree to clearly demarcate the boundary lines.

In addition to the encroachment onto the Trailway right-of-way, there are a number of concerns and considerations that the Advisory Board continues to seek resolutions for, including the Trans Canada Trail and Financing and funding.

A major gap in the Kissing Bridge Trailway continues to be the Grand River near West Montrose in Woolwich Township. The missing bridge results in a significant detour for trail users travelling between Guelph and Elmira and has been identified as a major gap in the Trans Canada Trail in Southern Ontario.

The cost of developing recreational trails can be high. When the Kissing Bridge Trailway was established, it was intended that most of the cost would be borne by the community groups who are jointly developing the Trailway. To date, most of the funds expended on the Trailway have come from the Trailway Steward Groups or private donations. In the past three years, private donations have increased, largely in part due to the Spring on the Trail event.

**Activities Planned for 2014**

During 2014, Trail Condition Reports will be completed by each of the steward groups. Trailway inspections cover all aspects of the Trailway infrastructure including trail surface, bridges, gates, signage, fencing and vegetation. Conducting the inspection and report regularly enables the steward groups to take the required actions in a timely fashion in order that all trailway users will be able to enjoy themselves safely. One of the necessary activities of 2014 will be the demarcation of property lines and rights-of-way where farmers are farming or pasturing onto Trailway property, in some cases right up to the edge of the Trailway itself and this could pose a safety hazard to trail users. Due to increased pressure by a few neighbours, parts of the Trailway will
have to be surveyed and marked clearly in order to reduce encroachment onto Trailway right-of-way. Planting trees and shrubs and possibly some fence installations will help to maintain a clearly marked property line.

In 2014, the Trailway Advisory Board will continue to encourage trail use by organized groups similar to Steaming Nostril and Spring on the Trail events. Some expressions of interest have come forward for fund and/or awareness raising walks or cycling events.

In conclusion, The Trailway Advisory Board expects 2014 to be another activity filled year along the entire length of the Trailway. The Advisory Board is confident that the enthusiasm generated by events such as Spring on the Trail and the Steaming Nostril Race will provide increased overall community support for the Kissing Bridge Trailway. The Advisory Board also looks forward to the development of the expansion of the trail into Perth and Huron counties. This initiative which is known as Guelph to Goderich Trail (G2G Trail) will result in an approximately 124 km, off-road trail connecting a network of communities across a significant portion of the southern Ontario landscape.

**Area Municipal Consultation/Coordination:**

Staff liaise with the Townships of Wellesley and Woolwich staff as required. The Township of Woolwich trails coordinator attends Trailway Advisory Board meetings on a regular basis, and the Mayor of Woolwich is the Regional representative on the Board. A copy of this report will be circulated to Wilmot and Wellesley Township staff.

**Corporate Strategic Plan:**

The Kissing Bridge Trailway is helping to achieve Action 3.2.1 of the Region of Waterloo's Strategic Focus 2011-2014 which speaks to working with Area Municipalities and other stakeholders “to develop an integrated and safe network of regional, local and off-road cycling and walking routes.” The Trailway has been identified as a major bicycle route in the Regional Cycling Master Plan. In addition to coordinating with trails in Woolwich and Wellesley Townships, the Kissing Bridge Trailway is a collaboration with six community groups, the County of Wellington, the Ontario Realty Corporation, the Trans Canada Trail Foundation and the Ontario Trails Foundation.

**Financial Implications:**

There is no Regional Budget allocation to the development and operation of the Kissing Bridge Trailway. The Region provides in-kind staff support to the Kissing Bridge Trailway Advisory Board.

**Other Department Consultations/Concurrence:**

Structural engineers in the Transportation and Environmental Services Department provide invaluable technical advice on bridges along the Trailway. Legal Services also advises on legal matters pertaining to the operation of the Trailway. Finance staff has sent municipal receipts to those who made donations to the Spring on the Trailway event and manage the accounts of the Trailway.
Attachments:

Attachment 1 - Sixteenth Annual Report of the Kissing Bridge Trailway Advisory Board for the Year 2013

Prepared By: Albert Hovingh, Principal Planner, Environmental and Stewardship

Approved By: Rob Horne, Commissioner, Planning, Housing and Community Services
Sixteenth Annual Report
of the Kissing Bridge Trailway Advisory Board
for the Year 2013
Submitted to the Councils of
The County of Wellington
and
The Regional Municipality of Waterloo
Spring 2014

Introduction

In September 1997, the County of Wellington and Region of Waterloo jointly leased a 44.5 kilometre stretch of abandoned rail right-of-way from the Province for development as a multi-use recreational trailway between the outskirts of the City of Guelph and the Village of Millbank. During the winter and spring of 1998, the County and Region concluded Trailway Steward agreements with five community groups to develop and operate sections of the Trailway.
In May 1998, the County and Region jointly approved Terms of Reference for the Trailway Advisory Board, and appointed fifteen persons and four alternate representatives to the Board. Section 1.8 of the Terms of Reference states that the Board "will prepare an annual report to the Councils of the County of Wellington and Regional Municipality of Waterloo on its activities, initiatives, and proposals for the coming year." The sixteenth annual report covers the year 2013.

In 2009, the Village of Millbank Association signed a co-stewardship agreement with the Golden Triangle Snowmobile Association and the County and Region to become steward of the segment between the Perth Waterloo boundary (Perth Road 116) and Perth Road 121 in Millbank. The Association now has a representative and alternate on the Board like the other Trailway Steward Groups.

The current steward groups and their respective segments are as follows:

<table>
<thead>
<tr>
<th>Segment</th>
<th>Trailway Steward Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guelph to Grand River</td>
<td>Guelph Hiking Trail Club</td>
</tr>
<tr>
<td>Grand River to East Limit of Elmira</td>
<td>Conestogo-Winterbourne Optimist Club</td>
</tr>
<tr>
<td>East Limit of Elmira to Wallenstein</td>
<td>Lions Club of Elmira</td>
</tr>
<tr>
<td>Wallenstein to Linwood (Ament Line)</td>
<td>Linwood Lions Club</td>
</tr>
<tr>
<td>Linwood to Perth Road 116</td>
<td>Golden Triangle Snowmobile Association</td>
</tr>
<tr>
<td>Perth Road 116 to Perth Road 121</td>
<td>Village of Millbank Association</td>
</tr>
</tbody>
</table>

During 2013 the steward groups carried out a range of activities including routine trail maintenance, installation of an information kiosk in Linwood and a set of stairs at Katherine Street, and generally improving the overall appearance of the Trailway. The Spring on the Trail Event was held for the third year in a row and has been successful in promoting the Trailway and raising funds for the trail. A new event in 2013 was Cycle Waterloo’s Steaming Nostril event in which over 300 riders participated in a one-day bicycle cross race in the Elmira area. These activities have had a positive impact on the profile and use of the trail, particularly among local residents.

**Trailway Advisory Board Activities**

The Trailway Advisory Board met three times in 2013. For the most part, the meetings focused on activities involving development of infrastructure, promotion of trail use and maintenance required to ensure that Trailway users are provided with a safe and enjoyable experience.

Mike Curtis, representative of the Guelph Hiking Trail Club was re-elected Chair of the Trailway Advisory Board for 2013 and Doug Cerson, a community business representative, was elected as vice-chair.
Steaming Nostril Race event (Cycle Waterloo).

On March 24, 2013, the first Steaming Nostril cycle race was held in the Woolwich Township – Elmira area, with the initial part of the race occurring on a section of the Kissing Bridge Trailway between Elmira and Wallenstein. The 69 kilometre course covered farm and gravel roads (60%), the Kissing Bridge Trailway (35%) and a small section of paved road (5%).

Approximately 300 riders took part in the event which was organized by Cycle Waterloo and is one of several in the province that cyclists can participate in for a “King of Spring” title.

While the Advisory Board had some reservations about possible damage to the trail surface if conditions were less than ideal, an agreement was drawn up with the requirement that any damage must be mitigated by the event organizers.

There was a general agreement that increasing the use of Kissing Bridge Trailway for these kinds of events is not a bad thing, however there is a need for consideration of the trail itself and facilities associated with the Trailway. In order to address this concern, the Advisory Board developed a draft Policies and Procedures document to govern future uses of the Trailway. The document will be reviewed on a regular basis and adjustments made as required.

Distance Markers

The distance marker signs are all in place along the Kissing Bridge Trailway from kilometre 0 at Silver Creek Parkway in Guelph to kilometre 44 at Road 120 in Milbank. The distance markers are useful to trail users as an indication of distance covered and will also be of value should an emergency situation arise on the Trailway.

T-shirts

The advisory Board approved a request by the Linwood Lions to develop a pattern for T-shirts. The t-shirts would carry the KBT logo as well as that of the Lions Club and be offered for sale by Linwood Lions and other interested groups. The sales of the shirts would be conducted as a money raising effort for the work on the Linwood section of the Trailway. If successful, the concept would also be used as a fund raiser for the other
steward groups using their logos. The Linwood Lions will distribute design to other groups when completed.
Spring on the Trail

In 2010, a proposal was put forward by Doug Cerson, the business community representative, to organize an annual trail event. A subcommittee was formed to explore possibilities for such an event. The resulting event has become known as Spring on the Trail and is intended to promote activities along the length of the trail and to help to raise the local profile of the Trailway. The priority for the event is to raise funds for the two major bridges required across the Conestogo River (near Wallenstein) and the Grand River (near West Montrose). In 2013, Spring on the Trail event was held on May 11th.

Spring on the Trail gains momentum each year and as a result people are starting to recognize the Kissing Bridge Trailway, but it requires participation by all stakeholders. Money is being raised from the general public and is helping to make improvement to the Trail. Currently plans are underway to develop an online system for making contributions to Kissing Bridge Trailway. The Regional Tourism Organization from Zone 4 (RTO4) is providing assistance in this endeavour along with the County of Wellington and the Region of Waterloo. In addition, Spring on the Trail has resulted in participation and interest from non-steward groups who want to make the event a success in their respective communities. Local steward groups are considering identifying “local heroes” who contribute to the further development of the Trailway in their community or elsewhere.

Trailside Benches

In 2013 ten benches were installed along the trailway in Guelph-Eramosa. These benches provide convenient resting places for Trailway users, particularly those who are out for a leisurely day walk and who desire a place to relax and rest before returning to their starting point.

Trans Canada Trail

A major gap in the Kissing Bridge Trailway continues to be the Grand River near West Montrose in Woolwich Township. The missing bridge results in a significant detour for trail users travelling between Guelph and Elmira and has been identified as a major gap in the Trans Canada Trail in Southern Ontario. Regional Transportation and Environmental Services staff are providing technical advice on potential design solutions which address the configuration of the century-old abutments and piers which remain from the original bridge.

The County of Wellington has been working with adjoining landowners and local communities to align a section of the Trans Canada Trail along a portion of the former CN right-of-way between the eastern end of the Kissing Bridge Trailway and Elora. This is an essential link to connect the Waterloo-Wellington segment of the Trans Canada Trail to the route further east. In addition, the City of Guelph is preparing the southern
approach to the Trailway as well as the connection to the Kissing Bridge Trailway. This will link the eastern terminus of the Trailway with the River Run Centre in downtown Guelph. In 2002, it was determined to link the two trailways through the GRCA-owned Marden Tract.

Ongoing negotiations of County and City of Guelph staff have not secured necessary user lease agreements with Hydro One. Due to a prohibition of snowmobiling in the corridor by Hydro One, the Fergus/Elora/Belwood Snowmobile Club has withdrawn its earlier offer to steward this section. New steward group support will need to be secured to help build and maintain the trail.

When user lease agreements are in place for this 17 km trail, consideration will be given to bringing it under the auspices of the Kissing Bridge Trailway Advisory Board. The Board has already supported this concept in principle.

**Fencing**

A short section of fencing was installed around a pond on an adjacent property at Schummer Line in Wellesley township to reduce risk of trail users entering into the pond.

**Katherine Street stairs**

In 2013, money was donated by an individual for the construction of a set of stairs to ascend from the Trailway to Katherine Street, where the detour through the Kissing Bridge in West Montrose rejoins the Trailway. A local metal fabricator donated a set of railings which include a bike trough allowing cyclists to wheel their bicycles up and down the stairs rather than carrying them. The stairs were constructed early in the fall of 2013, with the railings installed early in 2014.
Lease renewal

The lease between the Province, Wellington County and the Region of Waterloo expired at the end of 2012. During 2013, the lease renewal process was undertaken and the cost of $500 was split between the Region and the County.

Trail Maintenance and Steward Groups

A number of community groups in the West Montrose section of the Trailway have expressed an interest in developing a closer working relationship with the Trailway. Discussions are underway with the local steward group (Conestogo Optimists) to explore possible co-stewarding arrangements which will allow for increased fundraising opportunities and trail maintenance activities.

Trailway encroachment.

Over the past years there have been a number of encroachments onto Trailway right of way by neighbouring landowners. Some of the encroachments appear to be deliberate and aggressive. Region and County staff continue to work with the local steward groups to find effective solutions to these situations, including installation of fencing and or planting tree to clearly demarcate the boundary lines.

Finances and funding

The cost of developing recreational trails can be high. When the Kissing Bridge Trailway was established, it was intended that most of the cost would be borne by the community groups who are jointly developing the Trailway. To date, the majority of the funds expended on the Trailway have come from the Trailway Steward Groups or private donations. In the past three years, private donations have increased, largely in part due to the Spring on the Trail event.

The Region of Waterloo contributed $38,000 to the Kissing Bridge Trailway in 1999, and a further $20,000 in 2000. The Board has developed a formula to allocate this money among Trailway Steward Groups based on infrastructure development costs within Regional boundaries. In addition, Wellington County provided $10,000 in 2001 to assist the Guelph Hiking Trail Club install barrier gates at intersections along its section. The County provided $25,000 in each of 2004, 2005 and 2006 to grade and apply stonedust to the Trailway. The County continues to fund ongoing maintenance (mowing and weed control) in Guelph/Eramosa.

Regional and County staff provide assistance in a variety of ways to the steward groups including brochure and signage development, clerical support and technical expertise.

Activities Planned for 2014

During 2014, Trail Condition Reports will be completed by each of the steward groups. Trailway inspections cover all aspects of the Trailway infrastructure including trail surface, bridges, gates, signage, fencing and vegetation. Conducting the inspection and report regularly enables the steward groups to take the required actions in a timely
fashion in order that all trailway users will be able to enjoy themselves safely.

One of the necessary activities of 2014 will be the demarcation of property lines and right-of-way where farmers are farming or pasturing onto Trailway property. Due to increased pressure by a few neighbours, parts of the Trailway will have to be surveyed and marked clearly in order to reduce encroachment onto Trailway right-of-way. Planting trees and shrubs and possibly some fence installations will help to maintain a clearly marked property line.

During 2014, the Trailway Advisory Board plans to continue its participation in Guelph to Goderich Trail effort by having one or two representatives sit on the G2G advisory group. The representatives will bring the many years of experience in trail steward activity to new steward group representatives in Perth and Huron County as the process unfolds. The participation will enable the linkage and cooperative functioning across all sections of what promises to become one of the major off-road trail systems in southwestern Ontario.

In 2014, the Trailway Advisory Board will continue to encourage trail use by organized groups similar to Steaming Nostril and Spring on the Trail events. Some expressions of interest have come forward for fund and/or awareness raising walks or cycling events.

Conclusion

The Trailway Advisory Board expects 2014 to be another activity filled year along the entire length of the Trailway. The Advisory Board is confident that the enthusiasm generated by events such as Spring on the Trail and the Steaming Nostril Race will provide increased overall support for the Kissing Bridge Trailway. The Advisory Board also looks forward to the developments of the G2G initiative and the eventual realization of an approximately 124 km, off-road trail connecting a network of communities across a significant portion of the southern Ontario landscape.

Respectfully submitted,

Mike Curtis, Chair (2013)
Trailway Advisory Board
May 8, 2014
Region of Waterloo
Public Health
Emergency Medical Services (EMS)

To: Chair Sean Strickland and Members of the Community Services Committee
Date: June 17, 2014
File Code: P05-80

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. Additional measures have been added to the report including rate of calls per 1000 population, and additional trend information. Some highlights for the months of January – March 2014 include:

Volume and Service Level

- Call volume and patient transports are down from the previous quarter, but up compared to previous years indicating that call volumes and transports are returning to higher 2012 levels. Overall, call volumes are increasing even after accounting for population call growth, as reflected by an increase in rate of call per 1000 population. This is likely mainly due to the aging population.

Compliance and Quality Assurance

- EMS 90th Percentile Response Time resumed trending lower toward the end of the first quarter of 2014 after the normal increase seen over the winter months.
- The persistence of the trend for improvement is likely due to the improvements in Offload Delays as well as resource additions in 2012 and 2013. Response times...
require ongoing monitoring as call demands and trends evolve over time.

- No warning system infractions were identified through internal reviews in the last three months.

Efficiency Indicators

- Across the quarter, Offload Delay losses have varied from month to month. They are currently above year-end 2013 values, but significantly below previous years' values for the same time period. The sharp rise seen in January, and persisting through March, was not unexpected given the upward pressure on Offload Delays during the later than usual flu season. Overall EMS is in a much more stable situation and better poised to deal with Offload delay issues in 2014 compared to 2013.

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 83% of the time in comparison to total dispatched calls over the quarter. The remaining percentage (approximately 17%) is due to situations such as patient refusal, other ambulance transport or other non patient carrying instances.
- Call volume and patient transports are down from the previous quarter, but up compared to previous years indicating that call volumes and transports are returning to previous levels.
• While fluctuating slightly by year, overall call volume is growing even after accounting for population growth as reflected by an increasing rate per 1000 people. This is likely due to aging of baby boom since use of EMS generally increases with age. Note that the OMBI median is 119 calls per 1000 (as compared with 64 calls per 1000 in ROW, 2014 YTD).
• There has been a general increase over time in calls per 1000 people; caller behaviour is changing. Note the city rate of calls is still well below the OMBI median of 119/1000.
• Calls are where people are. Wellesley has a small number of calls. Cambridge and Kitchener have a higher number of calls and level of call demand per 1000 people.
• UHU (unit hour utilization) tends to increase beginning around 4am, peaking between 11am and 2pm, 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. UHU requires ongoing monitoring to assist matching resources and deployment with demand, over time.

Compliance and Quality Assurance

• Response times are slower in the winter months. This was also an unusually long season of winter driving in comparison with previous years.
• EMS 90th Percentile Response Time resumed a trend toward improvement near the end of the first quarter of 2014, after the normal increase in response times seen over the winter months (usually due to a combination of slower response times in poor weather and increased demand due to flu season).
• The persistence of the positive trend is likely due to the improvements in Offload Delays as well as resource additions in 2012 and 2013.
• No warning system infractions were identified through internal reviews in the last quarter.
• Chute time adherence remains above 90%. Region of Waterloo EMS will be striving to improve compliance on this metric over the course of 2014.

Efficiency

• Across the quarter, Offload Delay losses have varied from month to month. They are currently above year-end 2013 values, but significantly below previous years’ values for the same time period. The sharp rise seen in January, and persisting through March, was not unexpected given the upward pressure on Offload Delays during the later than usual flu season. Overall EMS is in a much more stable situation and better poised to deal with Offload delay issues in 2014 compared to 2013.
• 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 is above the historical 2013 average and for the same time period last year. 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 remained low again this quarter, continuing the trend for improvement from the previous quarter.

Longer term, both Code Yellow and Code Red’s have sustained improvements since 2012.

Service and Quality Impact

Service indicators tend to fluctuate around the average over time.

The percentage of stroke patients taken to stroke facilities fluctuated around the historical average for the quarter with a slight decline for the month of March.

As any Return of Spontaneous Circulation (ROSC) is deemed positive, results for ROSC showed a strong improvement from this quarter over the previous quarter, and are in an acceptable range and trending positively for the last two quarters (variation is normal due to the small numbers of cases and numerous variables involved).

Heart attack STEMI (ST-Segment Elevation Myocardial Infarction) Protocol was better than the historical average of providing care in less 90 minutes 86% of the time this quarter (again, variation is expected for heart attack STEMI due to the numerous variables involved).

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 January – March 2014, produced May 26, 2014, Summary. (Distributed Separately)

The detailed report is available online at the following link:

Appendix A

A. Volume and Service Level Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Quarter</th>
<th>% change from Q1-2013</th>
<th>% change from previous 3 Q1s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Calls*</td>
<td>8,707</td>
<td>↑0.7%</td>
<td>↑10.6%</td>
</tr>
<tr>
<td>Rate of Calls per 1,000 population*</td>
<td>64.0</td>
<td>↑0.5%</td>
<td>↓0.5%</td>
</tr>
</tbody>
</table>

B. Compliance and Quality Assurance Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Quarter</th>
<th>% change from Q1-2013</th>
<th>% change from previous 3 Q1s</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS Service Response Time to Emergency (Code 4) calls*</td>
<td>12min 04sec</td>
<td>↑4.3%</td>
<td>↓1.8%</td>
</tr>
<tr>
<td>EMS Service Warning System Use</td>
<td>100.0%</td>
<td>0.0%</td>
<td>0.0%†</td>
</tr>
<tr>
<td>Chute Time Adherence</td>
<td>91.2%</td>
<td>↓1.2%</td>
<td>↑0.1%†</td>
</tr>
</tbody>
</table>

C. Efficiency Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Quarter</th>
<th>% change from Q1-2013</th>
<th>% change from previous 3 Q1s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offload Delay Measurement (# of 24 hour ambulance days)*</td>
<td>52.8 days</td>
<td>↓4.7%</td>
<td>↓34.9%</td>
</tr>
<tr>
<td>Code Yellow Status (% of total time)</td>
<td>9.7%</td>
<td>↑30.8%</td>
<td>↑30.8%†</td>
</tr>
<tr>
<td>Code Red Status (% of total time)</td>
<td>0.31%</td>
<td>↓50.9%</td>
<td>↓50.9%†</td>
</tr>
</tbody>
</table>
## D. Service and Quality Impact Indicators\(^v\)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Quarter</th>
<th>% change from historical average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Patients to Stroke Facilities*</td>
<td>85.0%</td>
<td>↓2.0%</td>
</tr>
<tr>
<td>Return of Spontaneous Circulation*</td>
<td>13.1%</td>
<td>↓20.8%</td>
</tr>
<tr>
<td>Heart attack (STEMI) protocol*</td>
<td>86.0%</td>
<td>↑12.8%</td>
</tr>
</tbody>
</table>

*Indicator is captured in a similar fashion (with some variation in measurement) within a portion of the OMBI reporting process.
† Less than three years of data available.

---

\(^i\) 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.

\(^iii\) Year-to-Date Summary based on data as of May 14, 2014 (for year to date 2014).

\(^iv\) 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.

\(^v\) 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
Healthy Living & Health Protection and Investigation Divisions

To: Chair Sean Strickland and Members of the Community Services Committee
Date: June 17, 2013
File Code: P13-80
Subject: Electronic Cigarettes

Recommendation:
For information

Summary:
This report provides an update on electronic cigarettes (e-cigarettes) since the last Community Services Committee report on October 1, 2013 (Report: PH-13-042). Four main themes emerged from the most recent scan of information and research on e-cigarettes:

1. Research is still inconclusive in terms of the health effects for both the user and those exposed to second hand vapour (especially long-term), as well as the potential use of e-cigarettes as a quit-smoking aid.

2. There are concerns around product safety and manufacturing standards for e-cigarettes.

3. The use, sale and advertising of e-cigarettes, especially to youth, may undermine current tobacco control efforts around smoking initiation and cessation.

This report will outline information on the themes listed above.

Report:

1. Current research on health effects and smoking cessation potential

It is difficult to determine the exact health effects and cessation potential of e-cigarettes because there is a huge amount of variability both within and between brands. This variability and the lack of standard testing and research methods, contributes to the lack of conclusive research on these devices.
Toxicology information on e-cigarettes is very limited, as scientifically robust methods for testing e-cigarettes and e-liquids have not been identified or implemented.\(^1\) Chemical substances and ultrafine particles known to be toxic, carcinogenic or cause respiratory and heart disease have been identified in e-cigarette aerosols, cartridges, refill liquids and environmental emissions.\(^1,2,3\) However, chemical substance levels are usually much lower than in conventional cigarettes, and may not pose a health risk to users or those exposed to second hand vapour.\(^1,2,3,4,5\)

Research to support e-cigarette use to quit or reduce smoking is limited, with mixed results.\(^6\) Several small studies have reported e-cigarette use may lead to a short term reduction in cigarette smoking and suppression of withdrawal symptoms.\(^5,7,8,9,10\) Few adverse effects have been noted to date.\(^9\)

2. Product safety concerns

There are significant concerns regarding product manufacturing and labeling of e-cigarettes, including: poor design; poor quality of materials; manufacturing flaws and defects; lack of adequate warnings and instructions on use; and misleading or inadequate claims.\(^11,12\) These deficiencies could lead to improper use and handling of e-cigarettes and contribute to potential safety implications.\(^11,12\) Some known and associated risks of e-cigarettes and e-liquids include, injuries related to explosions (burns, oral disfigurement, and unilateral blindness),\(^11\) nausea, vomiting, and eye irritation.\(^13\) E-liquids can be toxic to children and the devices can present a choking hazard.\(^11,12\)

Human factor risk management strategies, such as proper labeling and complete instructions; improved packaging and design (including child safety considerations); and improved manufacturing quality controls, may reduce or mitigate injuries, choking deaths, and nicotine overdoses.\(^11\)

3. Use, sale and advertising of e-cigarettes: implications for comprehensive tobacco control

Comprehensive tobacco control has made tremendous progress in previous decades to de-normalize both tobacco use and the tobacco industry.\(^14,15\) E-cigarette use, sale and advertising may undermine the progress that has been made. Therefore, the following should be taken into consideration by the various levels of Government:

- The sale, advertisement and use of e-cigarettes may be either direct or indirect promotion of tobacco use and/or the tobacco industry. Many tobacco companies have purchased e-cigarette companies and have included e-cigarettes in their strategies.\(^14,16,17,18\)
- E-cigarettes are currently marketed openly and without restrictions on the Internet and in many retail locations, using flavourings, gimmicks, and styles which make the products enticing for children and youth.\(^14\) This may lead to an increase in smoking initiation among youth and undermine youth tobacco prevention efforts.\(^19,20,21\)
- The Smoke-Free Ontario Act (SFOA) places restrictions on tobacco use to
protect the public from known health effects and to make smoking less visible. E-cigarettes have been marketed for use in public places and workplaces where cigarette smoking is prohibited. In addition, e-cigarettes mimic tobacco products, creating a visual cue that may lead to fewer quit attempts or relapse to smoking in those who have recently quit.

A number of health organizations and health professionals have called for restrictions on the use, sale and marketing of e-cigarettes to align with current restrictions on tobacco.

4. Current and proposed regulations on e-cigarettes

The table below describes recent activity related to regulations on e-cigarettes.

**Table 1: Current Regulations in Canada, the United States and the United Kingdom**

<table>
<thead>
<tr>
<th>Regulations Level</th>
<th>Details on current or proposed regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterloo Region</td>
<td>Grand River Hospital has a smoke-free policy that includes e-cigarettes.</td>
</tr>
</tbody>
</table>
| Municipal Level in Canada | • In Ontario, the Town of Innisfil included e-cigarettes that contain nicotine in a by-law that prohibits smoking and use of tobacco products in all designated outdoor sports and recreation spaces.  
• Hantsport, a rural town in Nova Scotia, also included e-cigarettes in a by-law to prohibit smoking in a variety of outdoor public places.  
• An environmental scan completed by Peel Region in March 2014 indicates there have been policies created by workplaces, school boards, and corporations across Ontario that prohibit the use of e-cigarettes in buildings and on property. |
| Provincial Level in Canada | The Health Minister in Nova Scotia announced that the provincial government will introduce legislation this spring to ban e-cigarette use in public places. |
| State and County level in the United States | As of April 1, 2014, 10 states and 139 counties have placed prohibitions on e-cigarette use. Policies vary by state and county, but restricted e-cigarette use exists in some of the following locations:  
• Non-hospitality workplaces, restaurants, bars and gambling facilities  
• School district properties  
• State workplace buildings, facilities, indoor and outdoor spaces and surrounding grounds, parking lots and State vehicles  
• Correctional facilities and grounds used by both employees and inmates |
<p>| Federal level in the United States | The U.S. Food and Drug Administration (FDA) released a proposal at the end of April to extend its tobacco authority to additional tobacco products, |</p>
<table>
<thead>
<tr>
<th>Regulations Level</th>
<th>Details on current or proposed regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>States</strong></td>
<td>including e-cigarettes.\textsuperscript{33,34,35} Under the new proposed rule, the following provisions would apply to e-cigarettes:</td>
</tr>
<tr>
<td></td>
<td>• Register with the FDA and report product and ingredient listings</td>
</tr>
<tr>
<td></td>
<td>• Only market new products after FDA review</td>
</tr>
<tr>
<td></td>
<td>• Only make direct and implied claims of reduced risk if the FDA confirms that scientific evidence supports the claim and that marketing the product will benefit public health as a whole</td>
</tr>
<tr>
<td></td>
<td>• No distribution of free samples</td>
</tr>
<tr>
<td></td>
<td>• Minimum age and identification restrictions</td>
</tr>
<tr>
<td></td>
<td>• Requirements to include health warnings</td>
</tr>
<tr>
<td></td>
<td>• Prohibition of vending machine sales</td>
</tr>
<tr>
<td><strong>United Kingdom</strong></td>
<td>• In 2016, e-cigarettes will be regulated as medicines to ensure quality and safety.</td>
</tr>
<tr>
<td></td>
<td>• The regulation as a medicine is in response to concerns about the safety and quality of the e-liquid not matching the labels, containing contaminants and leaking.</td>
</tr>
<tr>
<td></td>
<td>• Regulation as a medicine will mean the product cannot be promoted to youth under 16 and packaging and flavouring cannot be designed to attract young people.</td>
</tr>
<tr>
<td></td>
<td>• The long term safety will also be monitored under the new regulation.</td>
</tr>
</tbody>
</table>

**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 that supports ongoing education for Board of Health members to help them remain abreast of relevant trends and emerging public health issues.
Corporate Strategic Plan:

Strategic Focus Area 3: Healthy and Safe Communities – Support safe and caring communities that enhance all aspects of health.

Strategic Focus Area 6: Service Excellence – Foster a culture of citizen/customer service that is responsive to community needs.

Financial Implications:

Nil

Other Department Consultations/Concurrence:

Region of Waterloo Legal Services Division

Prepared By: Katie McDonald, Public Health Planner

Stephanie Watson, Public Health Nurse

Approved By: Dr. Hsiu-Li Wang, Acting Commissioner/Medical Officer of Health

33 Department of Health and Human Services, Food and Drug Administration, April 25, 2014, Deeming Tobacco Products To Be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act; Regulations on the Sale and Distribution of Tobacco Products and Required

34 US FDA, April 24, 2014, FDA News Release: FDA proposes to extend its tobacco authority to additional tobacco products, including e-cigarettes [http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm394667.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm394667.htm)

Region of Waterloo

Public Health

Health Protection and Investigation

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

Date: June 17, 2014

File Code: P10-80

Subject: 2013 Food Safety Annual Report

Recommendation:

For information.

Summary:

A number of activities were completed in 2013 as part of Public Health’s comprehensive food safety program. The total number of inspections completed in 2013 represents the highest total number of inspections completed in one year by Public Health. In addition Public Health achieved 100% compliance with the high-risk food premises Accountability Agreement indicator with the Ministry of Health and Long Term Care. Enforcement actions were also taken when necessary; 23 tickets were issued to 9 premises in 2013. Public Health Inspectors responded to consumer complaints, food recalls, and requests for service in a timely manner. Public Health Inspectors apply a balanced education and enforcement approach when conducting inspections and investigations. In January 2014 Public Health unveiled the new web-based Check it! We Inspect it. disclosure program which was introduced to further Public Health’s commitment to transparency, efficiency, collaboration and timely service to the public.

Report:

The goal of Public Health’s food safety program is to prevent or reduce the burden of food-borne illness. The program is guided by the Ontario Public Health Standards, Food Safety Protocol and Ontario Food Premises Regulation 562/90 under the Health Protection and Promotion Act. Food safety program activities focus on four general areas: routine inspections, enforcement actions, requests for service and education.

Routine Inspections

There were a total of 2,428 food premises in Waterloo Region in 2013. Public Health Inspectors conducted a risk assessment of each premises and inspected at a frequency
commensurate to the assigned risk level:

- high risk premises (e.g., full service restaurants) inspected not less than once every four months;
- moderate risk premises (e.g., fast food facilities) inspected not less than once every six months; and
- low risk premises (e.g., convenience stores) inspected not less than once every twelve months.

In 2013, a total of 5,230 inspections and 762 re-inspections of food premises were completed in Waterloo Region. The total number of inspections completed in 2013 represents the highest total number of inspections completed in one year by Public Health, and follows a generally increasing trend in routine food safety inspections completed in recent years. While staff resources have remained the same, Health Protection & Investigation divisional program changes and reorganization have supported the increase in total inspections completed.

Figure 1. Total number of food premises compliance inspections completed, 2005-2013

In 2013, an Accountability Agreement between Boards of Health and the Ministry of Health and Long Term Care monitored the proportion of high risk food premises that received a routine inspection at least once in each four month period of the calendar year (i.e., the number of actual inspections conducted in the expected time frame, as compared to the number of required inspections). Public Health is required to inspect 100% of the high risk food premises in Waterloo Region at least once every four months; 100% compliance was achieved in 2013 (an increase from 99.7% in 2012 and 82% in 2011).

Public Health recognizes inspection frequency as an important intervention to ensure food premises maintain required food safety and sanitary standards and has proactively implemented comprehensive performance monitoring of other risk levels (i.e., moderate risk and low risk premises) outside the Accountability Agreement. For example, in 2013, 99.95% of moderate risk premises received a routine inspection at least once in each six month period of the calendar year (compared to 99.9% in 2012 and 84% in 2011); this indicator has been formally introduced as an Accountability Agreement in 2014. In 2013, 99.72% of low risk food premises received at least one inspection in the
twelve-month calendar year (as compared to 93% in 2012 and 84% in 2011). These statistics illustrate that Public Health has increased inspection completion rates in recent years.

Enforcement Actions

In 2013, Public Health addressed non-compliance by owners and operators of food premises with the Health Protection and Promotion Act and the related Ontario Food Premises Regulation 562/90. Critical infractions (i.e., violations that can lead to food-borne illness if not corrected) and non-critical infractions (i.e., violations that affect the structure and sanitation of a food premises) were documented by Public Health Inspectors during inspections. In 2013, there were 3,162 critical infractions and 7,822 non-critical infractions noted in the 2,428 food premises in Waterloo Region, an increase from 2012. The increase in the number of infractions observed was not unexpected with more inspections completed. The average number of infractions per inspection remains consistent with previous years.

The most common critical infraction in 2013 was “failure to protect food from potential contamination and adulteration”, which can mean that food was not properly stored or covered. The most common non-critical infraction in 2013 was that “equipment, non-food contact surfaces and linen were not maintained, designed, constructed, installed and accessible for cleaning”. In 2013, 23 tickets (Provincial Offences Notices) were issued to 9 separate food premises that repeatedly failed to comply with requirements. Although fewer food premises were charged in 2013 than the previous year, the number of premises charged was within the expected range. The most common infraction that led to a charge was “failure to protect food from contamination and adulteration”.

Public Health Inspectors also seized and disposed food deemed unfit for consumption during inspections and investigations. In 2013, 1167kg of food was seized and destroyed on 145 separate occasions. This reinforces the continued importance of Public Health inspections of food premises to reduce the potential risk of food-borne illness in the Region.

Requests for Service

In addition to routine inspection activities, Public Health ensures an on-call system for notification of and response to situations related to food safety and food-borne illness. Food safety-related complaints and reports received through the on-call system (and as of Jan 2014, the Check it! We inspect it. website) include, but are not limited to: unsafe food-handling practices, consumer complaints and food recalls. Through the on-call system, Public Health continued to respond to these requests in a timely manner.

Consumer Complaints

Public Health is mandated to respond to food-related complaints within 24 hours to determine the appropriate response required. In 2013, Region of Waterloo Public Health received and responded to 184 consumer complaints. The most common complaints received related to suspect food-borne illnesses, general food premises sanitation and food handling practices. Public Health followed up on every complaint received.
Food Recalls

Public Health responds to locally-identified needs and provides assistance to partner agencies to ensure food products identified as unsafe or unfit for consumption are removed from sale or distribution. In 2013, Public Health participated in five food recalls; three were launched by the Canadian Food Inspection Agency, one triggered by another health unit and one by the Ministry of Health and Long Term Care. Public Health Inspectors contacted 693 premises during these recall investigations to determine if any contaminated products were present. A total of 43kg of recalled food was seized and destroyed as a result of this activity in the Region.

Special Events

Food vendors at special events held in Waterloo Region are required to complete an application to Public Health. Each application is reviewed and assessed by a Public Health Inspector and food safety information is provided to the vendor. The following criteria is applied to determine if an inspection was required: food is offered to the public, attendance is anticipated to be at or above 1000 persons and the majority of the food offered for sale is potentially hazardous. In 2013, Public Health received 557 notifications of special events resulting in the inspections of 62 events. In recent years, the number of special event notifications and inspections of events continues to increase annually.

Education

Public Health is mandated to provide food safety information and education material through various media to assist in the safe preparation and handling of food. In 2013, the activities of the food safety program were featured in the media on various occasions, including radio, newspaper and television.

Public Health Inspectors regularly interact with owners and operators at restaurants, farmer's markets, community special events, day nurseries, school nutrition programs, and institutions (i.e., long-term care facilities, hospitals, residential facilities) to provide food safety information and educational material. Public Health staff also published and distributed two different newsletters for food premises operators: The Front Burner newsletter and At the Market newsletter. Region of Waterloo Public Health uses a balanced education and enforcement approach in the food safety program to achieve compliance with regulatory requirements and in order to reduce the risk of food borne illness in our community.

In January 2014, the Check it! We inspect it. online disclosure program was launched, building on the success of the Commitment to Food Safety program and food premises inspection results website. (see Report: PH-14-001). This updated disclosure system enhanced service delivery by providing additional methods to present inspection results (i.e., mobile web access and QR codes on posters) and enhanced communication options with the public via an online complaints feature.

The new program was promoted through traditional and social media avenues, and owners and operators are being provided with Check it! We inspect it. signs to display in their premises advertising the website. It is estimated that the new website has
received over 5,000 visits since the formal launch. More than 18 food safety complaints from the public have been submitted through the Check it! We inspect it. website. The online disclosure system continues to be the most popular way for the public to access inspection results (versus telephone and walk-in requests). Public Health plans to evaluate Check it! We inspect it. in 2015.

Food Handler Training

Public Health ensures that a food safety training program is available to food handlers of all food premises in Waterloo Region. Public Health oversees the Food Safety Training Certification course delivered by Conestoga College Institute of Technology. In 2013, 1,273 food handlers were certified through this partnership with the College. The total number of food handlers certified through this course increased slightly from 1,211 certified in 2012. The demand for food safety training in Waterloo Region has increased significantly since 1999 and this trend is expected to continue. Conestoga College has identified their capacity to meet increasing demands. The partnership between Public Health and Conestoga College enables Public Health to meet other competing demands and mandates such as Accountability Agreements and inspection completion rates.

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 outlines Region of Waterloo Public Health’s compliance with the Food Safety Standard and associated protocols of the Ontario Public Health Standards.

Corporate Strategic Plan:

Focus Area 4: Healthy and Inclusive Communities – Foster healthy, safe, inclusive and caring communities.

Focus Area 5: Service Excellence – Deliver excellent and responsive services that inspire public trust

Financial Implications:

These activities are carried out within existing resources.

Other Department Consultations/Concurrence:

Nil

Attachments:

Nil

Prepared By: Lindsay Blashill & Alana Bowering, Public Health Planners

Chris Komorowski, Manager, Food Safety, Recreational Water
Programs and Cambridge and Area Team

Approved By: Dr. Hsiu-Li Wang, Acting Commissioner/Medical Officer of Health
Region of Waterloo
Public Health
Child and Family Health

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

Date: June 17, 2014  File Code: P09-20

Subject: Baby-Friendly Initiative (BFI) Pre-Assessment Site Visit

Recommendation:
For Information

Summary:
Public Health is in the process of becoming accredited as Baby-Friendly by the Breastfeeding Committee of Canada. Achieving Baby-Friendly accreditation contributes to Public Health’s mandate related to breastfeeding as outlined in the Ontario Public Health Standards and is a requirement for Public Health Units across Ontario as part of the Ministry of Health and Long Term Care Accountability Agreement with Public Health Units. As part of the accreditation process, a pre-assessment site visit is scheduled for Friday June 27, 2014. An assessor from the Breastfeeding Committee of Canada will be touring Public Health facilities at 99 Regina Street South and speaking to randomly selected Public Health staff and managers about how the Baby-Friendly Initiative has been incorporated into their programs and services.

A certificate of completion and a report that includes feedback and identifies actions still needed to achieve accreditation will be provided to Region of Waterloo Public Health by the Breastfeeding Committee of Canada assessor following the site visit. A three-day external assessment, as required to achieve Baby-Friendly accreditation, will then be scheduled within one year of the pre-assessment visit date.

Report:
The Baby-Friendly Initiative is a global campaign (WHO and UNICEF) that includes all infants regardless of infant feeding decision and is focused on:
• Raising awareness of the importance of breastfeeding
• Helping mothers make informed choices about infant feeding
• Supporting families providing artificial baby milk (formula) with individualized information regarding infant feeding

As per the Ministry of Health and Long-Term Care’s accountability agreement with Public Health, the health unit is required to be accredited with the designation of Baby-Friendly. In doing so, Public Health is also contributing to fulfilling its Ontario Public Health Standards mandate to work on breastfeeding outcomes which include:

• Improved knowledge and skills for breastfeeding women; and
• Increased rates of exclusive breastfeeding until six months, with continued breastfeeding until 24 months and beyond.

To prepare for accreditation, Public Health has developed a breastfeeding standard operating procedure, developed training material and trained all staff in the Baby-Friendly initiative, reviewed and revised all public health resources and curriculums for compliance, and conducted surveillance activities to monitor and provide timely indicators on infant feeding trends in Waterloo Region (PH-14-022: Region of Waterloo 2011-2013 Infant Feeding Study submitted on May 27, 2014 to Community Services Committee).

The BFI pre-assessment is an opportunity for Public Health to highlight its work on infant feeding and represents a key milestone in the Baby-Friendly accreditation journey.

Corporate Strategic Plan:

Focus Area 4: Healthy and Inclusive Communities

Financial Implications:

The costs associated with the initial Baby Friendly accreditation process are being covered within the existing 2014 and 2015 Public Health base funding allocations.

Other Department Consultations/Concurrence:

Nil

Attachments

Nil

Prepared By: Sharmin Jaffer, Manager, Child and Family Health
Andrea Reist, Director, Child and Family Health

Approved By: Dr. Hsiu-Li Wang, Acting Commissioner/Medical Officer of Health
Region of Waterloo
Public Health
Central Resources

To: Chair Sean Strickland and Members of the Community Services Committee
Date: June 17, 2014
File Code: P01-80
Subject: 2013 Public Health Annual Report

Recommendation:
For information.

Summary:
The main goal of Region of Waterloo Public Health (ROWPH) is to build healthy and supportive communities in partnership with others. The purpose of the 2013 Public Health Annual Report is to provide the community with a broad overview of ROWPH programs, services and key accomplishments over the course of the year that have moved us closer to this goal. The report demonstrates how Region of Waterloo Public Health’s work aligns with and contributes to Ontario’s Public Health Sector Strategic Plan in the following five goal areas:

- Optimize healthy human development
- Improve the prevention and control of infectious diseases
- Improve health by reducing preventable diseases and injuries
- Promote healthy environments – both natural and built
- Strengthen the public health sector’s capacity, infrastructure and emergency preparedness

Report:
The 2013 Public Health Annual Report highlights some of the department’s key accomplishments through short articles and quick statistics. This year’s report has been structured to align with “Make No Little Plans - Ontario’s Public Health Sector Strategic Plan” released last year by Ontario’s Chief Medical Officer of Health, Dr. Arlene King.
Public Health Role

The main goal of Public Health is to build healthy and supportive communities in partnership with others. The scope of Public Health Services is determined by the provincial Ministry of Health and Long Term Care through the Health Protection and Promotion Act and the Ontario Public Health Standards. These standards ensure that a basic set of services are provided consistently across the province, while still allowing for local flexibility in responding to local issues.

Make No Little Plans - Ontario’s Public Health Sector Strategic Plan

Report PH-13-032 Ontario’s Public Health Sector Strategic Plan provided an overview of Ontario’s Chief Medical Officer of Health, Dr. Arlene King’s strategic plan released in 2013. The full report can be found at the following link: [http://www.health.gov.on.ca/en/common/ministry/publications/reports/make_no_little_plans/](http://www.health.gov.on.ca/en/common/ministry/publications/reports/make_no_little_plans/)

This is the first strategic plan developed for the Public Health Sector in Ontario. While Ontario’s Public Health Sector Strategic Plan does not represent new requirements for Health Units, its goal is to help the sector as a whole achieve greater impact through focused alignment, collaboration and collective action. It aims to achieve this by setting out key strategic goals and collective areas of focus for the Sector for the next 3-5 years (See Figure 2).

The Plan lays out core values, a 15 to 20 year vision and mission, and eight collective areas of focus, organized under five strategic goals, for the next three to five years (see Figure 1).

Figure 1: Strategic goals and collective areas of focus for Ontario’s Public Health Sector for the next three to five years

- **Strategic Goals**
  - #1 Optimize Healthy Human Development
  - #2 Improve the prevention and control of infectious diseases
  - #3 Improve health by reducing preventable diseases and injuries
  - #4 Promote healthy environments – both natural and built
  - #5 Strengthen the public health sector’s capacity, infrastructure, and emergency preparedness

- **Collective Areas of Focus**
  - 1.1 Early childhood development, including mental wellness and resiliency
  - 2.1 Immunization
  - 3.1 Physical activity and healthy eating; 3.2 Tobacco/alcohol
  - 4.1 Built environment
  - 5.1 Information and knowledge systems; 5.2 Collaborative mechanisms; 5.3 A highly competent workforce
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 2013 Public Health Annual Report provides a series of short articles and quick statistics that highlight examples of some key accomplishments; this year’s report demonstrates how Region of Waterloo Public Health’s work aligns with and contributes to Ontario’s Public Health Sector Strategic Plan.

Corporate Strategic Plan:

Focus Area 4: Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities.

Focus Area 5: Service Excellence: Deliver excellent and responsive services that inspire public trust.

Financial Implications:

Public Health Department programs are delivered using resources approved by the Regional Municipality of Waterloo as the Board of Health. Funding is a combination of 100% provincial, 75% provincial/25% regional tax levy, 100% regional tax levy and to a lesser extent some fees and charges and other sources of revenue. The programs are determined primarily according to provincial mandate and influenced by local need.

Other Department Consultations/Concurrence:

Nil

Attachments


Prepared By: Julie Kalbfleisch, Manager, Information and Communications
Anne Schlorff, Director, Central Resources

Approved By: Dr. Hsiu-Li Wang, Acting Commissioner/Medical Officer of Health
Region of Waterloo
Public Health
Child and Family Health

To: Chair Sean Strickland and Members of the Community Services Committee
Date: June 17, 2014

Subject: Healthy Babies Healthy Children Program Update – Local Service Delivery Model

Recommendation:
For information.

Summary:
In 2013, the Healthy Babies Healthy Children Program transitioned from a universal program to a targeted program to address the children and families most in need (see Report PH-13-024). The changes made to the Healthy Babies Healthy Children Program have resulted in a more systematic approach to program delivery across the province including standardized training for Public Health Nurses and Family Visitors, and has resulted in changes to the local model of service delivery for this program. Region of Waterloo has entered into a service agreement with the Ministry of Children and Youth Services for the delivery of the Healthy Babies Healthy Children Program for 2014, is establishing baseline statistics for the program, and is revising or establishing service agreements with community partners that reflect roles within the new local program delivery model.

Report:

Program Background:
The Ontario Ministry of Children and Youth Services provides 100% funding for the Healthy Babies Healthy Children Program. Service in Waterloo Region is delivered to the greatest extent possible within the funding provided by the province. With the exception of an additional Public Health Nurse position in 2013 through the Ontario 9,000 Nurses Commitment to assist with quality completion of the new Healthy Babies Healthy Children Screen, funding for the Program has not increased since 2008. The Healthy Babies Healthy Children Program consists of a number of separate but related
components:

- screening of pregnant and postpartum women and families with children (up to the child’s transition to school);
- family home visiting by a Public Health Nurse and Family Visitor to vulnerable families who have been identified with risk on the Healthy Babies Healthy Children Screen and have had risk confirmed through an In-Depth Assessment;
- service coordination for the family;
- referral/recommendations for the family to community programs and resources depending on the needs of the family as outlined in the Family Service Plan;
- data collection and reporting of service statistics through documentation and data entry into the Integrated Services for Children Information System;
- evidenced based training of staff including standardized training in attachment, parenting and healthy child development;
- service agreements with key community partners; and,
- collaboration with community partners to plan and develop an integrated children’s services system.

The Program components for families are voluntary at all stages and family consent is required to participate. Referrals to the Healthy Babies Healthy Children Program occur prenatally, during the postpartum period, and in early childhood (up to the child’s transition to school).

Local Healthy Babies Healthy Children Program Model:

a) Screening and Assessing for Risk:

Within the current local Healthy Babies Healthy Children Program model, Healthy Babies Healthy Children Screens are completed by community partners such as nurses at the local hospitals and midwives, as well as by Public Health Nurses working in a variety of Public Health programs (e.g. sexual health, reproductive and child health programs). Through one full-time equivalent Screening Liaison Public Health Nurse, community partners and Public Health staff are trained and supported to complete and administer quality Healthy Babies Healthy Children Screens. The Healthy Babies Healthy Children Screen consists of 36 questions to which “yes” or “no” is the response. If there are two or more “yes” checkmarks, the family is deemed potentially with risk.

At the postpartum stage, if potential risk is not identified through a Screen, the family is provided with a copy of the New Parent Resource Guide which includes information about healthy child development and other programs and services that may be of assistance.

For those families deemed potentially with risk on the Healthy Babies Healthy Children Screen at the postpartum stage, Nurses in the Healthy Babies Healthy Children Program further assess to confirm risk. An In-Depth Assessment is initiated during a postbirth clinic visit 48 to 72 hours post discharge at one of the local hospitals (Grand River Hospital or Cambridge Memorial Hospital) and then completed through a home visit for those families identified as potentially at risk. The assessment for families in the prenatal and early childhood phases occurs mostly through home visits.
If risk is not confirmed through the In-Depth Assessment, the family is provided with information about healthy child development and other programs and services that may be of assistance. If risk is confirmed for a family, they are offered the home visiting component of the Program.

b) Home Visiting Program:

Consenting families receive home visits by a Public Health Nurse and a Family Visitor (separately and together) based on an individualized Family Service Plan developed in consultation with the family. There are 17 potential goals that are part of the Family Service Plan. Usually a family will work on one to five different goals at a time through ongoing home visits. Family Visitors and Public Health Nurses use different strategies to help families reach their goals. Reassessment visits with the family help to determine if goals have been met, if others need to be identified or if the family’s needs have been met and it is time to discharge the family from the Program.

Standardized training has been provided to Public Health Nurses and Family Visitors. It includes Keys to Caregiving training and Partners in Parenting Education training for Family Visitors and Public Health Nurses. Training has also been provided to the Public Health Nurses on Promoting Maternal Mental Health and the Nurse Child Assessment Satellite Training for Teaching and Feeding (focused on developing secure attachment between the parent and child). The training has been provided to staff across the province to provide a more standardized approach to the Healthy Babies Healthy Children Program.

c) Community Partnerships:

The Healthy Babies Healthy Children Program works collaboratively with community partners including, but not limited to, Grand River Hospital, Cambridge Memorial Hospital, local midwifery practices, Family and Children’s Services, Monica Place, the Infant and Child Development program and KidsAbility. Staff are currently working on revising or establishing service agreements with these agencies that reflect new and changed working relationships. In addition, staff are working on establishing new partnerships with agencies that may be interested in becoming screening partners and referral partners for the Program. The work is occurring within the context of continuing to coordinate with community partners to screen, refer and support children at risk for challenges to healthy child development.

d) Service Agreement with Ministry of Children and Youth Services:

Region of Waterloo has entered into a service agreement with the Ministry of Children and Youth Services for 2014. The Ministry of Children and Youth Services has established aspirational service targets that they have asked health units to work towards. Region of Waterloo Public Health will not be able to fully meet the service targets set by the Ministry of Children and Youth Services within the funding envelope for this program. The Ministry has not asked for a service plan for 2014. Instead, staff are working toward establishing a baseline through 2014 service delivery data so that reasonable service targets may be negotiated in the future.
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 implementation and compliance with the Healthy Babies Healthy Children Program Protocol and Guidelines (2012) as per Requirement #7 in the Reproductive Health Standard and Requirement #9 in the Child Health Standard of the Ontario Public Health Standards. This report also provides information that supports ongoing education for Board of Health members to help them remain abreast of relevant trends and emerging public health issues.

Corporate Strategic Plan:

The Healthy Babies Healthy Children program contributes to the Region’s strategic focus area of Healthy and Inclusive Communities (foster healthy, safe, inclusive and caring communities).

Financial Implications:

The Ministry of Children and Youth Services has approved 100% funding of $2,864,743 for the implementation of the Healthy Babies Healthy Children Program by Region of Waterloo Public Health. The approval includes funding from the Ontario 9,000 Nurses Commitment and introduced in 2013 for one full-time equivalent Public Health Nurse position for Screening Liaison. The program will be delivered within the approved funding allocation for 2014. As noted, the health unit is in a transition year whereby a service baseline is being established so that reasonable service targets can be negotiated within the available 100% funding from the province.

Other Department Consultations/Concurrence:

The Healthy Babies Healthy Children program staff work closely with staff in Children’s Services, primarily through the Children’s Planning Table (the local planning body for children’s services) and through the Infant and Child Development Program.

Attachments

None.

Prepared By: Janet McCreary, Manager, Child and Family Health

Andrea Reist, Director, Child and Family Health

Approved By: Dr. Hsiu-Li Wang, Acting Commissioner/Medical Officer of Health
Subject: Housing First Training and Technical Assistance

In March 2014, the Mental Health Commission of Canada (MHCC) offered support to 18 communities to implement Housing First training and technical assistance for Community Entities under the federal Homelessness Partnering Strategy (HPS). There has been considerable support and local work in the area of Housing First. Given this work, the Region is well positioned to partner with the MHCC in refining Housing First locally, using the training and technical assistance to engage key partners, and to participate in the Housing First learning community that is being created across Canada with this project. The initiative will also support the recently announced shift in HPS towards Housing First; whereby 44 HPS communities will be required to incorporate Housing First into their work moving forward. The Region of Waterloo, as the Community Entity for HPS, submitted an Expression of Interest for this opportunity and was successful (see letter attached).

Additional details from the MHCC are anticipated in the coming weeks; however, to provide a general overview, this means an opportunity for the Housing Stability sector in the region to participate in an initial two-day Housing First training. In addition to the two-day training, there will be further training events, regional conferences in which teams from the various communities in each region will come together to become part of a regional community of practice or learning community. Over the next five years, the Housing Stability sector will receive ongoing support from the MHCC related to
implementation evaluation and fidelity measurement (i.e., how well certain programs align with the Housing First model’s principles).

It also partners with and complements a three-year research project, funded by the Canadian Institute of Health Research (CIHR) and led by Dr. Geoff Nelson at Wilfrid Laurier University, called “Transforming Treatment Services and Housing for People with Mental Illness in Canada.” This research project is working with six communities across Canada (Surrey, British Columbia; Saskatoon, Saskatchewan; Winnipeg, Manitoba; Toronto, Ontario; Montreal, Québec; and Halifax, Nova Scotia) to implement Housing First while building knowledge about effective knowledge translation strategies for implementing Housing First.

Further updates about this initiative will be brought forward in a report to Council in the fall.

For more information, please contact Lynn Randall, Director, Social Planning, Policy and Program Administration at lrandall@regionofwaterloo.ca or 519-883-2190.
April 25, 2014

Marie Morrison
Manager Social Planning &
Van Vilaysinh
Manager Social Planning
Regional Municipality of Waterloo (CE)
99 Regina Street. S, 5th Floor
Waterloo, ON N2J 4G6

RE: Decisions about the MHCC Training and Technical Assistance Initiative Expressions of Interest

Dear Mrs. Morrison and Mr. Vilaysinh

The Mental Health Commission of Canada (MHCC) is pleased to inform you that your community has been selected to receive the Housing First Training and Technical Assistance. We appreciate your interest in Housing First and we are looking forward to working with you to provide training and technical assistance suited to the needs and interests of your community.

Over the next few weeks you will be contacted by the Housing First Training and Technical Assistance Coordinator to discuss next steps and to have a further conversation around the Housing First training needs in your community.

We are very excited to be working with you to support the work you are doing in Housing First and addressing homelessness in your community.

Sincerely,

Catharine Hume
Director, Housing and Homelessness
Mental Health Commission of Canada
To: Chair Ken Seiling and Members of Regional Council
From: Lynn Randall, Director, Social Planning, Policy and Program Administration
Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services
Kris Fletcher, Director, Council and Administrative Services/Regional Clerk
File Code: S13-30
Subject: Housing Stability System Newsletter – June 2014

Memorandum

Staff is pleased to provide to Council the third edition of the Housing Stability System Evolution Newsletter. The first edition was released in September 2013 and the second in February 2014. The purpose of the newsletter is to provide an update on system change processes for housing stability service providers in receipt of funding through the Region of Waterloo as well as other interested stakeholders. The newsletter is issued three times per year.

Housing Stability System Evolution Newsletter #3

The newsletter will be shared broadly and will be posted to the Region’s website.

For further information please use the contact information at the back of the document or contact Lynn Randall at 883-2190 or lrandall@regionofwaterloo.ca
Access to funds for rent arrears and deposits just got simpler.

In the February 2014 newsletter, you heard about plans to simplify access to last month’s rent deposits based on feedback from two pilots that took place over 2013/14.

On April 1, several changes were made to the way that people access funds for both rent arrears and deposits in Waterloo Region. Feedback about these changes has been very positive! People like connecting with just one organization (Lutherwood) to get the help they need to stay housed or secure new housing. Direct support workers like having similar eligibility criteria and funding maximums across similar programs.

Who is eligible? People with incomes at or below the 2012 Before Tax Low-Income Cut Off (LICO) + 15 per cent are eligible for rent arrears and deposit funds.

How to Access Funds for Rent Arrears: (N-4 eviction notice required)

- People accessing social assistance may be eligible for Discretionary Funds (grant) for rental arrears. People accessing OW should contact their caseworker. People accessing ODSP should contact the Region’s Employment and Income Assistance Intake at 519-883-2100.

- People not accessing social assistance have two options:
  1. They can contact Lutherwood and ask about the Rent Fund (loan option) AND/OR
  2. They can contact Regional Social Services Intake at 519-883-2100 and ask about the Half Month’s Emergency Fund (grant option).

How to Access Funds for Rent Deposits: (homeless or can’t stay in current housing)

- Contact Lutherwood and ask about the Rent Fund. A grant option is available for people accessing social assistance (OW/ODSP) or living with similar income levels. A loan option is available for people living with higher income levels.
Moving forward with CHPI supportive housing redesign.

In previous newsletters, you heard about how supportive housing programs funded under the Community Homelessness Prevention Initiative (CHPI) are being redesigned. CHPI was implemented January 1, 2013 and consolidated two funding sources for supportive housing in Waterloo Region (Domiciliary Hostel per diem and Consolidated Homelessness Prevention Program). About 500 units/beds of supportive housing are funded through CHPI locally, including self-contained units, shared self-contained units, boarding homes, and retirement homes. Over the past two years, research and consultation have been underway to align these programs under a new program framework.

What’s happened since February?

✓ The draft “Region of Waterloo CHPI Supportive Housing Program Framework” (Framework) was developed to provide an overview of the redesigned program.
✓ The draft Framework was approved in principle by Regional Council in March 2014 for continued community consultation between March and May 2014. Consultations included various stakeholder meetings, individual conversations, written feedback, and an open community meeting on March 26, 2014. Overall, more than 125 different people participated in one or more of these consultation opportunities. Thank you to everyone that participated and provided feedback!
✓ The draft Framework was revised.

What’s next?

✓ The final Framework is planned to be presented to Regional Council for approval in June 2014.
✓ Over the summer of 2014, Program Standards will be developed in consultation with current CHPI funded supportive housing operators, to be presented to Regional Council for approval in fall 2014.
✓ Anyone interested in providing supportive housing under the redesigned Framework will be invited to apply through a Prequalification (PQ) (November 2014) and Request for Proposal (RFP) (April 2015) process. Applications will be accepted through this process from both current providers and potential new providers.
✓ The redesigned supportive housing program will begin April 1, 2016.
✓ Given the significant changes identified for the redesigned program (e.g., coordinated entry, coordinated assessment, electronic data system, new quality assurance processes), new program elements will be implemented over 2016-2018 in consultation with the CHPI Supportive Housing Program providers at that time.

Want more information?

A webpage has been created for the project called “CHPI Supportive Housing Redesign”:
✓ To access this webpage, visit: [http://socialservices.regionofwaterloo.ca/en/](http://socialservices.regionofwaterloo.ca/en/) and search “CHPI Supportive Housing Redesign”.
✓ The webpage includes a General Questions and Answers document, the Framework, and other information that will be updated over 2014 and 2015.
Ending family homelessness in Waterloo Region.
The Homelessness to Housing Stability Strategy for Waterloo Region (2012) includes 40 action areas, one of which calls for greater understanding of family homelessness and the development of a plan to end it.

Between 2012 and 2014, more than 200 community service providers and over 40 families participated in the Ending Family Homelessness project. The project concluded with a final report, “Ending Family Homelessness in Waterloo Region” (March 2014) that outlines 50 areas for action.

What did we learn?
- There has been an significant increase in demand for emergency shelter from families over the past six years. In general, risk factors linked to housing loss for families include lack of affordable housing, financial crisis, and/or relationship breakdown, with the recent increase in demand largely attributed to the negative impact of the 2008 recession.
- Homelessness is traumatic for families. The experience of family homelessness has both immediate and long-term negative impacts on children and parents – emotionally, psychologically, socially, and physically.

Moving from thinking to doing.
Recommendations from the report focus on a number of promising practices, one of which is emergency shelter diversion. As discussed in the last newsletter, Waterloo Region began piloting a new family shelter diversion program in 2013. This program provides families seeking emergency shelter with immediate, intensive support to identify and remove barriers to housing stability. The goal is to shorten emergency shelter stays or prevent them altogether, thereby avoiding the stress and trauma associated with accessing emergency shelter. A diversion response is also less expensive than emergency shelter.

There was a decrease in the number of families and children served through emergency shelter in 2013 (by about 15 per cent). This is partly a result of the success of this new approach. However, despite these improvements, the increase in average length of stay for families (to 45 days) suggests that there is more work to do. With the diversion pilot continuing (at the Cambridge Shelter) and expanding to include YWCA-Mary’s Place as of April 1, 2014, it is anticipated that there will be further reductions in the number of families accessing emergency shelter over the next year.

Want more information?
The full report, two page summary, and other related documents are available on the Region’s website at:
http://socialservices.regionofwaterloo.ca/en/
(search “ending family homelessness”)

Some things local children experiencing homelessness miss most about having a home:
- their toys and belongings
- having sleepovers
- eating what they want
- watching what they want on TV

“It’s really hard not to have a place to call home... help people secure their housing for the long term”.
Advice from local parent
In June 2014, we released a new booklet to help people to “Make It A Home” in Waterloo Region. The booklet provides information about accessing free and low cost household goods, as well as other services that help people to establish and retain their housing. Go to the Region’s website to link to a copy of the Make It A Home Access Guide.

What makes a strong housing stability system?
The Homelessness to Housing Stability Strategy (2012) identified three goals for the housing stability system, all of which support the community to end homelessness. One of these goals is to “strengthen the housing stability system”. Through consultation, a list of “top 10” housing stability system strengths was developed (see below). At the June 10, 2014 community forum, people shared their opinion about how strong the current system is, using the list as their guide. Their input will help to inform future system evolution.

<table>
<thead>
<tr>
<th>System Strengths That Enhance Collective Impact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Agenda</td>
<td>✓ Share the same vision, values, and guiding principles. ✓ Think about homelessness and the housing stability system in the same way.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>✓ Work together to end homelessness.</td>
</tr>
<tr>
<td>Learning Culture</td>
<td>✓ Think about what you do and how to do it better. ✓ Try new things.</td>
</tr>
<tr>
<td>Continuous Communication</td>
<td>✓ Communicate to support and refine the common agenda. ✓ Provide people with the information they need, when they need it, in the way that works best for them.</td>
</tr>
<tr>
<td>Backbone Support</td>
<td>✓ Invest in strong system-level support and make strategic investments.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>System Strengths That Enhance Local Approach to Ending Homelessness</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Stability &amp; Belonging</td>
<td>✓ Support people to get the housing, income, support they need. ✓ Support people to feel included and have a place to call home.</td>
</tr>
<tr>
<td>Housing First</td>
<td>✓ Agree that everyone deserves housing and is “housing ready”. ✓ Have a system where people access the right programs at the right time. ✓ Tailor programs to match peoples’ lived experience of homelessness.</td>
</tr>
<tr>
<td>Accessibility</td>
<td>✓ Have enough resources, be flexible in the way they are offered, and coordinate seamless transitions. ✓ Treat people with care and respect.</td>
</tr>
<tr>
<td>Housing Retention</td>
<td>✓ Support people to keep their housing.</td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>✓ Support people experiencing homelessness to find and establish housing quickly.</td>
</tr>
</tbody>
</table>

If you have any questions about the information provided in this newsletter, please contact:

Marie Morrison

📞 519-575-4757 x 5042
✉️ mmorrison@regionofwaterloo.ca

Future Communication
The purpose of this newsletter is to provide an update on system change processes for housing stability service providers who are receiving funding through the Region of Waterloo and other interested stakeholders. Watch for our next newsletter in fall 2014!
To: Chair Sean Strickland and Members of the Community Services Committee

From: David Dirks, Director, Employment and Income Support

Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services

File No: S09-80

Subject: Ontario Works Caseload: May 2014

This memorandum is provided as information for members of Council. Employment & Income Support, Social Services with Finance monitors the Ontario Works (OW) caseload on a monthly basis. Below is a chart summarizing the caseload at the end of May 2014 with comparisons to the months of April 2014 and May 2013 as well as September 2008.

Very briefly,

- The OW caseload at May 2014 was: 8,698
- The OW caseload at April 2014 was: 8,631
- The increase from April 2014 was: +67 (+0.8%)
- The decrease from May 2013 was: -29 (-0.3%)
- The increase from September 2008 was: 2,406
- Waterloo Region unemployment rate for May 2014 was: 6.7%
- Waterloo Region unemployment rate for May 2013 was: 7.2%
### Ontario Works Caseload

<table>
<thead>
<tr>
<th>May 2014</th>
<th>April 2014</th>
<th>May 2013</th>
<th>% Change April to May</th>
<th>% Change Year to Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,698</td>
<td>8,631</td>
<td>8,727</td>
<td>0.8%</td>
<td>(0.3%)</td>
</tr>
</tbody>
</table>

### Unemployment Rates – Seasonally Adjusted*

<table>
<thead>
<tr>
<th>Province</th>
<th>May 2014</th>
<th>April 2014</th>
<th>May 2013</th>
<th>% Change April to May</th>
<th>% Change Year to Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province</td>
<td>7.3</td>
<td>7.4</td>
<td>7.3</td>
<td>(1.4%)</td>
<td>0</td>
</tr>
<tr>
<td>Waterloo Region</td>
<td>6.7</td>
<td>6.8</td>
<td>7.2</td>
<td>(1.5%)</td>
<td>(6.9%)</td>
</tr>
</tbody>
</table>

*As revised by Statistics Canada

The current caseload is a reflection of the 2013 experience with the caseload at the end of May only 29 cases fewer than the previous year. It is 38% higher than the outset of the recession.

The provision of social assistance supports the Region’s 2011-2014 Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities: (to) foster healthy, safe, inclusive and caring communities.

If you have any questions or comments or for further information, please contact David Dirks, Director, Employment and Income Support at 519-883-2179 or ddirks@regionofwaterloo.ca
To: Chair Sean Strickland and Members of the Community Services Committee

From: Lynn Randall, Director, Social Planning, Policy and Program Administration

Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services

File No.: S13-40

Subject: STEP Home 2012-2014 Report

The STEP Home 2012-2014 Report has been released (under separate cover - DOCS number 1555029). Support to End Persistent Homelessness (STEP Home) is a set of interrelated person-centered programs that has been providing options and supports to end and prevent persistent homelessness in Waterloo Region since 2008. Region Social Services, Social Planning, Policy and Program Administration (SPPPA) serves as facilitator to the STEP Home initiative and worked with members of the STEP Home Collaborative to complete the report.

In November 2012, Council endorsed an updated goal for STEP Home to end persistent homelessness for 500 people by the end of 2013 (SS-12-052). The STEP Home 2012-2014 Report provides an update that this goal has been met. Furthermore, the report provides information and updates on STEP Home’s activities, achievements and outcomes from April 2012 to March 2014.
Activities and Achievements Highlights

In April 2012, STEP Home advisory groups collectively identified seven priority areas for the advancement of STEP Home’s work. This report outlines developments and achievements in each of the seven priority areas over 2012 to 2014:

- Additional supportive housing;
- Increase resources;
- Increase connection opportunities for Direct Support Workers;
- Increase opportunities to be informed by participants;
- Increase STEP Home education opportunities;
- Landlord recruitment, education and engagement; and,
- Community inclusion.

Data and Evaluation Highlights

- **Moves to permanent housing:** Since 2008, 521 participants have been intensively supported to move to permanent housing, meeting Regional Council’s endorsed goal for STEP Home to end persistent homelessness for 500 people by the end of 2013.
- **Housing retention:** Overall in 2013, 75 per cent of participants retained housing for at least three months, up from 65 per cent in 2012. In 2013, 115 participants were intensively supported to retain housing for at least a year, compared to 79 in 2012.
- **People supported intensively:** STEP Home’s intensive support programs served 196 participants in 2012 and 213 participants in 2013. Participants experienced many challenges; 89 per cent reported a mental health issue, problematic substance use or both.
- **Continuing need:** STEP Home Collaborative estimated in May 2014 that there are currently about 300 people experiencing persistent homelessness who could benefit from the support of STEP Home.

Next Steps

The report outlines five next steps to increase capacity to support people to end persistent homelessness and to better measure STEP Home’s housing outcomes:

- Increase landlord recruitment and engagement;
- Increase investment in rent subsidies and resources to support participant moves;
- Increase investment in STEP Home staff resources and training through leveraging partnerships and multiple sources of funding;
- Explore options to increase investment in a diversity of affordable and supportive housing options; and,
- Improve data collection and management.
The report is now available on the Region’s website and will be submitted to the Homeless Hub. For further information, please contact Van Vilaysinh, Manager, Social Planning (519-883-2238).
STEP Home
2012-2014 Report

Support to end persistent homelessness
STEP Home 2012-2014 Report

© Regional Municipality of Waterloo, 2014
Parts of this document may be reproduced on the condition that proper reference is made to the Regional Municipality of Waterloo.

Recommended citation:

ISBN

Should you have any questions about this document please contact:
Regional Municipality of Waterloo Social Services
99 Regina Street South, 5th Floor, Waterloo, ON N2J 4G6
Tel.: (519) 883-2117 Fax: (519) 883-2234

The STEP Home 2012-2014 Report along with other STEP Home resources are available on-line at:
http://socialservices.regionofwaterloo.ca. Search “STEP Home”

Docs #1555029

Accessible formats of this document are available upon request.
Acknowledgements

This document was inspired through ideas and discussions emerging out of the STEP Home Collaborative.

Contributors:

STEP Home Agency Advisory Group (AAG) members

STEP Home Direct Support Worker Advisory Group (DSWAG) members

STEP Home Participant Advisory Group (PAG) members

Report Authors

Beth Hayward Social Planning Associate, Social Planning, Policy and Program Administration

Bradley Berg Social Planning Associate, Social Planning, Policy and Program Administration

Support

Van Vilaysinh Manager, Social Planning, Policy and Program Administration
# TABLE OF CONTENTS

Executive Summary ......................................................................................................... i
1.0 Introduction............................................................................................................ 1  
  1.1 Report Purpose and Overview ........................................................................... 1  
  1.2 What is STEP Home? ....................................................................................... 2  
2.0 Activities and Achievements, 2012-2014............................................................... 6  
  2.1. Additional Supportive Housing ....................................................................... 6  
  2.2. Increase Resources ....................................................................................... 8  
  2.3. Increase Connection Opportunities for Direct Support Workers .................... 11  
  2.4. Increase Opportunities to Be Informed By Participants ................................ 11  
  2.5. Increase STEP Home Education Opportunities .......................................... 13  
  2.6. Landlord Recruitment/Education/Engagement ............................................. 14  
  2.7. Community Inclusion ................................................................................. 15  
3.0 STEP Home Data and Evaluation ....................................................................... 17  
  3.1 STEP Home Participant Demographics for 2012 and 2013 .............................. 19  
  3.2 STEP Home Housing Outcomes for 2012 and 2013 ....................................... 23  
  3.3 Six Years of STEP Home: 2008 to 2013 ......................................................... 26  
4.0 Next Steps ............................................................................................................. 30  
  4.1 Future Focus of STEP Home .......................................................................... 31  
Reference List .............................................................................................................. 34  
Appendix 1:STEP Home Timeline: 2006-2014 ............................................................ 37  
Appendix 2:STEP Home Activities and Priorities Envisioned ...................................... 44  
Appendix 3: Intensive Support Programs Data Tables ................................................ 45
Executive Summary

STEP Home Background
STEP Home (Support To End Persistent Homelessness) is a set of interrelated person-centered programs that has been providing options and supports to end and prevent persistent homelessness in Waterloo Region since 2008. The STEP Home 2012-2014 Report focuses on STEP Home’s activities, achievements and outcomes from April 2012 to March 2014. The report will serve to inform STEP Home, the housing stability system, and other interested stakeholders.

Persistent homelessness refers to the situation of people who are caught in the cycle of homelessness, often living without fixed addresses repeatedly or for long periods of time. STEP Home’s intensive support, supportive housing and street outreach programs work together as elements of a single, coordinated strategy to address barriers to housing stability at both the individual and system levels. STEP Home supports are grounded in a local “Housing First” approach developed and articulated collaboratively by the housing stability system in response to Waterloo Region’s unique context.

Activities & Achievements Highlights
At the April 2012 STEP Home Annual Collaborative meeting, STEP Home advisory groups collectively identified seven priority areas for the advancement of STEP Home’s work. This report outlines developments and achievements in each of the seven priority areas over 2012 to 2014:

- Additional supportive housing
- Increase resources
- Increase connection opportunities for Direct Support Workers
- Increase opportunities to be informed by participants
- Increase STEP Home education opportunities
- Landlord recruitment, education and engagement
- Community inclusion

Data and Evaluation Highlights
- **People supported intensively:** STEP Home’s intensive support programs served 196 participants in 2012 (86 of whom were new) and 213 participants in 2013 (77 of whom were new). Participants experienced many challenges; 89 per cent reported a mental health issue, problematic substance use or both.
• **Supportive housing residents:** Supportive housing program capacity remained steady in 2012 and 2013. Argus Five Beds to Home and SHOW combined supported 45 residents in 2012 and 46 residents in 2013, including 28 new residents over the two years.

• **Street outreach engagement:** STEP Home’s general street outreach programs connected with 2408 people in 2012 and 1984 people in 2013. Additionally, Psychiatric Outreach served 754 people in 2012 (2013 data unavailable).

• **Housing retention:** Overall in 2013, 75 per cent of participants retained housing for at least three months, up from 65 per cent in 2012. In 2013, 115 intensive support and supportive housing participants had retained housing for at least a year, compared to 79 in 2012.

• **Moves to permanent housing:** Since STEP Home’s inception in 2008, its intensive support and supportive housing programs have supported 521 participants to move to permanent housing, meeting Regional Council’s endorsed goal for STEP Home to end persistent homelessness for 500 people by the end of 2013.

• **Continuing need:** The STEP Home Collaborative estimated in 2014 that there are currently around 300 people still experiencing persistent homelessness who could benefit from the support of STEP Home.

**Next Steps & Recommendations**

Over the past two years, the STEP Home Collaborative has achieved significant successes. However, STEP Home programs also encountered challenges, as direct support worker capacity was stretched to meet ongoing support needs, and rising rents and low vacancy rates made it difficult for participants to find affordable, adequate housing. Based on the STEP Home Activities and Priorities Envisioned (SHAPE) as well as the information presented in this report, five recommendations are offered to increase STEP Home’s capacity to support people to end persistent homelessness and to better measure the housing outcomes created by STEP Home:

• Increase landlord recruitment and engagement;

• Increase investment in rent subsidies and resources to support participant moves;

• Increase investment in STEP Home staff resources and training through leveraging partnerships and multiple sources of funding;

• Explore options to increase investment in a diversity of affordable and supportive housing options; and,

• Improve data collection and management.
1.0 Introduction

1.1 Report Purpose and Overview

STEP Home (Support To End Persistent Homelessness) is a set of interrelated person-centered programs that has been providing options and supports to end and prevent persistent homelessness in Waterloo Region since 2008. From STEP Home's inception, there has been a strong commitment to continual documentation, evaluation and sharing of its evolution and impact. The approach to evaluation has evolved in response to the developmental nature of STEP Home, ensuring that new insights, successes and areas for further development are captured as they emerge. This STEP Home Report, covering two years from April 2012 to April 2014, is the latest in a series of evaluation reports that include:

- Year 1 Evaluation (2009);
- Snapshot Report (2010);
- Year 3 Evaluation Report (2008-2010);
- Annual Report (2011-2012); and,

The 2012-2014 Report updates and builds on the content of the 2011-2012 Annual Report, focusing on STEP Home’s activities, achievements and outcomes over the past two years. Information for this report has been gathered from a number of sources including: STEP Home advisory group and collaborative meetings, quarterly data submissions, monthly qualitative report submissions, and related reports. The report is intended to be used by members of the STEP Home Collaborative, the housing stability system and other community systems, as well as all orders of government (including Regional Council). It may also be a resource for individuals such as landlords, residents of Waterloo Region, as well as communities outside of the local area.

The report consists of four sections.

1. **Introduction:** The first section provides background and an introduction to STEP Home’s governance structure and approach.

2. **Activities and Achievements:** Section 2 provides an update on activities and achievements from April 2012 to April 2014, highlighting progress in seven priority areas identified by the STEP Home Collaborative in 2012.

3. **Data and Evaluation:** Section 3 summarizes STEP Home program data for the 2012-13 and 2013-14 fiscal years, and highlights key indicators of the cumulative impact of STEP Home since 2008. This section also addresses progress towards
the goal of supporting 500 people to move to permanent housing by the end of 2013, endorsed by Regional Council.

4. **Next Steps:** The final section looks forward to the future, and outlines next steps and recommendations for STEP Home.

**1.2 What is STEP Home?**

**STEP Home Background**

STEP Home emerged out of “All Roads Lead to Home: The Homelessness to Housing Stability Strategy for Waterloo Region” (the Strategy), first released in 2007, which identified ending persistent homelessness as a priority for the Region. Persistent homelessness refers to the situation of people who are caught in the cycle of homelessness, often living without fixed addresses repeatedly or for long periods of time. At some point in this cycle, people may begin to lose hope for housing and develop a stronger association with the experience of homelessness. Because of the multiple barriers and challenges faced by people experiencing persistent homelessness, STEP Home provides unique and intensive supports to people to move toward housing stability and end homelessness.

Persistent homelessness is a complex social issue which requires the collective efforts of multiple organizations, individuals and sectors. In 2008, based on the priority actions identified in the Strategy, the Region began funding a cluster of four programs designed specifically to support people experiencing persistent homelessness. When the Strategy was updated in 2012, it continued to highlight STEP Home as a signature initiative, and the community’s primary response to persistent homelessness.

Over the past six years, STEP Home has expanded to include 13 programs delivered through ten organizations across 19 sites. The 13 programs in STEP Home have been categorized into three main program areas: intensive support programs, supportive housing, and street outreach. These programs work together as elements of a single, coordinated strategy to address barriers to housing stability at both the individual and system levels with an ultimate goal to end persistent homelessness in Waterloo Region.

For a historical timeline of STEP Home, please refer to *Appendix 1: STEP Home Timeline: 2006-2014.*

---

STEP Home as a Collective Impact Initiative

Collective Impact initiatives bring together people from multiple organizations and sectors to solve complex social challenges. The STEP Home collaborative has worked over the past six years to foster the five conditions that underlie successful collective impact initiatives:

1. The Collaborative’s **common agenda** is informed by the Homelessness to Housing Stability Strategy and articulated in the STEP Home Description (2012);
2. The 13 programs carry out differentiated yet **mutually reinforcing activities**;
3. Regular advisory group and collaborative meetings facilitate **continuous communication**;
4. Standardized data collection templates form the basis for **shared measurement**; and,
5. The Region of Waterloo Social Planning, Policy and Program Administration Division (Region Social Planning) provides **backbone support**.

STEP Home’s Housing First Approach

The Homelessness to Housing Stability Strategy (2012) identifies the essential elements for ending homelessness. The three key resources for establishing housing stability—**adequate housing**, **adequate income**, and **adequate support** – when reinforced by **community inclusion** and a **sense of home** ensure that people have what they need to retain housing over the long term. STEP Home programs offer specialized resources and support to assist people experiencing persistent homelessness to access services related to housing, income and support, to cultivate community connections, and to build a sense of home. STEP Home supports are grounded in a local “Housing First” approach developed and articulated collaboratively by the housing stability system in response to Waterloo Region’s unique context.

Housing First is an approach to ending homelessness that involves supporting people experiencing homelessness to move into permanent housing as a first step – with no preconditions – and then providing or connecting them with additional support and services as needed and desired once they have secured housing. Stephen Gaetz, Director of the Canadian Homelessness Research Network, distinguishes between

---

2 The specific definition of Housing First is still under development in Waterloo Region. The working definition for this report was adapted from following sources: Canadian Alliance to End Homelessness, (2014); Employment and Social Development Canada, (2014); Gaetz (2013); Gaetz, Scott & Gulliver, (2013); Mental Health Commission of Canada, (2013); and the Region of Waterloo Homelessness to Housing Stability Strategy.
Housing First as a philosophy and Housing First as a program model. The STEP Home Collaborative applies a Housing First approach at both philosophical and program levels.

At the philosophical level, STEP Home's guiding principles directly align with the core values of Housing First. Housing First is rooted in the belief that all people deserve permanent housing and are “housing ready”, and that any issues people may be living with are best addressed once they are housed. The core principles of Housing First include: permanent housing as a right; permanent housing as a key social determinant of health; choice; self-determination; individualized, person-directed support that adapts to meet the person “where they are at”; harm reduction; and community inclusion. The STEP Home Collaborative articulates its alignment with these beliefs through its five guiding principles:

1. We support housing towards a home.
2. We know relationships are key.
3. We walk with people to build community.
4. We do what it takes and we don’t give up.
5. We think about what we do and how to do it better.

These principles encompass STEP Home’s commitment to Housing First philosophy, as well as STEP Home’s unique approach to walking with people.

While all 13 STEP Home programs share a commitment to these guiding principles, different programs play complementary roles in supporting the operationalization of a Housing First approach at the program level. STEP Home intensive support programs provide comprehensive, frequent and ongoing one-on-one support focused on: 1) assisting people experiencing homelessness to move into permanent housing; 2) providing follow-up support for housing stability; and 3) connecting people with a variety of complementary support services (where participation in these services is voluntary). In this way, STEP Home intensive support programs share many characteristics with the Intensive Case Management Housing First model used in other communities.

---

4 Housing First’s core principles are delineated slightly differently by various organizations and scholars, but share the same fundamental elements. This report refers to the principles of Housing First as articulated by Gaetz, Scott & Gulliver (2013), “Housing First in Canada”.
STEP Home’s supportive housing programs also apply Housing First philosophy within their unique program contexts, by integrating harm reduction practices, flexibility and individualized tenant support, and by making every effort to support ongoing housing stability and to avoid tenant eviction. STEP Home’s third category of programs – street outreach - serve a broader population (including but not limited to people experiencing persistent homelessness) but are an essential support in meeting people where they are at, building trust, and making referrals to other STEP Home programs.

STEP Home Collaborative Structure
The STEP Home Collaborative is made up of three advisory groups that work together to advise one another and provide unique service to the community.

- **The Agency Advisory Group (AAG)** is comprised of managers, coordinators and directors from each of the STEP Home programs. The AAG meets every other month and supports service planning and program development.

- **The Direct Support Worker Advisory Group (DSWAG)** is made up of each of the direct support workers in STEP Home. The DSWAG meets on a quarterly basis and shares unique perspectives on supporting, or “walking with”, people experiencing persistent homelessness.

- **The Participant Advisory Group (PAG)** joined STEP Home in October 2011. The PAG brings the important perspective of those who have lived experience of homelessness and have made use of the supports of STEP Home programs. The PAG meets on a monthly basis and discusses and provides advice to the STEP Home Collaborative regarding ongoing or emerging issues. Two PAG members attend each DSWAG meeting to provide an update on the activities of the PAG as well as any pertinent issues discussed by the PAG.

Region Social Planning acts in the role of facilitator and “backbone” to the STEP Home Collaborative and is the lead in the development and updating of the STEP Home Annual Report, with support from members of the STEP Home Collaborative.
2.0 Activities and Achievements, 2012-2014

At the April 2012 STEP Home Collaborative Annual Meeting, advisory group members engaged in a visioning exercise to identify priority areas for the advancement of STEP Home’s work. In addition to maintaining existing STEP Home activities, the group collectively identified seven priority areas to inform the future of STEP Home:

- Additional supportive housing;
- Increase resources;
- Increase connection opportunities for STEP Home Direct Support Workers;
- Increase opportunities to be informed by participants;
- Increase STEP Home education opportunities;
- Landlord Recruitment/Education/Engagement; and,
- Community inclusion.

These priorities were organized into a document named SHAPE – STEP Home Activities and Priorities Envisioned (See Appendix 2 for the SHAPE Diagram).

The priorities identified by STEP Home were integrated into the Homelessness to Housing Stability Strategy (2012) Action Framework, which guides the community to take coordinated action to end homelessness. This integration of STEP Home-identified priority areas in the Strategy Action Framework is important, as some of the SHAPE priorities intersect with the work of other housing stability system programs. Progress with implementation of the SHAPE priority areas depends on strategic investments and requires dedicated effort among all members of the STEP Home Collaborative as well as other housing stability system partners.

SHAPE was used throughout 2012 and 2013 to guide the focus and efforts of the STEP Home Collaborative. This report focuses on the activities and achievements that have taken place under the STEP Home umbrella, as well as providing some context regarding connections with other housing stability system initiatives.

2.1. Additional Supportive Housing

At the 2012 Collaborative Annual Meeting, STEP Home identified the need to advocate for additional specialized housing options for STEP Home participants, including: abstinence-based (Level 1) housing; and housing with a managed alcohol program.
In the two years since, STEP Home agencies have made efforts to move forward on these priorities.

In response to the need for abstinence-based housing options, The Working Centre, in partnership with Stirling Avenue Mennonite Church, opened an abstinence-based house in 2013 that accommodates three adult men referred from the House of Friendship’s residential treatment facility at 174 King. Streets to Housing Stability, Shelters to Housing Stability, The Working Centre Street Outreach and Hospitality House workers provide support to the tenants of the house. Additionally, in late 2013 Supportive Housing of Waterloo (SHOW) announced that the organization was exploring opportunities to develop abstinence-based housing adults experiencing homelessness at another location. Further details of the project have not yet been released.

On the other end of the spectrum of substance use choices in housing environments, STEP Home identified the need for supportive harm reduction housing, and specifically a managed alcohol program (Level 5). The 2011 Waterloo Region Integrated Drug Strategy (WRIDS) also includes the recommendation to establish a local managed alcohol program. Level 5 housing will be addressed in phase two of the WRIDS Harm Reduction Coordinating Committee’s implementation plan in upcoming years. In late 2012, the AAG identified that many people supported through STEP Home may actually need Level 6 Housing that offers managed drug use services. It was noted that, particularly for younger participants, substance use issues are most often related to drugs. However, at the current time there are no specific plans in place to provide Level 6 housing in this community. STEP Home will continue to advocate for a range of harm reduction supportive housing options.

In addition to achievements related to creating and advocating for a range of harm reduction options, STEP Home leveraged the newly established Temporary Housing Assistance with Supports (THAWS) program to support participants. The THAWS program, funded by Region of Waterloo Housing, provides temporary rent subsidies for up to 18 households that are also connected to support to build their housing stability. The subsidies are allocated to the participants rather than particular units, so the funding follows a household if they need to move within the region. When THAWS started in 2012, a number of STEP Home organizations, including House of Friendship, Lutherwood, Reaching Our Outdoor Friends (ROOF), Supportive Housing of Waterloo (SHOW), the Working Centre, and YWCA Kitchener-Waterloo, along with Waterloo

---

7 Levels 1 and 5 refer to levels on the Substance Use Services Continuum in the Context for Housing. For further details see Social Planning, Policy and Program Administration (2011a), “We’ll Leave the Lights on For You”.

Regional Homes for Mental Health and Community Justice Initiatives, collaboratively applied to administer the program. These organizations contribute in-kind staff resources to provide ongoing support to tenants receiving the THAWS rent subsidies. DSWAG and AAG members have reported that rent subsidies provided by the THAWS program mitigate affordability barriers and, in combination with intensive supports, facilitate STEP Home participants moving to and retaining permanent, adequate housing.

Throughout 2013, STEP Home agency staff and program participants have also been actively engaged in the Region of Waterloo’s Community Homelessness Prevention Initiative (CHPI) Supportive Housing Redesign process. The redesign process brings 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. The redesigned supportive housing program will be implemented beginning April 1, 2016.

2.2. Increase Resources

Federal, Provincial and Regional STEP Home Funding

While 2011-2012 was marked by growth and expansion for STEP Home, 2012-2013 saw limited growth in ongoing funding for STEP Home programs. The updates, changes and impacts to STEP Home are summarized in Table 7.

Table 1: Federal, Provincial and Regional Funding Changes

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Updates &amp; Changes</th>
<th>Impacts &amp; Implications for STEP Home</th>
</tr>
</thead>
</table>
| Federal: Service Canada – Homelessness Partnering Strategy (HPS) | • HPS funding renewed for five years (2014-2019)  
• Waterloo Region’s annual allocation remained the same as for 2011-2013 at $441,805 per year  
• HPS announced a “Housing First” focus for the new funding term with outcome targets | • From 2011 to 2013, STEP Home programs received approximately 95% of Waterloo Region’s entire HPS allocation. 2014-2015 is designated as an HPS transition year, and funding allocations for programs previously funded will remain the same as in 2013-2014. The ongoing allocations of HPS funding for 2015 to 2019 are subject to recommendations from the Community Advisory Board and approval by Regional Council.  
• Streets to Housing Stability programs are being funded under the “Housing First” stream in 2014-2015. |

---

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Updates &amp; Changes</th>
<th>Impacts &amp; Implications for STEP Home</th>
</tr>
</thead>
</table>
| **Provincial:** Ministry of Municipal Affairs and Housing (MMAH); and Ministry of Community and Social Services (MCSS) | • As of January 2013, the Ontario Government brought together five existing homelessness programs into the Community Homelessness Prevention Initiative (CHPI) under the Ministry of Municipal Affairs and Housing (MMAH).  

  • Provincial funding for discretionary benefits for people receiving social assistance was capped, (effective July 1, 2012), resulting in $1.7 million shortfall for the Region.  

  • Community Start Up and Maintenance Benefit (CSUMB) was eliminated (effective January 1, 2013). Fifty per cent of total provincial CSUMB expenditures re-allocated to CHPI, resulting in a reduction of over $2 million for the Region.  

  • One-time CHPI Transition Funding of $1.5 million from MCSS allocated to the Region in 2013. | • Two STEP Home programs are now funded under CHPI: Argus Residence for Young People and Supportive Housing of Waterloo.  

  • Many STEP Home participants receive social assistance, and changes to discretionary benefits funding resulted in diminished access to key health services as well as other supports that contribute to housing stability and participant wellbeing.  

  • Prior to 2013, participants regularly accessed CSUMB to secure, establish and retain housing. DSWAG, AAG and PAG members have all reported that the loss of CSUMB has made it more challenging for participants to find resources to support housing stability.  

  • The Region of Waterloo developed two last month’s rent pilots over 2013-2014, in response to the priority raised through community consultation for access to last month’s rent support.  

  • The Region allocated a portion of the CHPI Transition funding to provide one-time increases to STEP Home programs’ Flex Funding.  

    - WIT flex funding increased by $25,000 in 2013 to match annual funding levels of 2008-2011. WIT’s flex fund is provided to address complex and specialized needs of individuals experiencing challenges in accessing services and permanent housing.  

    - All other STEP Home programs each received $5,500 flex funding to support person-centered... | | |

---


STEP Home’s Social Return on Investment

To support the Collaborative’s priority area around increasing program resources, a Social Return on Investment (SROI) study was undertaken to assess the value created for every dollar invested in selected STEP Home programs. SROI is a holistic approach to understanding the value of social, economic and environmental outcomes of a program. Social value includes the value experienced by all stakeholders, including the people participating in the program.\(^\text{14}\) The STEP Home SROI study focused on two intensive support programs (Streets to Housing Stability and Shelters to Housing Stability) at four sites (Cambridge Shelter, YWCA – Mary’s Place, Argus Residence for Young People and Charles Street Men’s Hostel). Teams of program staff and managers from each site received SROI training and participated in the completion of the study.

The SROI methodology captured the value of investments in the STEP Home intensive support programs by considering the impact derived from improved housing stability. The review revealed the value created for stakeholders across the region as participants’ risk of victimization, food insecurity and lack of income were addressed, and as system access barriers and social isolation were diminished. For every dollar invested in the STEP Home intensive support programs there is an average social return of $9.45 in the areas of improved quality of life, increased income and education,

\(^\text{14}\) Robertson & Miller, (2013), “Region of Waterloo STEP Home SROI roll-up report: The story behind the number: Uncovering hidden value in STEP Home’s intensive support programs”, Waterloo, ON: Regional Municipality of Waterloo.
and decreased justice system involvement and emergency services use.\textsuperscript{15} The final SROI report contributes to a holistic understanding of the impact and value of STEP Home intensive support programs. The report can also be used to support efforts to mobilize further resources and strategic investments in STEP Home.

2.3. Increase Connection Opportunities for Direct Support Workers

One of STEP Home’s Guiding Principles is “we know relationships are key”. In April 2012 the STEP Home Collaborative identified the need to increase opportunities for Direct Support Workers to connect with each other to share mutual support and best practices. Informal support meetings ran from July to October 2012 on a monthly basis. The meetings were developed by Direct Support Workers as a forum to share ideas, problem solve together and create better connections within STEP Home. In November 2012 the DSWAG had a breakaway day intended to give Direct Support Workers an opportunity to informally connect with one another and to develop the relationships that are vitally important to the work of STEP Home. Opportunities for small group discussions, knowledge sharing and mutual support continue to be prioritized at quarterly DSWAG meetings.

In formulating the SHAPE model, the STEP Home Collaborative also suggested brokering opportunities for STEP Home direct support workers to connect with specialized mental health professionals to discuss complex situations. At the end of 2013, The Working Centre was in the early stages of developing a partnership with a local psychiatrist who will provide support and education to Psychiatric Outreach workers, including psychiatric case consultations, medical shadowing opportunities and team training. While this partnership is not specifically a STEP Home initiative, the connection will be a resource for direct support workers and benefit participants who access Psychiatric Outreach supports.

2.4. Increase Opportunities to Be Informed By Participants

STEP Home’s primary formal mechanism for engaging participants in program planning is the Participant Advisory Group. Since its inception in October 2011, the PAG has become an integral part of the STEP Home Collaborative. Both the AAG and the DSWAG have sought the input of the PAG in decision making and in developing best practices. The Whatever It Takes (WIT) Coordinator acts as a link between the AAG, DSWAG and PAG, attending meetings of all three groups to support continuity of communication.

\textsuperscript{15} An Executive Summary and full report on the SROI study are available at: http://socialservices.regionofwaterloo.ca/en/communityprogramssupports/stephome.asp
The PAG also acts as a resource to the broader community, and has provided meaningful, experience-informed input at consultations by the Waterloo Region Food System Roundtable, Waterloo Region Community Legal Services, the Homelessness and Housing Umbrella Group (HHUG), Waterloo Region Shares, and the Region of Waterloo Comprehensive Approach to Poverty Reduction.

PAG members also participated in nine presentations and media features locally and provincially:

- Province Wide story about STEP Home, April 2012;
- Canadian Urban Institute award video, June 2012;
- Brantford National Housing Day presentation, October 2012;
- Keynote presentation at a community consultation in London, November 2012;
- Kitchener Public Library presentation about food insecurity, November 2012;
- Presentation to the Harm Reduction Coordinating Committee, February 2013;
- TEDx presentation for Region staff, July 2013;
- National Conference on Ending Homelessness presentation, October 2013; and
- Sarnia Lambton National Housing Day presentation, November 2013.

The PAG is also involved in program development. The PAG identified the need for a service to support participants of STEP Home to provide preventative veterinary services to their pets at a reduced cost. The PAG noted that pets can be an important source of unconditional love and companionship for people who have experienced homelessness as they move into and retain housing. However, for participants of STEP Home, the cost of caring for a pet can be prohibitive, especially when accounting for vet costs. A proposal was sent to a local veterinary clinic that agreed to offer reduced cost preventative services to the pets of STEP Home participants.
Feedback on the PAG

The following feedback was provided by Direct Support Workers at the February 2013 DSWAG meeting:

- “STEP Home considers how to do things differently simply from the involvement and participation of the PAG.”
- “The PAG is not just lip service or a ‘token’ committee – people are really comfortable because of the people hosting. One of the people that I support is also a PAG member and she feels respected, valued and that her opinion is taken seriously.”
- “I am in awe of what the PAG has done since it came together. It is an action committee and participants are truly included in decision-making.”
- “People are finding their collective voice.”
- “The PAG is an example for other groups on how to include people with lived experience respectfully in decision-making processes.”

2.5. Increase STEP Home Education Opportunities

STEP Home believes in thinking about what we do and how to do it better. In line with this guiding principle, the Collaborative placed a priority on increasing STEP Home education opportunities. To ensure inclusivity and accessibility, the Region allocated resources to assist PAG members with any costs associated with attending training. Members of all three advisory groups attended a variety of education opportunities.

- PAG and DSWAG members attended training workshops offered through the local Housing Stability Training Centre.
- A two day public speaking training was offered to the PAG, led by a community member specializing in public speaking.
- DSWAG and AAG members attended a crystal meth workshop by the Ontario HIV and Substance Use Training Program in Waterloo in November 2013.
- Community legal services presented at PAG and DSWAG meetings to increase understanding of the RTA and available local resources.
- DSWAG and AAG members participated in training on the Service Prioritization Decision Assistance Tool (SPDAT) in December and January 2014. SPDAT is being piloted by a number of STEP Home agencies throughout 2014 to assess its application in STEP Home and other housing stability programs.
• At the April 7, 2014 STEP Home Collaborative Annual meeting, DSWAG, AAG and PAG members received training from White Owl Native Ancestry Association about local Aboriginal diversity, history, sensitivity and resources.

Further education and training opportunities are on the horizon. In April 2014, Waterloo Region was selected as one of 18 communities across Canada to receive Housing First Training and Technical Assistance from the Mental Health Commission of Canada (MHCC). The Region of Waterloo and housing stability system partners will be engaging with MHCC trainers to discuss next steps and tailor the available support and resources to Waterloo’s local context.

2.6. Landlord Recruitment/Education/Engagement

STEP Home direct support workers continually work to recruit and engage landlords. The STEP Home guiding principle, “we know relationships are key”, underscores the importance of engaging landlords to support participants in accessing and retaining housing. Over the past six years, agencies and direct support workers have endeavoured to build relationships with those property managers and landlords who are most amenable to renting to STEP Home participants, resulting in many STEP Home tenancies. However, many available units with these landlords and property managers have already been filled by STEP Home participants. AAG and DSWAG members report that the local pool of affordable, accessible and available units has been largely saturated in the last few years, resulting in additional challenges for workers trying to find suitable housing for participants still experiencing homelessness.

Landlord Engagement Ideas

DSWAG members have provided the following recommendations for improving landlord engagement:

➢ Develop a specific STEP Home staff role to manage landlord relations and recruitment;

➢ Provide conflict mediation support to landlords and tenants;

➢ Continue to use systems that support consistent rent payment (e.g. Rent Direct through Ontario Works and trusteeship options);

➢ Develop a fund to pay for repairs to units damaged by STEP Home participants.
2.7. Community Inclusion

Community inclusion is one of the essential elements of housing stability. Inclusive communities intentionally support people to feel “at home” by providing opportunities for creating a sense of belonging to a shared space. The Strategy (2012) highlights the importance of community inclusion in building resiliency, mitigating the negative impacts of poverty, and contributing to long term housing stability. Developing a sense of belonging and feeling “at home” can take a long time for anyone settling into a new housing situation, but can be particularly challenging for people who have experienced persistent homelessness and community marginalization. Promoting community inclusion to support long term housing stability is one of the strategic directions of the Strategy (2012) and was also identified as a priority by the STEP Home Collaborative.

Although direct support workers endeavor to walk with people to build community, the STEP Home Collaborative identified the need for dedicated support to enhance and promote community inclusion. As such, Region Social Planning allocated a portion of the one-time CHPI transition funding to House of Friendship to implement a pilot program called the Connect Project. The Connect Project worker used a strengths-based approach to work with participants and their existing STEP Home worker to facilitate connections with the broader community based on the participant’s unique interests and passions. The pilot ran from September 2013 to March 2014, and was evaluated to capture the project’s evolution and emerging lessons and

---

The Connect Project

The Connect Project supported STEP Home participants to engage in a variety of activities and events, explore their strengths and interests, and connect with each other and with the broader community. Activities included:

- An Open Mic Night;
- A trout fishing excursion;
- Hiking at Columbia Lake;
- The “Starbucks Run” to collect donations; and,
- The first Landlord Partnership Group meeting.

“We have connected with the Connect Project and a few of the participants that I am working with are now participating in projects that are providing some community inclusion to their journeys. This has been a very positive addition in their lives. [One participant] has taken up sewing and is contributing to pillow cases and delivering them to the terminally ill in our community as a way of giving back.”

~STEP Home Direct Support Worker

---

insights. The evaluation is expected to be completed in spring 2014.

Additionally, in 2013-2014 supportive housing providers funded through the Region of Waterloo were able to access one-time Quality of Life grant funding for activities and programs that enrich the quality of life and wellbeing of tenants by promoting community inclusion. SHOW and Argus both received funding through this program. Some STEP Home participants living in other Region-funded supportive housing also benefited from this initiative. All STEP Home programs could also use flex funds to support community inclusion of participants. Preliminary evaluation findings suggest that these various investments in community inclusion activities were mutually reinforcing in supporting STEP Home participants to feel they belong, to break isolation and to reinforce housing stability.

“I just needed that extra support to move me towards focusing on my art and knowing that I can create my art with the proper materials. As well, in a way I can give back to the greater community with the blessing of my artwork.”

~STEP Home participant, who was supported to purchase art supplies using flex funds

*STEP Home Annual Collaborative Meeting 2013
3.0 STEP Home Data and Evaluation

One of the core goals of the Strategy (2012) is to support people experiencing homelessness or at-risk of housing loss to increase housing stability. Specifically, this goal covers four dimensions:

a) Increase housing retention;

b) Reduce the length of time people experience transitional homelessness;

c) End persistent homelessness; and,

d) Increase community inclusion.

While realization of these objectives requires the coordinated efforts of the whole housing stability system, ending persistent homelessness is the specific focus of STEP Home programs. As discussed previously, STEP Home functions as a collective impact initiative, bringing together organizations in coordinated efforts to generate progress towards shared objectives. A shared measurement system is essential to collective impact. Consistent data collection and measurement of results ensures that efforts remain aligned and supports mutual accountability and learning.\(^1\) STEP Home’s methods of shared measurement have evolved over the past six years, but continue to focus on capturing key information about the people supported by STEP Home and the housing outcomes they experience.

This section provides a summary and analysis of the 2012 and 2013 quantitative data gathered from the programs funded through the Region, as well as the overall cumulative data since STEP Home’s inception in 2008.

As part of the funding agreement with the Region, the following programs are required to submit quarterly data via a standard data collection template:

- The intensive support programs include Shelters to Housing Stability, Streets to Housing Stability, Circle of Friends, Cambridge Peer Worker program, and Whatever it Takes (WIT).

- Supportive housing programs include Supportive Housing of Waterloo (SHOW), and Five Beds to Home.

- Street outreach programs include Street Outreach at ROOF and The Working Centre, and Peer Health Worker through Kitchener Downtown Community Health Centre.

In addition to the programs above, Hospitality House and At Home Outreach through the Working Centre are included under the umbrella of STEP Home; however, they do

not receive funding through the Region and are not required to submit quarterly data. As such, data are not included for these programs. The Region has limited access to data for the Psychiatric Outreach program.

Over the 2012 and 2013 period, there continued to be improvements made to the data collection template through wording changes, and removing and adding questions. Notably, in 2012 the data collection template was amended to capture the number of participants who were supported in the previous reporting year and continue to be supported in the current reporting year.

As with many other data collection systems and processes, there are certain caveats to take into account. For this report, they include:

- **Duplication** – Participants may be served by more than one STEP Home program and may move through a variety of housing situations. To better understand the extent of duplicate data, it would be necessary for programs to report at the individual level, which was not feasible with the current data collection tool.

- **Aggregate data** – From 2008 to 2010, the intensive support programs and SHOW tracked individual data to provide richer information during the initial phase of implementing STEP Home. However, it was not feasible for other programs to report on individual data as they serve a higher number of people. After completing the Year 3 Evaluation Report (2008-2010), all programs began to use a standardized data reporting template which captures aggregate data only.

- **Reporting period** – Reporting period has been primarily driven by Federal, Provincial and Regional budget and reporting cycles. To better align with the new Provincial fiscal reporting period, some programs were transitioned from calendar to fiscal year reporting in 2012. Due to this transition, data for Shelters to Housing Stability, Cambridge Peer Worker, Circle of Friends, ROOF Street Outreach, SHOW, and the Kitchener Downtown Community Health Centre (KDCHC) Peer Health Worker programs all include a fifth quarter (January 1, 2012 to March 31, 2012).
With these considerations in mind, the cumulative total number of participants supported to move to permanent housing for 2008 to 2013 meets Regional Council’s endorsed goal to end persistent homelessness for 500 people by the end of 2013. The cumulative numbers for 2008 to 2013 will be discussed following the 2012 and 2013 summary of demographic and housing outcomes of participants supported by STEP Home programs.

3.1 STEP Home Participant Demographics for 2012 and 2013

This section provides an overview of the participants supported by STEP Home programs in 2012 and 2013. The three main program types in STEP Home – intensive support programs, supportive housing, and street outreach – offer varying forms of support to participants. Intensive support programs provide active participants with ongoing, frequent support from a direct support worker who walks with them for at least a year. Tenants in STEP Home’s supportive housing programs receive on-site supports in a congregate setting of either self-contained or shared housing units. Street outreach workers connect with a high volume of people and provide varying degrees of support depending on the needs and interest of the individual, and the capacity of the worker. Due to the unique approach by each of the STEP Home program areas, the data in this subsection are reported by program area.

Table 2 and Table 3 below provide the breakdown of participant demographics in the three main program areas by year (2012 and 2013, respectively). For further detail of demographics for intensive support programs, see Appendix 3.
Table 2: 2012 STEP Home Demographic Information

<table>
<thead>
<tr>
<th>Program</th>
<th>Participants</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>New</td>
</tr>
<tr>
<td>Intensive Support Programs</td>
<td>196</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supportive Housing Programs</td>
<td>45</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Outreach Programs</td>
<td>2408</td>
<td>1681</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3: 2013 STEP Home Demographic Information

<table>
<thead>
<tr>
<th>Program</th>
<th>Participants</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>New</td>
</tr>
<tr>
<td>Intensive Support Programs</td>
<td>213</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supportive Housing Programs</td>
<td>46</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Outreach Programs</td>
<td>1894</td>
<td>1104</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Charts 1, 2 & 3: Age Distribution of STEP Home Participants (2012 and 2013)

1. Intensive Support Programs

- 50-64 years: 30%
- 25-49 years: 54%
- 16-24 years: 11%
- 65+ years: 5%

2. Supportive Housing Programs

- 50-64 years: 26%
- 25-49 years: 27%
- 16-24 years: 2%
- 65+ years: 55%

3. Street Outreach Programs

- 50-64 years: 14%
- 25-49 years: 24%
- 16-24 years: 6%
- 65+ years: 6%
Charts 4, 5 & 6: Gender of STEP Home Participants (2012 and 2013)

### Intensive Support Programs

Intensive support programs provide frequent, comprehensive and longer term person-directed support to participants. Direct support workers in the intensive support programs walk with a lower number of people (approximately seven to ten) who are experiencing persistent homelessness. Participants are supported to find housing and are supported for at least one year to retain housing. Of the seven agencies delivering intensive support programs, two serve women and transgender people, two serve men, one focuses on youth, and the remainder serve participants across age groups and genders.

STEP Home intensive support programs walked with 196 participants in 2012 and 213 participants in 2013. The gender breakdown of participants remained steady over 2012-2013; approximately six out of ten participants were men, four out of ten were women, and less than 1 per cent of participants indicated another gender identity. Over half of participants (54 per cent) were between the ages of 25 and 49 and another 30 per cent were aged 50 to 64. Youth under age 25 comprised 11 per cent of participants, while seniors made up just 5 per cent of participants.

As discussed earlier, people experiencing persistent homelessness face multiple barriers and challenges, such as mental health issues, problematic substance use or physical or cognitive disabilities. Data were gathered to better understand the type and prevalence of some of these challenges. Information on participant challenges is most robust for intensive support programs, where the low number of participants and close relationships between participants and workers support collection of more accurate and
detailed data on participants' life circumstances. Identification of a challenge is subjective and often relies on self-disclosure. As such, the number of people reported as having an identified challenge is under-represented.

Despite this under-representation, over 2012 and 2013, 89 per cent of intensive support program participants reported experiencing a mental health issue and/or problematic substance use: 39 per cent reported a concurrent disorder (both a mental health and a substance use issue), 33 per cent a mental health issue, and 17 per cent problematic substance use. Additionally, as participants may experience more than one challenge, 13 per cent reported a physical disability, 17 per cent a cognitive disability, and 11 per cent a dual diagnosis (a developmental disability and co-occurring mental health issue).

Supportive Housing Programs
The number of participants supported through STEP Home’s supportive housing programs remained steady over 2012 and 2013, as capacity in the programs did not change. Argus Five Beds to Home and Supportive Housing of Waterloo (SHOW) supported a total of 45 residents in 2012 and 46 in 2013. Overall, 89 per cent of residents were men over this period. A quarter of residents were youth (primarily at Five Beds to Home which serves youth exclusively), and almost half (46 per cent) were over age 50, indicating a relatively high median age at SHOW.

Street Outreach Programs
Outreach programs connect with a higher number of people than the intensive support programs, and focus on developing relationships, building trust, meeting immediate needs, and making connections to additional supports when appropriate. STEP Home’s general street outreach programs supported 2408 people in 2012 and 1894 people in 2013. Additionally, in 2012 Psychiatric Outreach reported supporting 756 individuals; however, data were not available for 2013.

Two thirds of general street outreach participants were men, and one third were women. Over three quarters of participants (79 per cent) were under age 50, and almost one quarter (24 per cent) were under age 25, indicating that the street outreach programs reach a participant group that is, on average, slightly younger than the participant groups in intensive support and supportive housing programs. Many of the youth reached by street outreach are connected to ROOF Street Outreach, which specifically focuses on reaching young people aged 12 to 24.

Two of the general street outreach programs experienced changes in capacity in 2013, leading to changes in the number of people supported. In 2013, ROOF increased from one part-time position to two full-time positions in its street outreach program, leading to an increase in the number of youth reached by the program. The Kitchener Downtown
Community Health Centre Peer Health Worker Program experienced a high rate of staff turnover in 2013, resulting in a decrease in the number of people supported by the program compared to 2012.

3.2 STEP Home Housing Outcomes for 2012 and 2013

People who experience persistent homelessness are often living without fixed addresses repeatedly or for long periods of time. Caught in the cycle of homelessness and repeated housing loss, people may begin to accept the state of living without a fixed address as part of normal, everyday life. STEP Home programs walk with people to support them to find and retain adequate housing. However, STEP Home acknowledges that for people experiencing persistent homelessness, progress towards housing stability is often gradual and non-linear. If a person’s housing is destabilized or lost, STEP Home workers remain committed to assisting them to find other housing.

STEP Home’s contribution to the achievement of the Strategy (2012) goals of increasing housing retention and ending persistent homelessness are explored further below. Housing retention data are gathered from the STEP Home intensive support programs and supportive housing programs that walk with participants over a longer period of time.

Summary of Moves to Permanent Housing

Ending persistent homelessness means that people experiencing persistent homelessness have stable housing. While stable housing is more than just housing, the data point that is used as an indicator to show STEP Home’s progress in meeting this goal is the number of participants supported to move to permanent housing. Permanent housing does not have a time limit and refers to housing typically protected under the Residential Tenancies Act, 2006. For the purpose of this report, permanent housing includes supportive housing, community housing, market rent housing, and other forms of housing that would be considered permanent (e.g., long term care or return to parents’ home). Previous STEP Home reports (Year 3 Evaluation Report, 2008-2010 and 2011 Annual Report) used the term “conventional housing” rather than permanent housing. This report refers to permanent housing, in alignment with housing outcomes language used by the Federal and Provincial governments. While it is acknowledged that permanent housing is often not literally “permanent” as tenants are free to move, it is distinct from time-limited and emergency residential options in that tenants can make a permanent home if desired.

---

18 As discussed earlier in the report, long term housing stability requires adequate housing, adequate income and adequate support, along with community inclusion and a “sense of home”.
Table 4 and Table 5 below provide a summary of the number of participants who moved to permanent housing in 2012 and 2013. This number is used in the cumulative total (detailed in Table 8) and is an indicator for ending persistent homelessness in the region. In 2012, a total of 76 STEP Home participants moved to permanent housing through the support from STEP Home intensive support programs. In 2013, this number was 96.

In addition, six participants in supportive housing were supported to move to community housing and market rent housing. STEP Home strives not only to support participants to move to permanent housing, but to find the combination of housing and support best suited to their preferences and needs. Some tenants of supportive housing may find more appropriate housing options in community housing or market rent housing if they no longer need the level of on-site support provided in supportive housing. Such transitions open up capacity within the supportive housing programs, which are already stretched for resources. Participants in community housing and market rent housing are still able to access supports through STEP Home programs.

### Table 4: 2012 STEP Home Participants who Moved to Permanent Housing

<table>
<thead>
<tr>
<th>Program</th>
<th>Participants supported to move to:</th>
<th>TOTAL Moved to Permanent Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Supportive Housing</td>
<td>Community Housing</td>
</tr>
<tr>
<td>Intensive Support Programs</td>
<td>23</td>
<td>9</td>
</tr>
<tr>
<td>Supportive Housing Programs</td>
<td>11</td>
<td>n/a</td>
</tr>
<tr>
<td>Street Outreach Programs</td>
<td>9</td>
<td>3</td>
</tr>
</tbody>
</table>

### Table 5: 2013 STEP Home Participants who Moved to Permanent Housing

<table>
<thead>
<tr>
<th>Program</th>
<th>Participants supported to move to:</th>
<th>TOTAL Moved to Permanent Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Supportive Housing</td>
<td>Community Housing</td>
</tr>
<tr>
<td>Intensive Support Programs</td>
<td>22</td>
<td>7</td>
</tr>
<tr>
<td>Supportive Housing Programs</td>
<td>17</td>
<td>n/a</td>
</tr>
<tr>
<td>Street Outreach Programs</td>
<td>11</td>
<td>13</td>
</tr>
</tbody>
</table>

**Summary of Housing Retention**

Table 6 and Table 7 below summarize the number of participants who retained housing for at least three months, six months, and one year. In 2012 a total of 44 people retained housing for three to five months, 34 for six to 11 months, and 79 for at least
one year. In 2013, a total of 18 participants retained housing for three to five months, 61 for six to 11 months, and 115 for at least one year. Overall in 2012, 57 per cent of intensive support program participants retained housing for at least three months, and in 2013 that number rose to 71 per cent of intensive support program participants retaining housing for at least three months.

Table 6: 2012 STEP Home Housing Retention Data

<table>
<thead>
<tr>
<th>Program</th>
<th>Participants who retained housing for</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3-5 Months</td>
</tr>
<tr>
<td>Intensive Support Programs</td>
<td>37</td>
</tr>
<tr>
<td>Supportive Housing Programs</td>
<td>7</td>
</tr>
<tr>
<td>Street Outreach Programs</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Table 7: 2013 STEP Home Housing Retention Data

<table>
<thead>
<tr>
<th>Program</th>
<th>Participants who retained housing for</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3-5 Months</td>
</tr>
<tr>
<td>Intensive Support Programs</td>
<td>12</td>
</tr>
<tr>
<td>Supportive Housing Programs</td>
<td>6</td>
</tr>
<tr>
<td>Street Outreach Programs</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Chart 7: Intensive Support Program Participants’ Housing Retention 2012 and 2013
3.3 Six Years of STEP Home: 2008 to 2013

Since its inception in 2008, monitoring and evaluation continue to be important components of STEP Home. Data, both quantitative and qualitative, provide a review of the achievements, and new insights into successes and areas where further development is needed. Appendix 1: STEP Home Timeline 2006 to 2014, provides a snapshot of the numerous activities and achievements throughout the years. This 2012-2014 STEP Home Report adds another significant milestone and achievement to the timeline. In 2012, Regional Council endorsed an updated goal for STEP Home to end persistent homelessness for 500 people by the end of 2013. Since 2008, STEP Home intensive support and supportive housing programs have supported 521 participants to move to permanent housing.

Below is a summary of the quantitative data collected from 2008 to 2013 and highlights of significant trends over the years.

Table 8 shows the total number of participants supported each year by STEP Home programs from 2008 to 2013. The total number of participants supported through intensive support programs increased rapidly from 92 individuals in 2008-2009 to 288 individuals in 2010, as STEP Home was adding new intensive support programs. From 2011 to 2013, the number of individuals supported through the intensive support programs remained relatively consistent: 209 participants in 2011, 196 participants in 2012 and 213 participants in 2013. The total number of people supported by supportive housing programs since they joined STEP Home in 2010 has remained consistent, as facility capacities have not changed. The total number of people supported by street outreach programs fluctuates more significantly year-over-year, reflecting the high volume of individuals engaged.
Table 8: Number of Participants Supported by STEP Home from 2008 to 2013

<table>
<thead>
<tr>
<th>Program</th>
<th>2008-2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Support Programs</td>
<td>92</td>
<td>288</td>
<td>209</td>
<td>196</td>
<td>213</td>
</tr>
<tr>
<td>Supportive Housing Programs</td>
<td>n/a</td>
<td>n/a</td>
<td>43</td>
<td>45</td>
<td>46</td>
</tr>
<tr>
<td>Street Outreach Programs</td>
<td>n/a</td>
<td>674</td>
<td>2117</td>
<td>2408</td>
<td>1894</td>
</tr>
</tbody>
</table>

Table 9 below shows that STEP Home intensive support and supportive housing programs supported 521 participants to move to permanent housing. Additionally, street outreach programs supported 174 individuals to move to permanent housing. Because street outreach programs serve a broader population and are not exclusively focused on people experiencing persistent homelessness, these programs’ housing outcomes data are not included in the total of 521 participants experiencing persistent homelessness who were supported to move to permanent housing.

In 2008-2009, when six STEP Home intensive support programs were initially launched, 61 people were supported to move to permanent housing. The number supported to move to permanent housing increased to 116 in 2010 and 144 in 2011, coinciding with the expansion of STEP Home capacity through the addition of four more intensive support programs. 2012 and 2013 saw slightly reduced numbers of participants supported to move to permanent housing: 76 and 96 per year, respectively.

Table 9: Number of Participants Supported to Move to Permanent Housing, 2008 to 2013

<table>
<thead>
<tr>
<th>Program</th>
<th>2008-2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Support Programs</td>
<td>61</td>
<td>78</td>
<td>144</td>
<td>76</td>
<td>96</td>
<td>455</td>
</tr>
<tr>
<td>Supportive Housing Programs</td>
<td>n/a</td>
<td>38</td>
<td>n/a</td>
<td>11</td>
<td>17</td>
<td>66</td>
</tr>
<tr>
<td>Street Outreach Programs</td>
<td>n/a</td>
<td>22</td>
<td>n/a</td>
<td>32</td>
<td>120</td>
<td>174</td>
</tr>
</tbody>
</table>

---

19 May 2008 to August 2009
20 September 2009 to December 2010 for some programs and September 2009 to March 2011 for other programs.
21 This number includes SHOW (31 people) and Hospitality House (7 people) and is a cumulative number from 2008 to 2010.
Chart 8: Intensive Support Programs: Annual Participants Supported and Moves to Permanent Housing, 2008-2013

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participants Supported</strong></td>
<td>92</td>
<td>288</td>
<td>209</td>
<td>196</td>
<td>213</td>
</tr>
<tr>
<td><strong>Moves to Permanent Housing</strong></td>
<td>61</td>
<td>78</td>
<td>144</td>
<td>76</td>
<td>96</td>
</tr>
<tr>
<td><strong>Number of Intensive Support Programs</strong></td>
<td>6</td>
<td>7</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Chart 8 illustrates the total number of participants supported by intensive support programs per year, and the number of those who were supported to move to permanent housing. STEP Home advisory group members identified three main reasons that the numbers of people supported to move to permanent housing in 2012 and 2013 were lower than the total of 144 recorded in 2011: 1) early increases in STEP Home capacity and uptake, 2) ongoing support needs of existing participants, and 3) limited availability of affordable housing.

When STEP Home started in 2008, there were six intensive support programs. By 2011, an additional four programs were added for a total of ten intensive support programs. There were no new intensive support programs added to STEP Home in 2012 or 2013. The uptake of new STEP Home participants peaked in 2010, and many of these participants were then supported to find housing in 2011.
Moving to permanent housing does not mark the end of a person’s journey to housing stability. As discussed previously, STEP Home participants face many challenges as they work towards housing stability. For example, 89 per cent intensive support program participants in 2012 and 2013 experienced a mental health issue and/or a substance use issue. STEP Home direct support workers continue to provide intensive housing retention and re-housing support for over a year for most participants.

STEP Home advisory group members have indicated that the provision of ongoing intensive support needs of existing participants who are working to retain their housing leaves limited additional staff time to focus on finding housing for new participants. As demonstrated in Chart 8, while the number of people supported to move to permanent housing was lower in 2012 and 2013 than in 2011, the total number of people supported by the intensive support programs during this period remained constant. Additionally, the 2012 and 2013 housing retention data indicate that the number of people supported to achieve longer-term housing stability increased in 2013: 49 people achieved at least six months’ housing retention (up from 27 in 2012) and 90 achieved at least one year (up from 48 in 2012).

STEP Home capacity to support participants experiencing persistent homelessness to move to permanent housing is also constrained by the limited availability of safe, appropriate and affordable housing units with landlords open to renting to STEP Home participants. The vacancy rate in the Waterloo Region area has remained low into 2012 and 2013. Furthermore, in 2013 average rent in the region increased by more than the maximum rent increase permitted for current tenants under Ontario guidelines.

DSWAG, AAG and PAG members have identified that there is a very limited stock of housing that is affordable for STEP Home participants on Ontario Workers (OW) and Ontario Disability Support Program (ODSP). AAG members note that in the past eight years there has been a loss of approximately 180 low-cost housing units in Kitchener and additional losses in Cambridge.

As illustrated in Chart 9, close to nine out of ten STEP Home intensive support program participants rely on social assistance for their primary source of income. In 2013, 33 per cent of people in the intensive support programs were on Ontario Works (OW) and 54 per cent were on Ontario Disability Support Program (ODSP). An additional ten per cent listed Canada Pension Plan (CPP) or Old Age Security (OAS) benefits as their primary

---

23 Canada Mortgage and Housing Corporation, (Fall 2013), “Rental Market Report: Kitchener-Cambridge-Waterloo and Guelph CMAs”.
24 For example, a number of hotels used for low-cost housing were closed down, converted or destroyed by fire, including the Mayfair Hotel in Kitchener and the Royal and Overland Hotels in Cambridge.
source of income. For these participants, income levels are far too low to be able to rent an average market rent apartment.\textsuperscript{25} The severely limited availability of safe, adequate housing that is affordable for STEP Home participants creates barriers to both finding and retaining permanent housing.

**Chart 9: Intensive Support Program Participants’ Primary Income Source, 2013**

At the time the Strategy (2012) was released, it was estimated that an additional 200 people approaching or experiencing persistent homelessness in Waterloo Region may benefit from support through STEP Home. While there have been notable achievements over the past two years, the number of people experiencing persistent homelessness in Waterloo Region is not static. The STEP Home collaborative estimated in 2014 that there are currently about 300 people still experiencing persistent homelessness who could benefit from the support of STEP Home.

There are a number of reasons for the increase in this estimate. Most notable is the impact of the recession of 2008. Research shows that communities will experience increased rates of homelessness two to three years after the beginning of a recession, due to the financial hardship caused by job loss and a lack of jobs available post-recession\textsuperscript{26}. This has been shown in local data, with a marked increase in the number of


\textsuperscript{26} Falvo, Nick. “Calm Before the Storm: The Great Recession’s Impact on Homelessness”. School of Public Policy and Administration, Carleton University. 2010. Accessed online: http://www.homelesshub.ca/Library/Calm-Before-the-Storm-The-Great-Recession%e2%80%99s-Impact-on-Homelessness-48777.aspx
people experiencing homelessness beginning in 2011 and continuing through 2012 and 201327. Furthermore, people may move to the community from other areas, and people who were experiencing transitional homelessness may approach persistent homelessness if their housing instability continues.

As STEP Home continues to build connections in the community, they are better able to identify and support people experiencing persistent homelessness. Increasing STEP Home resources would be needed in order to have the capacity to serve the 300 people estimated who are currently experiencing persistent homelessness. Regional Council will be asked to endorse an updated goal for STEP Home as part of an update report on the Homelessness to Housing Stability Strategy that is anticipated to be brought forward to Council in fall of 2014.

4.0 Next Steps
Over the past two years, the STEP Home Collaborative has achieved significant successes. The goal of supporting 500 people to move to permanent housing by the end of 2013 was surpassed, and just as importantly, participants were supported to retain housing, increase quality of life and build community inclusion. However, STEP Home programs also encountered challenges, as direct support worker capacity was stretched to meet ongoing support needs, and rising rents and low vacancy rates made it difficult for participants to find affordable, adequate housing.

STEP Home continues to play an integral role in Waterloo Region’s housing stability system. The housing stability system is in the midst of an evolution as it responds to changes in Federal and Provincial funding, and continues to move towards a system-wide Housing First orientation. Along with this evolution is a prioritization on improved measurement and data collection. STEP Home is an important part of this system evolution and future STEP Home priorities and actions will be shaped by these ongoing changes. It is anticipated that an updated goal for STEP Home will brought forward for Regional Council endorsement in fall of 2014.

4.1 Future Focus of STEP Home
While this update report has demonstrated that STEP Home met the goal to end persistent homelessness for 500 people by the end of 2013, this report has also shown that there has been increased challenges reported by STEP Home Collaborative members in supporting people to move to permanent housing. Based on the STEP

Home Activities and Priorities Envisioned (SHAPE) as well as the information presented in this report, five recommendations are offered to increase STEP Home’s capacity to support people to end persistent homelessness and to better measure the housing outcomes created by STEP Home:

- **Increase landlord recruitment and engagement:** Consider the feasibility of implementing suggestions from STEP Home advisory group members, including: the establishment of a STEP Home staff role focusing specifically on landlord recruitment and relations; increasing investment in direct support workers’ time and resources to engage landlords; clarification and education about the support (conflict mediation, financial, other) that STEP Home can offer landlords; and/or establishment of a fund to pay for repairs to units damaged by program participants.

- **Increase investment in rent subsidies and resources to support participant moves:** STEP Home Collaborative members have identified that rental subsidies allocated to individuals rather than units, like those offered through the THAWS program, have reduced barriers to participant moves to permanent housing. Collaborative members further note the need to continue to develop and utilize resources to support participants in moving and establishing a home.

- **Increase investment in STEP Home staff resources and training through leveraging partnerships and multiple sources of funding:** As STEP Home programs support more people to move to permanent housing, ongoing and long term support needs of participants to retain housing continues to limit the capacity of STEP Home to serve people still experiencing persistent homelessness. Meeting support needs of existing and new participants will require investment in staff resources and training to support further alignment with Housing First principles and practices.

- **Explore options to increase investment in a diversity of affordable and supportive housing options:** STEP Home Collaborative members have identified the need for supportive harm reduction housing as well as housing that is designed for people with a focus on abstinence from substance use. For some people experiencing persistent homelessness, the absence of supportive harm reduction housing is a significant barrier to housing stability that will not be overcome until the right housing option has been created. In addition to this, the stock of affordable housing in general will need to be increased in order to provide adequate housing for people living on low income.

- **Improve data collection and management:** In order to tell a clearer story about STEP Home’s work toward ending persistent homelessness and to more fully evaluate the outcomes generated by STEP Home, it will be necessary to implement a system for collecting individual data. Explore the following options:
o Assess the suitability of Homeless Individuals and Families Information System (HIFIS) software for use by STEP Home programs;

o Following the completion of the SPDAT pilot, assess the tool's appropriateness and feasibility for wider application in STEP Home; and,

o Consider how the STEP Home Collaborative can support the broader housing stability system in moving towards a shared measurement approach to monitoring progress towards goals outlined in the Strategy (2012).
Reference List


Appendix 1: STEP Home Timeline: 2006-2014

2006-2007

August 2006
Draft Urban Adult Report recommends creating working group on persistent homelessness

February 2007
Ad Hoc working group on Persistent Homelessness formed and met five times

September 2007
Ad Hoc Working Group Report released

November 2007
Homelessness to Housing Stability Strategy released

December 2007
Addressing persistent homelessness prioritized

Federal homelessness funding approved for WIT and TWC Streets to Housing Stability Program

Stories from People - Learning

2008

January
Regional Council approves $350,000 Homelessness to Housing Stability Strategy funding

March - April
Aging at Home submission

May - June
Persistent Homelessness Reference Group formed

July
Housing joins Reference group

September
Aging at Home approval
Regional Council approves Shelters to Housing Stability funding for YWCA-Mary's Place, Charles Street Men's Hostel, and Cambridge Shelter

November - December
Interim PH Programs Report completed

At Home Outreach program begins

Regional Council endorses targets to end P.H for 50 people and prevent P.H for 100 people by December 2010

Understanding (definitions, scope of problem)
Awareness Raising (our current approach isn’t working)
Planning activities to fill the gaps
2009

January
- Federal homelessness funding extended for 2 years
- At Home Outreach and Hospitality House join Reference Group

April
- Toronto Streets to Homes visits Reference Group

May
- Created name 'STEP Home' to represent persistent homelessness programs
- Reference Group vision and goals exercise
- STEP Home brochure created

June – August
- STEP Home guiding principles created

Sept. – Oct.
- First Front-line Worker meeting
- ODSP joins reference group as resource member

November
- Idea of 'Make it Home' introduced where houses are a focus (rather than only apartments)
- Cambridge Self-Help Food Bank joins Reference Group
- STEP Home Community Stakeholder meeting
- Region visits Streets to Homes in Toronto

December
- STEP Home Year 1 Report completed
- Trillium Proposal submitted for additional Streets worker for TWC (funding not received however other temp. funding for 1 year found)
- STEP Home Brochure Updated

2010

January
- ARGUS joins Reference Group (brings a greater focus to youth issues)
- Cambridge Streets to Housing Stability funded

February - April
- Revision of Evaluation tools
- ODSP Managers attend Reference Group Meeting (March/April)

May - July
- Program descriptions updated (STEP Home Supporting Documentation Manual created)
- Revision of STEP Home Guiding Principles

August – Sept.
- Video Working Group established
- Snapshot Report completed (data to June, 2010)
- Participant interviews completed
- Systems Issuesdocument initiated
- STEP Home was awarded OMSSA Municipal Champion Award
- STEP Home presented at provincial homelessness conference
2010

October
- Landlord interviews completed

November
- STEP Home new staff orientation begins

December
- Data collection period to inform Year 3 Evaluation Report ends (targets to end P.H for 50 people and prevent P.H. for 100 people are met)

STEP Home interviews completed

STEP Home brochure updated

FLW interviews completed

STEP Home workers receive Outstanding Community Worker award at National Housing Day

Submission of STEP Home Evaluation Tools no longer required (federal, provincial and local reporting requirements remain)

2011

January - February
- Submission to inform Regional Strategic Plan and Inclusion Strategy

March
- STEP Home video completed

April
- Reference Group and FLW Visioning

May

Year 3 Evaluation Report completed

Planning for pilot SROI case study begins

Regional Council approves additional Homelessness to Housing Stability Strategy Funding to support STEP Home

Region Housing designated 3 on-going rent supplement units to STEP Home participants

Federal homelessness funding extended to March 2014

Begin a deeper exploration of connections between Justice/Health systems and STEP Home

SHOW report completed
Stories from People - Learning

2011

June

- CCBR completes their role in the STEP Home evaluation.
- STEP Home Estimations chart completed.
- Circle of Friends and Peer Initiatives join the AAG.

July-August

- Shortened version of STEP Home video completed.
- Central West Network of Specialized Care joins Reference Group as a resource member.
- Seven background reports (including 3 specific to STEP Home) to Region Council.

September

- ROOF joins AAG.
- STEP Home brochure updated.
- STEP Home Year 3 Evaluation Report, video and brochure go forward to CSC.

October

- PAG meetings are initiated.
- Workshop facilitated by Tom Regehr held for front-line workers.
- STEP Home referred to as STEP Home Collaborative with three groups: PAG, AAG and DSWAG.

November

- Participant Advisory Group training completed.

December

- STEP Home Description finalized.
- STEP Home Worker ID badges created.
2012

January - Feb
Planning for STEP Home Breakaway Day begins
PAG speaking engagements ongoing
8-week Critical Time Intervention training (CTI) for STEP Home Direct Support Workers

March - April
PAG speaking engagements ongoing

May - June
STEP Home awarded Canadian Urban Institute Leadership award for Innovation
PAG participates in CSUMB focus group
STEP Home Collaborative Annual meeting held

July - August
A draft submission for THAWS submitted on behalf of STEP Home
2 meetings of the Bereavement and Loss Working Group held
First Direct Support Worker Informal meeting held
STEP Home Annual Report drafted
STEP Home brochure updated and banner created

September
HAG/PAG have first meeting
STEP Home Brochure updated (to 2014)

October
STEP Home Annual Report memo goes to Council
STEP Home presents at National Housing Day in Brantford

November
STEP Home presents at CHRI Planning Day in Brantford
Understanding Grief and Loss Workshop held through HSTC

December
PAG Celebrates 1 year anniversary
11 STEP Homestaff transitions took place over 2012
Stories from People - Learning

2014

January - Feb

A number of STEP Home staff participate in SPDAT training

STEP Home New Staff Orientation held for five new Direct Support Workers

March - April

Shelters to Housing Stability Program begins at ROOF

Mental Health Commission announces that Waterloo Region has been selected to receive Housing First Training and Technical Assistance

2014 STEP Home Annual Collaborative Meeting Held
Appendix 2: STEP Home Activities and Priorities Envisioned

1. **Additional Supportive Housing**
   - Managed alcohol (Level 5) Program
   - Dry houses (Level 1) and alternative housing options (e.g., Make it Home)
   - Less conventional housing options

2. **Increase Resources**
   - E.g. H.H, mental health resources, attendant care, Shelters to HS (ROOF)

3. **Increase Connection Opportunities for STEP Home Direct Support Workers**
   - Peer/informal support
   - Professional connections

4. **Increase opportunities to be informed by participants**

5. **Increase STEP Home education opportunities**
   - Training in assessment tools
   - DSW training
   - PAG training
   - Community
     - Media
     - Story bank
     - Website
     - Bulletin
     - Banner
     - Provide further info on harm reduction to community

6. **Landlord Recruitment/ Education/ Engagement**
   - Recognition
   - Support
   - Training
   - Develop registry

7. **Community Inclusion**
   - Education, volunteer
   - Employment
   - Communication education
   - Transportation
Appendix 3: Intensive Support Programs Data Tables

2012 Intensive Support Programs Demographic Information
(Corresponding with Table 2 in section 3.1)

<table>
<thead>
<tr>
<th>Program</th>
<th>People Supported</th>
<th>Gender</th>
<th></th>
<th></th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>New</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Streets to Housing Stability</td>
<td>57</td>
<td>21</td>
<td>35 (61%)</td>
<td>22 (39%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Shelters to Housing Stability</td>
<td>75</td>
<td>35</td>
<td>49 (65%)</td>
<td>24 (32%)</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>Circle of Friends</td>
<td>20</td>
<td>7</td>
<td>0 (0%)</td>
<td>20 (100%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>WIT-Service Resolution</td>
<td>27</td>
<td>6</td>
<td>18 (67%)</td>
<td>9 (33%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Cambridge Peer Worker</td>
<td>17</td>
<td>17</td>
<td>14 (82%)</td>
<td>3 (18%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>TOTAL INTENSIVE SUPPORT PROGRAMS</td>
<td>196</td>
<td>86</td>
<td>116 (59%)</td>
<td>78 (40%)</td>
<td>2 (1%)</td>
</tr>
</tbody>
</table>

2013 Intensive Support Programs Demographic Information
(Corresponding with Table 3 in section 3.1)

<table>
<thead>
<tr>
<th>Program</th>
<th>People Served</th>
<th>Gender</th>
<th></th>
<th></th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>New</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Streets to Housing Stability</td>
<td>57</td>
<td>14</td>
<td>31 (54%)</td>
<td>26 (46%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Shelters to Housing Stability</td>
<td>71</td>
<td>26</td>
<td>45 (63%)</td>
<td>25 (35%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Circle of Friends</td>
<td>22</td>
<td>3</td>
<td>0 (0%)</td>
<td>22 (100%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>WIT-Service Resolution</td>
<td>47</td>
<td>28</td>
<td>32 (68%)</td>
<td>15 (32%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Cambridge Peer Worker</td>
<td>16</td>
<td>6</td>
<td>13 (81%)</td>
<td>3 (19%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>TOTAL INTENSIVE SUPPORT PROGRAMS</td>
<td>213</td>
<td>77</td>
<td>121 (57%)</td>
<td>91 (43%)</td>
<td>1 (&lt;1%)</td>
</tr>
</tbody>
</table>
**Table 4: 2012 Intensive Support Programs Housing Retention Data**  
(Corresponding with Table 4 in section 3.2)

<table>
<thead>
<tr>
<th>Program</th>
<th>Participants who retained housing for</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3-5 Months</td>
<td>3-5 Months</td>
<td>3-5 Months</td>
<td></td>
</tr>
<tr>
<td>Streets to Housing Stability</td>
<td>8</td>
<td>6</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Shelters to Housing Stability</td>
<td>19</td>
<td>15</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Circle of Friends</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>WIT-Service Resolution</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Cambridge Peer Worker</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL INTENSIVE SUPPORT PROGRAMS</strong></td>
<td><strong>37</strong></td>
<td><strong>27</strong></td>
<td><strong>48</strong></td>
<td></td>
</tr>
</tbody>
</table>

**2013 Intensive Support Programs Housing Retention Data**  
(Corresponding with Table 5 in section 3.2)

<table>
<thead>
<tr>
<th>Program</th>
<th>Participants who retained housing for</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3-5 Months</td>
<td>3-5 Months</td>
<td>3-5 Months</td>
<td></td>
</tr>
<tr>
<td>Streets to Housing Stability</td>
<td>4</td>
<td>11</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Shelters to Housing Stability</td>
<td>3</td>
<td>23</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Circle of Friends</td>
<td>1</td>
<td>2</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>WIT-Service Resolution</td>
<td>3</td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Cambridge Peer Worker</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL INTENSIVE SUPPORT PROGRAMS</strong></td>
<td><strong>12</strong></td>
<td><strong>49</strong></td>
<td><strong>90</strong></td>
<td></td>
</tr>
<tr>
<td>Supportive Housing Programs</td>
<td>6</td>
<td>12</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Street Outreach programs</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

**2012 Intensive Support Programs Participants who Moved to Permanent Housing**  
(Corresponding with Table 6 in section 3.2)

<table>
<thead>
<tr>
<th>Program</th>
<th>TOTAL Moved to Permanent Housing</th>
<th>People who were supported to move to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Supportive housing</td>
</tr>
<tr>
<td>Streets to Housing Stability</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Shelters to Housing Stability</td>
<td>44</td>
<td>16</td>
</tr>
<tr>
<td>Circle of Friends</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>WIT-Service Resolution</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Cambridge Peer Worker</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL INTENSIVE SUPPORT PROGRAMS</strong></td>
<td><strong>76</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>
### 2013 Intensive Support Programs Participants who Moved to Permanent Housing

(Corresponding with Table 7 in section 3.2)

<table>
<thead>
<tr>
<th>Program</th>
<th>TOTAL Moved to Permanent Housing</th>
<th>People who were supported to move to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Supportive housing</td>
</tr>
<tr>
<td>Streets to Housing Stability</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Shelters to Housing Stability</td>
<td>37</td>
<td>9</td>
</tr>
<tr>
<td>Circle of Friends</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>WIT-Service Resolution</td>
<td>32</td>
<td>6</td>
</tr>
<tr>
<td>Cambridge Peer Worker</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

**TOTAL INTENSIVE SUPPORT PROGRAMS**

|                              | 96                              | 22                   | 7                   | 64             | 3                      |

**Supportive Housing Programs**

|                              | 17                              | 17                   | n/a                 | n/a            | n/a                    |

**Street Outreach Programs**

|                              | 120                             | 11                   | 13                  | 80             | 16                     |

### Number of People Supported by Intensive Support Programs from 2008 to 2013

(Corresponding with Table 8 in section 3.3)

<table>
<thead>
<tr>
<th>Program</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Streets to Housing Stability</td>
<td>n/a</td>
</tr>
<tr>
<td>Shelters to Housing Stability</td>
<td>n/a</td>
</tr>
<tr>
<td>Circle of Friends</td>
<td>n/a</td>
</tr>
<tr>
<td>WIT-Service Resolution</td>
<td>n/a</td>
</tr>
<tr>
<td>Cambridge Peer Worker</td>
<td>n/a</td>
</tr>
<tr>
<td>At Home Outreach</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**TOTAL INTENSIVE SUPPORT PROGRAMS**

|                              | 92  | 288 | 209 | 196 | 213 |

---

28 The total number of people supported was not consistently broken out by program area for 2008-2009 and 2010.
Number of People Supported by Intensive Support Programs to Move to Permanent Housing, 2008 to 2013
(Corresponding with Table 9 in section 3.3)

<table>
<thead>
<tr>
<th>Program</th>
<th>TOTAL</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Streets to Housing Stability</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Shelters to Housing Stability</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Circle of Friends</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>WIT-Service Resolution</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Cambridge Peer Worker</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>At Home Outreach</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>TOTAL INTENSIVE SUPPORT PROGRAMS</td>
<td>455</td>
<td>61</td>
</tr>
</tbody>
</table>

The total number supported to move to permanent housing was not consistently broken out by program area for 2008-2009.
To: Chair Sean Strickland and Members of the Community Services Committee
From: Keith Hamilton, Planner
File Code: D15-80
Subject: 2011 National Household Survey Bulletins

In the fall of 2013, Planning Information and Research - Planning Housing and Community Services published a set of six Census Bulletins. Each Bulletin summarizes data from the 2011 Census of Canada for Waterloo Region. The six Census Bulletins covered the following topics:

- Census Bulletin 1, Population and Dwelling Counts
- Census Bulletin 2, Agriculture
- Census Bulletin 3, Age and Sex
- Census Bulletin 4, Families, Households and Marital Status
- Census Bulletin 5, Dwelling Characteristics
- Census Bulletin 6, Language

The next set of Bulletins are based on data that was collected in the 2011 National Household Survey (NHS) and released over a two year period following May 10, 2011. The NHS is a voluntary survey that replaced the mandatory long form survey used in previous Census periods.

As noted in a memo to Council, Update on Statistics Canada’s National Household Survey, dated August 13, 2013, caution has been used in interpreting the National Household Survey results due to the change in methodology from the previous mandatory long-form Census. These Bulletins respect the principles set forth in the...
2013 memo to Council, which were to use the NHS data with caution; not determine
trends or change over time by comparing data from the 2011 NHS with data from
previous Census periods; and not publish data at sub-municipal levels of geography.
Therefore, it is unfortunately not possible to make comparisons between 2011 data and
previous years, including calculations of change over time, or analysis of trends.

The Data Networking Group, an internal staff group that meets regularly to coordinate
on data, have developed a coordinated approach to review the NHS data which has
included comparing the results with other administrative and survey datasets; reviewing
Statistics Canada’s technical reports that have been released to date (the primary
documentation of data quality and methodology has been delayed, and is now
scheduled for release by Statistics Canada in early 2015); and composing a standard
caveat to be used on publications of NHS data.

The six NHS Bulletins cover the following topics:

- National Household Survey Bulletin 1, Immigration
- National Household Survey Bulletin 2, Mobility and Migration
- National Household Survey Bulletin 3, Ethnic Origin, Visible Minorities, Aboriginal
  People and Religion
- National Household Survey Bulletin 4, Place of Work and Commuting to Work
- National Household Survey Bulletin 5, Employment and Education
- National Household Survey Bulletin 6, Income and Shelter Costs

These Bulletins will be distributed to all Council members. In addition, the Bulletins will
be available in print through Planning, Housing, and Community Services and
electronically on the Region’s website. The following bullets provide highlights of the
2011 NHS data for Waterloo Region.

Immigration

- In 2011, Waterloo Region’s immigrant population was 111,495 which made up
  22.3 per cent of the total population, and 95 per cent of which was concentrated
  in Cambridge, Kitchener and Waterloo.
- In 2011, Waterloo Region had the seventh highest immigrant population in
  Ontario, and eleventh highest in Canada.

Migration and Mobility Status

- Just under 40 per cent of the Region’s population moved between 2006 and
  2011, which mirrored the provincial rate.
- Between 2006 and 2011, 82,815 residents had arrived from outside the Region,
  60,000 of whom came from elsewhere in the province, while the remaining
  12,815 came from outside of Ontario or Canada.

Ethnic Origins, Visible Minorities, Aboriginal and Religion

- Canadian, English and German were the most commonly reported ethnicities in
  Waterloo Region in 2011, each making up close to 20 per cent of the total
  responses, while South Asian was the most commonly reported visible minority.
In 2011, 6,825 people in Waterloo Region reported having an Aboriginal identity, making up 1.3 per cent of the total population.

In 2011, 68 per cent of the Region’s population reported Christianity as their religious affiliation, while those with no religious affiliation represented 25 per cent, followed by Muslim (4 per cent), Hindu and Buddhist (1 per cent each).

**Place of Work and Commuting**

- In 2011, 78 per cent of Waterloo Region’s employed labour force was working within the Region, while another 9 per cent had no fixed place of work. Only 12 per cent of the employed labour force reported a regular place of work outside of the Region.
- In 2011, 32,770 people were commuting into the Region for employment, while 31,205 were commuting out.

**Employment and Education**

- In 2011, Waterloo Region had an employed labour force of 263,815 with an unemployment rate of 7 per cent.
- Manufacturing was the top industry in the Region in 2011, reporting 51,685 jobs totalling 18.6 per cent of total jobs.
- In 2011, 52 per cent of the Region’s population aged 15 years and over had attained a post-secondary certificate, degree or diploma, while the most common field of study was ‘architecture, engineering and related technologies’.

**Income and Shelter Cost**

- The 2010 median individual income for Waterloo Region residents was $32,780 ranking, while the median household income was $69,706.
- In 2010, the average rent in Waterloo Region was $869, while the average shelter cost for an owner-occupied dwelling was $1,250.

Regional staff will continue to use these survey results for a variety of purposes, including housing, transportation, economic development, and effective communication strategies.
The Waterloo Region Crime Prevention Council helped to organize the local Jane’s Walk (www.janeswalk.org) held May 2-4, 2014, along with organizers Paul Willms (Cambridge), Kae Elgie & Phillipe Elsworthy (Waterloo) and Aleksandra Petrovic (Kitchener, Festival of Neighbourhoods). Nearly 600 people participated in at least one of 30 Jane’s Walks in Waterloo Region this year.

Held annually, on the first weekend of May, Jane’s Walk has become an international event celebrating what matters to ordinary people and neighbourhoods about the urban spaces they call home. The simple act of walking together and discussing what “makes” a neighbourhood brings people together in their communities, instills belonging and encourages civic leadership. Created in 2007 by the friends of urban thinker Jane Jacobs, the annual series of free, volunteer led walks is now held in 100+ cities across the globe. Internationally, more than 1,000 walks were led by over 1,500 volunteer leaders.
Our goal was to host 25 walks and we easily exceeded that! Waterloo Region hosted 30 walks in total including Cambridge (1); Kitchener (19); Waterloo (8); Elmira (1) and Baden (1).

Walk topics included arts & culture; music venues of the past & present; the role of churches in 21st century downtown; parking & vehicular architecture; neighbourhood histories; neighbourhood parks; industrial art & architecture; award winning architecture; environmental issues (drinking water!); heritage; way-finding for children in their own neighbourhood; food destinations; community inspirations for artists; active transportation; urban inspired poetry and….fairy doors!

Walks were incredibly diverse and took place in 22 different neighbourhoods across Waterloo Region. Attendance ranged from 3 – 55 people and many people attended multiple walks in one weekend. Twenty-one of the thirty walks were brand new this year and twenty-one leaders for the walks hosted a walk for the first time. For individuals, it’s a very easy event to organize and there are many tools developed by the team at Jane’s Walk (Toronto) to help promote the walks.

In addition to the 30 walks, several NFB documentaries about Jane Jacobs were screened on Saturday & Sunday afternoon at the Queen Street Commons & the Multicultural Cinema Club. It was a quiet, dry place to escape the elements and learn more about the life of Jane Jacobs.

Jane’s Walk helps residents to connect to their neighbourhood and community. The Waterloo Region Crime Prevention Council believes that a more connected community is a safer community and Jane’s Walk is an effective way to engage citizens in conversations about what makes a vibrant, dynamic safe and healthy neighbourhood and community.

Jane’s Walk is another tool and activity that helps the WRCPC’s Community Engagement program emphasize the role that place-making can play in creating safe & healthy neighbourhoods and public spaces.
Volunteers and staff of the WRCPC look forward to engaging more community leaders next year to keep this grassroots initiative growing and evolving. Walks can be led by ANY residents of Waterloo Region and planning for 2015 has already started!

What people were saying:

“I was impressed with the people on the tour. They seemed so interested!” 2014 Jane’s Walk leader

"I feel like I have always seen this place in black and white and now I see it in technicolour!” 28-year resident of Mount Hope neighbourhood

“I just wanted to follow up regarding Jane's Walk - AMAZING. I had never heard of it before being asked to write that article and our conversation compelled me to check it out. [The walk] was so professional and fluid, basically the most ideal Jane’s Walk I could imagine. Neither my partner nor I are very social but we both left that walk feeling engaged in our community, even though it wasn't the neighbourhood we live in.” Janine Prew, Cord Community Edition Contributor

Local media Coverage of Jane’s Walk in Waterloo Region:


Juanita’s Joy for Jane’s Walk – grandsocial.ca


New Jane's Walk walks an immigrant's perspective of Kitchener - CBC KW [radio]

Elmira Walk & Central Fairies Walk Featured on CBC – Fresh Air – Saturday May 2, 2014

INSPIRATION FOR LOCAL JANE’S WALK “Fairy Doors” connect downtown neighbours – Kitchener Citizen, Thursday May 8, 2014

Janes Walk 2014 - Kid Perspective – Daisy Arsenault 
http://www.myfale.blogspot.ca/2014/05/janes-walk-2014-kid-perspective.html

The Fairy Doors of Central Frederick – Cathy McAllister
https://unlockingthegate.wordpress.com/2014/05/09/the-fairy-doors-of-central-frederick/
Region of Waterloo
Social Services
Children’s Services

To: Chair Sean Strickland and Members of the Community Services Committee
Date: June 17, 2014
File Code: S04-20
Subject: Children’s Planning Table Progress Report

Recommendation:
For Information.

Summary:
The report provides an update on the activities of the Children’s Planning Table, a shared collaborative community planning table that is supported by Children’s Services and Child and Family Health. Over the past year a number of significant projects have been completed that support broad based community planning. The Child Well Being Dashboard project will be featured in a presentation for Committee’s information.

Report:

1.0 Background

The Children’s Planning Table was formed in 2011 with an expanded membership and scope from the original Best Start Network – Region of Waterloo Child and Parent Services committee (ROWCAPS). The Children’s Planning Table has a membership of over 300 professionals from approximately 60 organizations. Participation and membership is open to all agencies/organizations providing support services to children (pre-birth to 12 years of age) within Waterloo Region.

Planning and meeting support is provided through a staff position funded through Children’s Services. In kind support is also provided by Child and Family Health as a partner in this initiative. Funding for the current staff position has been provided through ongoing Provincial funding for system level planning as well as several one time grants.

The Children’s Planning Table is rather unique in its approach to planning and community collaboration. Its success is reliant upon the engagement, participation and in-kind contributions of its members. Members commit to working collaboratively with
other community partners to build greater coordination and integration of services for children and families. The common vision is that, ‘All children in Waterloo Region live in a community that supports their developmental health through a system of coordinated and effective services.’ The first two years of the Children’s Planning Table have been focused on building common understanding, trusting relationships and awareness of other service providers in Waterloo Region. In 2013 the provision of two Provincial one time grants allowed for additional resources to boost the work of the Children’s Planning Table.

2.0 Key Activities & Projects of 2013

A number of activities and projects were achieved in 2013. The bullets below provide a brief summary of what was achieved:

- Two areas of focus determined (navigation of services, shared philosophy of practice). Two working groups were formed to complete the difficult task of identifying two projects for endorsement by the Children’s Planning Table as a whole. In 2014 focus will be directed on navigation of services and shared philosophy of practice.
- Creation of a conceptual framework, this tool provides a guide for future planning work by identifying the ideal conditions that need to be in place to support development health of children in our community.
- Parent Engagement Research Project completed, which provides guidance and recommendations on how to include parents in meaningful ways in community planning for services. A one time Provincial grant was used to complete this task.
- Annual forum held in December 2013. A full day forum is held each year, the forum serves to energize members, focus on key emerging issues and themes, celebrate progress and identify issues that may need to be a focus for the year.
- Evaluation and monitoring measures in place. Two approaches have been developed to monitor and evaluate how the Children’s Planning Table is doing in the areas of integrated service delivery, community engagement, establishing trust and building consensus on areas of focus across all members. Information is gathered from members at minimum once a year to monitor progress. To date, both measures are indicating that the Children’s Planning Table is making progress in all areas.
- Interim Communication strategy determined. Under the guidance of the communication advisory group a clear, user friendly web page was redeveloped to feature the work of the Children’s Planning Table and development of a quarterly E-News Bulletin to provide communication and update for all members.
- Utilization of the expertise of the Early Years Data Team to develop an Early Years services interactive map and selection of data indicators to be used in the Child Wellbeing Dashboard.
- Creation of a Child Wellbeing Dashboard to support outcome evaluation. The dashboard provides a user-friendly, at-a-glance view of key indicators of child wellbeing, the first of its kind for Waterloo Region. A team of data experts met frequently for one month to determine which indicators would be the best to
include. The Child Wellbeing Dashboard currently has four indicators and is integrated with the Early Years Services interactive map. Of significant note, this is the first time that the data elements provided through the Healthy Babies, Healthy Children screen have ever been used in a dashboard format. The dashboard is important for the work of the Children's Planning Table because it provides the community with a tool for shared measurement to track and report progress towards achieving optimal developmental health for children. The dashboard is a significant first step towards shared measurement around outcomes for children and will inform planning around services in Waterloo Region. The dashboard is housed on the Region’s website and will be demonstrated at Community Services Committee.

3.0 Next Steps

The work of the Children’s Planning Table will continue to unfold in the coming year. Several key actions and steps will be taken to further the work that has been completed to date. The following list provides an overview of some of the key activities for 2014:

- Formation of two Action Groups to develop a concrete and detailed plan for the two identified priorities/areas of focus.
- Exploration of additional sources of funding to support the community engagement and shared planning work.
- Creation of a preliminary draft of an Early Years community plan document that will outline history, pressures, issues and key priorities for the Children’s Planning Table.
- Further refine communication and governance models for the Children’s Planning Table.

Corporate Strategic Plan:

This initiative aligns with Focus Area 4: Healthy and Inclusive Communities under Strategic Objective 4.6.1Collaborate with the community to support the development of services for children; Develop and implement an Early Years System Plan.

Financial Implications

The Children’s Planning Table is supported by .6FTE staff position which is funded through 100% Provincial Early Child Development funds to support system level planning in Children’s Services. In kind resources provided by Regional programs and community organizations contribute a significant amount of “time” to participate on various subgroups of the Children’s Planning Table. Two Provincial Innovation Fund grants totalling $50,000 allowed for the dedication of full time staffing support between August 2013 and March 2014 to complete two projects. A funding application has been submitted to the Lyle S. Hallman Foundation for a three year funding grant that would provide additional staff resources to support this initiative.
Other Department Consultations/Concurrence:

Public Health, Child & Family Health partners with Children’s Services in supporting the work of the Children’s Planning Table. In addition, the continued participation of staff from Community Housing & Planning, Corporate Resources, Information Technology and Finance are required to support the work of the Children’s Planning Table.

Attachments

Nil

Prepared By:  Michelle Martin, Social Planning Associate
              Nancy Dickieson, Director, Children’s Services

Approved By:  Douglas Bartholomew-Saunders, Commissioner, Social Services
To: Chair Sean Strickland and Members of the Community Services Committee
From: Lynn Randall, Director, Social Planning, Policy and Program Administration
Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services
File Code: S13-40
Subject: Tuesday Night K-W OOTC Site

At its April 14, 2014 Council meeting, the City of Kitchener passed a resolution that City staff work closely with Kitchener-Waterloo Out of the Cold organizers (K-W OOTC), Region of Waterloo Social Services staff as well as the City of Waterloo in an effort to find a Tuesday night location for the K-W OOTC services (see attached). This memorandum provides the Region’s response to the City of Kitchener Council’s resolution. It provides an overview of the Region’s role with respect to homelessness and housing stability, K-W OOTC and its history in the context of the housing stability system in Waterloo Region.

The Region’s Role in Homelessness and Housing Stability

The role of the Region with respect to housing stability is informed by three different sources: the Federal Government, the Provincial Government, and the local community. From the Federal Government, the Region (through Social Services) has taken the role of Community Entity for the Homelessness Partnering Strategy (HPS) and the role of Community Coordinator for the Homeless Individuals and Families Information System (HIFIS). From the Province, the Region has been designated the Consolidated Municipal Service Manager for Housing and Homelessness. Given the roles attributed by the Federal and Provincial Governments, the Region’s role is both funder and facilitator of local community change.
The emergency shelters under Agreement with the Region adhere to the Shelter Guidelines that provide a service framework for Shelter Operators that is consistent across and within Shelters and is based on community supported guiding principles. In addition to the Shelter Guidelines, the Referral Protocol for Emergency Shelter Programs in Waterloo Region (Referral Protocol) was collaboratively developed to clarify roles and responsibilities of each emergency shelter and the Region, as well as, to streamline the referral process by enhancing communication and information sharing so that people seeking shelter services can be quickly and appropriately referred.

Overview of Kitchener-Waterloo Out of the Cold

K-W OOTC is a shelter option, not under an Agreement with the Region that runs from November to April. K-W OOTC is a volunteer-run and primarily church-based program consisting of eight sites in 2013/14, each operating independently of each other but guided by a common vision and mandate. Each site provides a hot meal and overnight accommodation for those who choose to stay. Site Coordinators form a Steering Committee facilitated by a volunteer Convener. The Steering Committee’s role has been identified as an advisory body, with each site maintaining its autonomy.

Each site individually finances their operations through volunteer, in-kind and cash contributions from their own church, other churches, community groups, businesses, and/or interested individuals. Other than initial start-up grants provided by the Region through the Provincial Homelessness Initiative Fund, K-W OOTC receives no ongoing government funding. There is a provision for up to $16,000 per year for reduced bus tickets through the Region.

History of K-W OOTC in the Context of the Housing Stability System in Waterloo Region

K-W OOTC first began in 1999, when the housing stability system had not yet formalized and programs to support people experiencing homelessness or at-risk of housing loss to find and/or maintain housing were limited. Homelessness had only just been formally recognized as an issue by other orders of government, with federal and provincial homelessness funding programs first initiated in 1999. At that time, there were only three emergency shelter options in the region: YWCA-Mary’s Place in Kitchener for women ages 16+ (with some family space), Charles Street Men’s Hostel in Kitchener for men ages 16+, and Argus Residence for Young People in Cambridge for youth ages 16-24. These shelters were often at or over capacity (though able to serve beyond capacity through internal overflow and/or motels). There were also fewer affordable housing and supportive housing options, fewer community support services to maintain housing, and no mobile street outreach programs.

In response to the growing need for emergency shelter options beyond what was available through the local emergency shelters, a group of local volunteers adopted the Toronto OOTC model and created the K-W OOTC program. This program began as a pilot of one site in February and March of 1999. In the fall of 1999, it expanded to three additional sites, and from there grew to as many as ten sites offering emergency shelter seven nights a week from November through March each year (with some sites operating until the end of April).
System Planning for Housing Stability and K-W OOTC

The housing stability system has evolved significantly since K-W OOTC began in 1999. In 2005, the Region (Social Planning) initiated an assessment of current and future emergency shelter needs in Waterloo Region. This assessment included interviews with guests of the K-W OOTC, Cambridge OOTC (which ended in 2005), and residents of the emergency shelters under the Shelter Guidelines. The resulting report, “Qualitative Data Report for Waterloo Region Sheltering Needs Assessment”, revealed sheltering trends, issues and needs; gaps in the emergency shelters under the Shelter Guidelines; impacts of K-W OOTC; and changes required over the next five years. This was the first in a series of 20 research reports that would formalize and bring together the housing stability system and lead to region-wide system planning. This system planning resulted in the creation of “All Roads Lead to Home: A Homelessness to Housing Stability Strategy” (2007-2010), and its update in 2012.

In addition, in 2011, a report was developed through a partnership between K-W OOTC Steering Committee, the Kitchener Downtown Community Health Centre (KDCHC) Peer Health Worker program, and the Region (Social Planning). The purpose of the report, “Hearing the Voices: Learnings from Kitchener-Waterloo Out of the Cold” was to understand who is staying at K-W OOTC and to collect feedback on local shelter, health, community, and housing services from the perspective of people experiencing homelessness, as well as, to understand K-W OOTC in the context of the broader housing stability system. There were 5 options identified for the K-W OOTC: continue current operations; reduce the number of sites; seek funding from the Region; transform to meals and hospitality only; and discontinue the program. The findings were presented to the K-W OOTC Steering Committee who decided not to take any action at this time.

Next Steps

On June 4, 2014, Councillor Sean Strickland and Douglas Bartholomew-Saunders, Commissioner, Social Services, met with the Tuesday night OOTC Site Coordinator and volunteers at their request. This initial conversation determined that another meeting is needed with Social Services and other OOTC sites to discuss the Council endorsed Homelessness to Housing Stability Strategy, hear from the OOTC volunteers, and look at options to best serve people accessing OOTC within the housing stability system. A future meeting will be scheduled and will include the City of Kitchener. A report will be brought forward to Council in August.

For further information, please contact Lynn Randall, Director Social Planning by email Irrandall@regionofwaterloo.ca or by telephone 519-883-2190.
April 23, 2014

Ms. K. Fletcher
Director of Council & Administrative Services / Regional Clerk
Corporate Resources Department
Region of Waterloo
150 Frederick Street
Kitchener ON N2G 4J3

Dear Ms. Fletcher:

This is to advise that City Council, at a regular meeting held on April 14, 2014, passed the following resolution:

"WHEREAS several hundred disadvantaged, homeless people make use of food and emergency shelter provide by the Out of the Cold program each last fall and winter; and,

WHEREAS the Ray of Hope agency has announced it will no longer provide Tuesday shelter and food service each Tuesday night starting in the late fall of 2014 which could leave street people without adequate, necessary shelter; and,

WHEREAS to date no alternate church or charitable groups have volunteered to replace Ray of Hope and the inner-city Tuesday night shelter services provided by Out of the Cold;

THEREFORE BE IT RESOLVED that City staff work closely with Out of the Cold organizers, Region of Waterloo Social Services staff as well as the City of Waterloo in an effort to find a Tuesday night location for the Out of the cold services;

BE IT FURTHER RESOLVED that City staff report back at the August 25, 2014 Council meeting on progress made to find an alternate shelter location; and,

BE IT FINALLY RESOLVED that this resolution be circulated to the Region of Waterloo and the City of Waterloo."
Yours truly,

[Signature]

C. Tarling
Director of Legislated Services
& City Clerk

*lk

c M. Hildebrand
Region of Waterloo

Social Services

Social Planning, Policy and Program Administration

Planning, Housing and Community Services

Housing

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

Date: June 17, 2014

File Code: S13-80

Subject: 2013 Homelessness to Housing Stability Data Reports

Recommendation:

For information.

Summary:

This report reviews the results of the Homelessness to Housing Stability 2013 Data Summary Report (attached as Appendix 1) and the 2013 Emergency Shelter Data Report (attached as Appendix 2). The 2013 Data Summary Report examines emergency shelter use, income, rental housing affordability and availability and supportive housing. The 2013 Emergency Shelter Data Report provides more detailed information on emergency shelter use and trends since 2006. Region of Waterloo Social Planning, Policy and Program Administration in partnership with Planning, Housing and Community Services are committed to producing an annual data summary report to help inform the community of current trends in housing and homelessness in Waterloo Region.

Report:

1.0 Data Summary Report

The 2013 Data Summary Report (attached as Appendix A) provides a comparison between 2012 and 2013, as well as, 2008 data to provide context as we continue to monitor and examine the impacts of the recession.
1.1 Emergency Shelter Use

The 2012 Data Summary Report highlighted a significantly increased number of people accessing emergency shelters, with a 24 percent increase since the beginning of the recession in 2008. In 2013, this trend continued, with a slight increase in the number of people accessing emergency shelter (3,447 people in 2012 and 3,492 people in 2013).

While the total number of people accessing emergency shelter increased slightly from 2012 to 2013, the number of families and children in families decreased by 13 percent and 15 percent, respectively. The decrease in the number of families and children accessing shelter is promising; however, this is still 186 percent and 240 percent higher since the recession of 2008. A recent study, “Ending Family Homelessness in Waterloo Region” (2014)¹ was conducted to better understand and address the issue of family homelessness in the region. The study found that emergency shelter stay has both immediate and long-term negative impacts on children and parents – emotionally, psychologically, socially and physically.

More detailed data related to emergency shelters is included in Appendix 2.

1.2 Income (Affordability)

Minimum housing wage refers to the minimum amount of income earned per hour that is necessary to afford a unit at the average market rate (at 30 percent of gross household income) and meet basic needs for the long term. The 2013 Data Summary Sheet shows that the average minimum housing wage has continued to increase for all unit types since 2012 (two and a half per cent for a bachelor apartment, five per cent for a one bedroom apartment and five percent for two or more bedroom apartments).

As the average market rent costs continue to rise, housing affordability in Waterloo Region continues to climb out of grasp for people earning minimum wage. The minimum housing wage required for a one bedroom apartment was $14.87 in 2012 and $15.58 in 2013. There was no increase to minimum wage in Ontario from 2012 to 2013; however, minimum wage increased to $11.00 per hour in June 2014.

While there has been a slight increase in the shelter allowance for couples and families receiving Ontario Works (OW), for singles on OW and Ontario Disability Support Program (ODSP), the shelter allowance rates remain unchanged from 2012 to 2013 ($376 for OW and $479 ODSP). These low rates of social assistance exacerbate barriers to housing for people who access social assistance. Even a bachelor apartment (at an average cost of $660 in rent per month in 2013, up from $644 in rent per month in 2012) is impossible to afford using the shelter portion of the OW or ODSP allowance.

1.3 Rental Housing Availability
The number of completed Community Housing rental units increased slightly in 2013 (an increase of 26 units from 2012 to 2013). The number of households on the Community Housing Waiting List increased by four per cent from 2012 to 2013 (3,162 to 3,287). The average wait time for bachelor and one bedroom Community Housing units has increased from four to six years in 2012 to over six years in 2013. For a family requiring two or more bedrooms, the wait time was three years or more in 2013.

The net number of private market rent units (excluding purpose built student housing) available in Waterloo Region increased very marginally from 2012 to 2013, with an additional 321 units added. This may have contributed to a slight increase in the vacancy rate (2.6 percent in 2012 to 2.9 percent in 2013). While this represents positive increases in the vacancy, the local vacancy rate is marginally lower than what housing researchers indicate is a ‘healthy rate’ of 3 per cent.

1.4 Supportive Housing
Supportive housing in the Region includes both “specific” supportive housing and “non-specific” supportive housing. Overall, the total number of housing spaces with specific and non-specific support has increased in 2013 (up five percent with 1,632 units in 2013 from 1,552 in 2012). Much of the increase can be attributed to organizations that began reporting the number of units available in 2013, where ‘no data’ was previously noted in 2012. The number of households waiting for support has increased eight per cent from 1,361 households in 2012 on waitlists for supportive housing to 1,471 households in 2013. Specific supportive housing is showing a small increase of 620 households on the waitlist in 2013 compared to 603 households waiting in 2012. For non-specific supportive housing, the waitlist has increased from 758 households in 2012 to 828 households in 2013.

2.0 Emergency Shelter Data Report
Appendix 2 provides more detailed emergency shelter data and analysis, including trends from 2006 to 2013.

As illustrated in the report, there has been a steady increase in the number of people accessing emergency shelter in Waterloo Region from 2006 to 2012, and continues to hold steady in 2013. The emergency shelter system served 3,492 unique individuals in 2013. This number is on par with the number of individuals served in 2012 (3,447 unique individuals). Rates of shelter use continue to be high – the number of people accessing emergency shelter in 2013 represents a 25 percent increase in shelter use since the beginning of the recession in 2008. Further, people accessing shelter continue to stay

\[ ^2 \] “Specific” Supportive Housing refers to housing intended for people in the community who have diagnosed physical disabilities, developmental disabilities, acquired brain injuries, mental health issues, or problematic substance use issues

\[ ^3 \] “Non-specific” Supportive Housing refers to housing intended for people who generally require support to maintain housing but are not required to have diagnosed disability
longer and accessing shelter more often with an increase of 47 per cent in bed nights since 2008 (63,277 bed nights in 2008 to 93,274 bed nights in 2013). This is possibly due to continued barriers in securing housing for people living with low income given the increasing cost of rental units and low rates of social assistance and a minimum wage rate that falls below the minimum housing wage for all unit sizes.

3.0 Implications and Next Steps

These reports indicate continued issues with housing affordability and increases in the number of people accessing emergency shelter and on supportive housing waitlists. Emergency shelters, while very busy, continue to manage capacity pressures through the Emergency Shelter Referral Protocol and overflowing people into motels when necessary.

In response to the significant increase in demand for emergency shelter for families over the past six years, the Region of Waterloo completed a report on family homelessness. Recommendations from the report focus on a number of promising practices, one of which is emergency shelter diversion. A new family diversion program was piloted in 2013, providing families seeking emergency shelter with immediate, intensive support to identify and remove barriers to housing stability. The goal is to shorten or prevent emergency shelter stays, thereby avoiding the stress and trauma associated with accessing emergency shelter. A diversion response is also less expensive than emergency shelter. The decrease in the number of families and children served through emergency shelter in 2013 is partly a result of the success of this new approach. However, despite these improvements, there is still more work to do. The diversion pilot will be continuing at Cambridge Shelter in 2014, and was expanded to include YWCA-Mary’s Place as of April 1, 2014. It is anticipated that there will be further reductions in the number of families accessing emergency shelter.

Some key housing needs in the community are being addressed through the Affordable Housing Strategy. Since the Region of Waterloo’s first Affordable Housing Strategy (AHS) was initiated in May 2001, a total of 2,062 units of affordable housing have been created, thereby meeting the combined goal of creating at least 2,000 units. A new AHS was endorsed by Regional Council on June 4, 2014. The goal of the new AHS 2014-2019 is to address the housing needs of 700 low to moderate income households through the creation of 350 new affordable housing units and the preservation and retention of 350 existing affordable homes. The need for affordable housing for the lowest income households and supportive housing will remain key priorities of the new AHS.

Housing staff is also working on implementing the updated Waterloo Region Housing Action Plan for Households with Low to Moderate Incomes (Housing Action Plan). The longer-term Housing Action Plan provides a comprehensive overview of the state of housing in Waterloo Region and identifies longer term housing needs and actions in both affordable and market housing.

These reports support these community planning efforts and provide information used by the Region and many agencies and groups for community education. These reports are
available on the Region of Waterloo’s website and will be provided to the Homelessness Hub (national research clearinghouse at www.homelesshub.ca). The two-page Homelessness to Housing Stability 2013 Data Summary Report (Appendix 1) will be published and distributed through the Homelessness and Housing Umbrella Group’s (HHUG’s) listserv and hard copies of the report will be sent to community agencies within the Housing Stability System in Waterloo Region. The 2013 Emergency Shelter Data Report (Appendix 2) will be published and broadly distributed in the community through community agencies, meetings, and established networks.

**Corporate Strategic Plan:**

Working to strengthen the housing stability system and build the community’s capacity to address issues of homelessness is consistent with the 2011-2014 Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities: to create “opportunities for people to develop to their full potential and to make a positive difference at all stages of life”; and specifically, Strategic Objective 4.5 to “work collaboratively to increase the supply and range of affordable housing and reduce homelessness” through the update and implementation of the Homelessness to Housing Stability Strategy and the update and monitoring of the Affordable Housing Strategy. Development of data summaries supports Action 37b related to the Region’s Service Manager Role in data integration and dissemination.

**Financial Implications:**

Nil.

**Other Department Consultations/Concurrence:**

Nil.

**Attachments:**

Appendix 1 - Homelessness to Housing Stability 2013 Data Summary Report
Appendix 2 - 2013 Emergency Shelter Data Report

**Prepared By:** Lynn Randall, Director, Social Planning, Policy and Program Administration
Deb Schlachter, Director of Housing
Van Vilaysinh, Manager, Social Planning
Jeffrey Schumacher, Supervisor, Housing Supply Initiatives

**Approved By:** Douglas Bartholomew-Saunders, Commissioner, Social Services
Rob Horne, Commissioner, Planning, Housing and Community Services
Appendix 1
Homelessness to Housing Stability 2013 Data Summary Report

The Homelessness to Housing Stability 2013 Data Summary Report\(^4\) captures key indicators around homelessness and housing in Waterloo Region, in an effort to demonstrate the possible economic and structural barriers to housing stability for people at risk or experiencing homelessness in our community.

Given the significant increase in rates of homelessness in the last six years, this report compares 2008 (the year the recession began in Canada), 2012 (the most recent full year of data and a point where the effects of the recession are beginning to be quite evident in homelessness and housing trends) and 2013 (the most recent full year of data) as a way to illustrate the realities of the current economic climate and how it has affected housing and homelessness in Waterloo Region. The chart below assesses some of the factors that may influence the ability of people living in Waterloo Region to find or maintain housing, including vacancy rates and income levels. This assessment is underscored by the understanding that in order to maintain housing stability, three elements must be present:

- **Housing** - Housing must provide security of tenure and be desirable, affordable, safe, adequately maintained, accessible, and a suitable size. The more “at home” someone feels both in their community and in their housing, the more likely it is the person will stay housed and avoid re-entering the cycle of homelessness.

- **Income** - People must have enough income to sustain minimum standards for rent, utilities, food, health, clothing, education, transportation, and recreation.

- **Support** - People must have the opportunity to access additional support, as needed, to help them live as independently as desired and to connect to others in meaningful ways.

These key resources, when reinforced by community inclusion and a sense of home, ensure that people have what they need to retain housing over the long term. This report evaluates some barriers to adequate housing, income and support in Waterloo Region, in the context of a community continuing to experience the negative effects of a national recession.

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2012</th>
<th>2013</th>
<th>% Change 2012 to 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of emergency shelter bed nights</td>
<td>63,277</td>
<td>91,697</td>
<td>93,274</td>
<td>+2%</td>
</tr>
<tr>
<td>Number of people served by emergency shelters</td>
<td>2,784</td>
<td>3,447</td>
<td>3,492</td>
<td>+1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of people utilizing shelter by group:</th>
<th>2008</th>
<th>2012</th>
<th>2013</th>
<th>% Change 2012 to 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth (ages 12-24)</td>
<td>738</td>
<td>912</td>
<td>936</td>
<td>+3%</td>
</tr>
<tr>
<td>Families</td>
<td>65</td>
<td>214</td>
<td>186</td>
<td>-13%</td>
</tr>
<tr>
<td>Children in Families</td>
<td>105</td>
<td>420</td>
<td>357</td>
<td>-15%</td>
</tr>
<tr>
<td>Older Adults (65+)</td>
<td>30</td>
<td>45</td>
<td>52</td>
<td>+15%</td>
</tr>
<tr>
<td>Women (16+ years)</td>
<td>596</td>
<td>795</td>
<td>768</td>
<td>-3%</td>
</tr>
<tr>
<td>Men (16+ years)</td>
<td>1423</td>
<td>1614</td>
<td>1711</td>
<td>+6%</td>
</tr>
<tr>
<td>Transgender (16+ years)</td>
<td>0</td>
<td>11</td>
<td>13</td>
<td>+18%</td>
</tr>
</tbody>
</table>

\(^4\) This Data Report replaces the previous years’ Homelessness and Housing Umbrella Group (HHUG) HHUG report card, and covers similar topics such as emergency shelter use, income, rental housing affordability and availability, and supportive housing availability.
### Percentage of emergency shelter residents returning:
- Returning within the same year
  - 2008: 27%
  - 2012: 20%
  - 2013: 20%
  - % Change 2012 to 2013: -
- Returning in more than one calendar year over the past five years
  - 2008: 27%
  - 2012: 30%
  - 2013: 29%
  - % Change 2012 to 2013: -

### Income (Affordability)

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2012</th>
<th>2013</th>
<th>% Change 2012 to 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum wage</td>
<td>$8.75</td>
<td>$10.25</td>
<td>$10.25</td>
<td>0%</td>
</tr>
<tr>
<td>Monthly shelter allowance for a single person on Ontario Works (OW)</td>
<td>$349</td>
<td>$376</td>
<td>$376</td>
<td>0%</td>
</tr>
<tr>
<td>Monthly shelter allowance for a single person on Ontario Disability Support Program (ODSP)</td>
<td>$445</td>
<td>$479</td>
<td>$479</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Rental Housing Cost

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2012</th>
<th>2013</th>
<th>% Change 2012 to 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Market Rent:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor</td>
<td>$561</td>
<td>$644</td>
<td>$660</td>
<td>+2.5%</td>
</tr>
<tr>
<td>One bedroom</td>
<td>$712</td>
<td>$773</td>
<td>$810</td>
<td>+5%</td>
</tr>
<tr>
<td>Two bedrooms</td>
<td>$845</td>
<td>$908</td>
<td>$952</td>
<td>+5%</td>
</tr>
<tr>
<td>Three or more bedrooms</td>
<td>$978</td>
<td>$1,053</td>
<td>$1,127</td>
<td>+7%</td>
</tr>
<tr>
<td>Average Wage Needed to Afford Rental Housing:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor</td>
<td>$10.78</td>
<td>$12.38</td>
<td>$12.69</td>
<td>+2.5%</td>
</tr>
<tr>
<td>One bedroom</td>
<td>$13.69</td>
<td>$14.87</td>
<td>$15.58</td>
<td>+5%</td>
</tr>
<tr>
<td>Two bedrooms</td>
<td>$16.25</td>
<td>$17.46</td>
<td>$18.31</td>
<td>+5%</td>
</tr>
<tr>
<td>Three or more bedrooms</td>
<td>$18.81</td>
<td>$20.25</td>
<td>$21.67</td>
<td>+7%</td>
</tr>
</tbody>
</table>

### Rental Housing Availability

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2012</th>
<th>2013</th>
<th>% Change 2012 to 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households on Community Housing Waiting List</td>
<td>3,100</td>
<td>3,162</td>
<td>3,287</td>
<td>+4%</td>
</tr>
<tr>
<td>Average wait time for Community Housing:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seniors</td>
<td>1-2.5 yrs</td>
<td>1-2 yrs</td>
<td>2+ yrs</td>
<td>-</td>
</tr>
<tr>
<td>Non-seniors (bachelor or 1 bedroom)</td>
<td>4-6 yrs</td>
<td>4-6 yrs</td>
<td>6+ yrs</td>
<td>-</td>
</tr>
<tr>
<td>Small family (2 bedrooms)</td>
<td>2+ yrs</td>
<td>2+ yrs</td>
<td>3+ yrs</td>
<td>-</td>
</tr>
<tr>
<td>Small family (3 bedrooms)</td>
<td>0.5-2 yrs</td>
<td>2+ yrs</td>
<td>3+ yrs</td>
<td>-</td>
</tr>
<tr>
<td>Large family (4-5 bedrooms)</td>
<td>3-5 yrs</td>
<td>3-4 yrs</td>
<td>3+ yrs</td>
<td>-</td>
</tr>
<tr>
<td>Number of Community Housing rental units (completed)</td>
<td>10,034</td>
<td>10,320</td>
<td>10,346</td>
<td>0.2%</td>
</tr>
<tr>
<td>Vacancy rate – private market rent units</td>
<td>1.8%</td>
<td>2.6%</td>
<td>2.9%</td>
<td>-</td>
</tr>
<tr>
<td>Number of private market rent units</td>
<td>31,205</td>
<td>31,226</td>
<td>31,547</td>
<td>+1%</td>
</tr>
</tbody>
</table>

### Supportive Housing

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2012</th>
<th>2013</th>
<th>% Change 2012 to 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of housing spaces with support</td>
<td>1,473</td>
<td>1,552</td>
<td>1,632</td>
<td>+5%</td>
</tr>
<tr>
<td>Number of households waiting for long-term support to retain housing</td>
<td>1,176</td>
<td>1,361</td>
<td>1,471</td>
<td>+8%</td>
</tr>
<tr>
<td>Non-specific (general)</td>
<td>518</td>
<td>758</td>
<td>824</td>
<td>+9%</td>
</tr>
<tr>
<td>Specific</td>
<td>658</td>
<td>603</td>
<td>620</td>
<td>+3%</td>
</tr>
</tbody>
</table>
Appendix 2

Emergency Shelter Data 2006 – 2013

Overview and Context

The recent increase in emergency shelter usage is unparalleled in Waterloo Region. The increases in people accessing emergency shelters and increasing bed nights point to the heightened vulnerability of people living with low income or who are facing other kinds of barriers to housing stability and community inclusion in the current economic climate.

As explored through key data points below, significant upwards trends in shelter use (especially among families) become evident in 2011. This may be largely attributable to the difficult economic realities of some people given the recent recession. Research shows that communities will experience increased rates of homelessness two to three years after the beginning of a recession, due to the financial hardship caused by job loss and a lack of jobs available post-recession. Researchers speculate that this lag in increased rates of homelessness occurs because the use of an emergency shelter is often a last resort – people will attempt to exhaust all other avenues (Employment Insurance, Social Assistance, or ‘doubling-up’ - moving in with family or friends) before going to a shelter. Therefore, there is often a few years lag time from the beginning of a recession, to witnessing significant increases in the number of people experiencing homelessness. This trend has been seen in local data with the marked increase in homelessness, particularly among families with children, beginning in 2011 and continuing on an upward trend in 2012. In 2013, there has been a modest decrease in the number of families who have accessed emergency shelter, possibly due to a new pilot program in place during the second half of 2013. However, other populations (youth, seniors, and men) have continued to use emergency shelters on an increasing basis. Further, the number of people accessing emergency shelter who self-report barriers related to mental health, make up approximately one quarter of all people who access emergency shelter. This indicates that supports for people who experience particular barriers to housing such as issues related to mental health, may not have access to the support needed to maintain housing stability.

In Waterloo Region, the emergency shelter system served 3,492 unique individuals in 2013. This number is on par with the number of individuals served in 2012 (3,447 unique individuals). Rates of shelter use continue to be high; the number of people accessing emergency shelter in 2013 represents a 25 percent increase in shelter use since the beginning of the recession in 2008. Further, people accessing shelter continue to stay longer and accessing shelter more often with an increase of 47 per cent in bed nights since 2008 (63,277 bed nights in 2008 to 93,274 bed nights in 2013). This is possibly due to continued barriers in securing housing for people living with low income given the increasing cost of rental units and low rates of social assistance and a minimum wage rate that falls below the minimum housing wage for all rental unit types (bachelor, one bedroom, etc.).

The charts below capture pertinent data points for the emergency shelter system in Waterloo Region for the years 2006 to 2013, as this timeframe reflects the most reliable and consistent data from emergency shelters, obtained through the Homeless Individuals and Families Information System (HIFIS).

---

Emergency Shelter Bed Nights

The number of bed nights (how many nights a resident stayed at an emergency shelter\(^6\)) has increased by 39 per cent from 2006 to 2013, totaling over 93,000 bed nights in 2013. The most bed nights are seen at YWCA-Mary’s Place (31,828 bed nights in 2013), then at Cambridge Shelter (20,381 in 2013). As these shelters both serve families experiencing homelessness, these numbers may be attributable to a trend toward longer lengths of stay for families.

![Emergency Shelter Bed Nights from 2006 to 2013](chart.png)

Notes: K-W Out of the Cold operates during the winter season only on an annual basis from November to April. Data is based on the 2012/2013 season estimate. All other data is collected through the Homeless Individuals and Families Information System (HIFIS) and derived from the Family Roles Report. ROOF-PAR began providing emergency shelter service in mid-2010.

\(^6\) Emergency shelter bed nights count the number of nights a shelter bed is occupied by an individual. For example, if a family of four entered a shelter for one night, this would count as four bed nights, and eight bed nights for a two-night stay. If this family of four stayed in a shelter for seven nights, this would result in a total of 28 bed nights.
People Served by Emergency Shelters by Year

There has been a steady increase in the number of people accessing Emergency Shelter in Waterloo Region from 2006 to 2013. The number of unique individuals who accessed shelter between 2006 and 2013 has increased by 22 per cent.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>503</td>
<td>131</td>
<td>0</td>
<td>450</td>
<td>913</td>
<td>712</td>
<td>161</td>
</tr>
<tr>
<td>2007</td>
<td>467</td>
<td>101</td>
<td>0</td>
<td>550</td>
<td>856</td>
<td>673</td>
<td>185</td>
</tr>
<tr>
<td>2008</td>
<td>428</td>
<td>115</td>
<td>0</td>
<td>545</td>
<td>862</td>
<td>661</td>
<td>173</td>
</tr>
<tr>
<td>2009</td>
<td>628</td>
<td>108</td>
<td>0</td>
<td>535</td>
<td>818</td>
<td>661</td>
<td>165</td>
</tr>
<tr>
<td>2010</td>
<td>606</td>
<td>108</td>
<td>0</td>
<td>420</td>
<td>812</td>
<td>606</td>
<td>165</td>
</tr>
<tr>
<td>2011</td>
<td>811</td>
<td>117</td>
<td>100</td>
<td>346</td>
<td>834</td>
<td>635</td>
<td>168</td>
</tr>
<tr>
<td>2012</td>
<td>823</td>
<td>114</td>
<td>175</td>
<td>495</td>
<td>882</td>
<td>707</td>
<td>143</td>
</tr>
<tr>
<td>2013</td>
<td>782</td>
<td>115</td>
<td>205</td>
<td>563</td>
<td>963</td>
<td>764</td>
<td>124</td>
</tr>
</tbody>
</table>

Notes: K-W Out of the Cold operates during the winter season only on an annual basis from November to April. Data is based on the 2012/2013 season estimate. All other data is collected through the Homeless Individuals and Families Information System (HIFIS) and derived from the Family Roles Report. ROOF-PAR began providing emergency shelter service in mid-2010. Numbers may be duplicated across shelters (for example, if one person was served at ROOF, then went to Argus, they would be counted once at each shelter).
Occupancy Rates of Emergency Shelters in 2013

Emergency shelters in Waterloo Region are never full. Shelters have internal overflow capacity, as well as the ability to refer to each other, and to overflow into motels when internal capacity is reached. The high number of individuals accessing emergency shelter is reflected in the high occupancy rates reported in 2013.

<table>
<thead>
<tr>
<th>Occupancy Rates of Emergency Shelters</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argus Residence for Young People: Young Men &amp; Young Women</td>
<td>87%</td>
</tr>
<tr>
<td>Cambridge Shelter Corporation: The Cambridge Shelter</td>
<td>112%</td>
</tr>
<tr>
<td>House of Friendship: Charles Street Men's Hostel</td>
<td>115%</td>
</tr>
<tr>
<td>Reaching Our Outdoor Friends (ROOF) - Providing A Roof (PAR)</td>
<td>136%</td>
</tr>
<tr>
<td>Lutherwood: Safe Haven Shelter</td>
<td>49%</td>
</tr>
<tr>
<td>Kitchener-Waterloo YWCA: YWCA-Mary's Place</td>
<td>145%</td>
</tr>
</tbody>
</table>

Notes: Data is collected through the HIFIS Occupancy Report for each shelter.

Percentage of People who Returned to Emergency Shelter 2006 – 2013

The data below illustrates the percentage of people who returned to emergency shelter in the eight year period 2006 - 2013 (not within each year). This information is used to understand the possible cycling of experiences of homelessness for people who may be facing multiple barriers to housing stability, or who may be approaching or who are persistently homeless.

Across all emergency shelters in Waterloo Region, 33% of residents returned to shelter in this eight year period. This percentage is equivalent to approximately 6,364 people who experienced homelessness more than once in eight years. The rate of return for Argus Residence for Young People is the highest at 50%\(^7\). This speaks to the multiple barriers and challenges faced by youth experiencing homelessness, especially for youth who experience homelessness while under 18. Many youth who lose their homes at a young age have a higher chance of cycling back into homelessness.

<table>
<thead>
<tr>
<th>Percentage of People who Returned to Emergency Shelter 2006 – 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage of People who Returned to Shelter between 2006 – 2013</strong></td>
</tr>
<tr>
<td>Argus Residence for Young People</td>
</tr>
<tr>
<td>Cambridge Shelter</td>
</tr>
<tr>
<td>Charles Street Men's Hostel</td>
</tr>
<tr>
<td>YWCA-Mary's Place</td>
</tr>
<tr>
<td>Reaching Our Outdoor Friends (ROOF)</td>
</tr>
</tbody>
</table>

Notes: This data is calculated using the HIFIS – Family Roles Report, taking the total people served in each year at each shelter and totaled for the entire period. The HIFIS – Returning Clients Report, with the parameters of all clients including dependents from 2006-2013 is used to calculate how many unique individuals accessed shelter in eight years of service provision. The percentage of people who returned is the

\(^7\) While ROOF is also a youth-specific shelter, they have limited data available as they began operating in mid-2010. It is therefore, not possible to directly compare rate of return for this shelter – the information is included to give a benchmark for future data analysis.
total people served each year, compared with the unique individuals served in the eight year period. The
difference equals the number of people who returned to shelter in the eight year period. It is possible that
there may be duplications between shelters as someone would be counted as a unique individual at each
shelter but not necessarily within the shelter system if they accessed more than one shelter within the period.
Statistics for ROOF are included for benchmarking reasons – this shelter began operating in mid-2010; the
above information does not represent eight years of data.

People Accessing Emergency Shelter by Population Group

Single adult males make up the largest group of people who experience homelessness in Waterloo
Region – a trend that is seen in many communities across Canada\(^8\) and is consistent in Waterloo
Region. Single adult males make up the largest population group in the shelter system; the number
of single adult males who access emergency shelter has steadily increased between 2006 and 2013
(1,423 in 2008 compared to 1,711 in 2013). The number of seniors increased 73 per cent between
2006 and 2013 (from 31 in 2006 to 52 in 2013). Most notable is the continued high use of
emergency shelter by families (186 families accessed emergency shelter in 2013). The number of
families accessing emergency shelters is discussed in more detail below.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (ages 12 – 15)</td>
<td>131</td>
<td>101</td>
<td>115</td>
<td>108</td>
<td>108</td>
<td>117</td>
<td>114</td>
<td>115</td>
</tr>
<tr>
<td>Youth (ages 16 – 24)</td>
<td>708</td>
<td>617</td>
<td>623</td>
<td>644</td>
<td>730</td>
<td>829</td>
<td>798</td>
<td>821</td>
</tr>
<tr>
<td>Men (ages 16+)</td>
<td>1,521</td>
<td>1,404</td>
<td>1,423</td>
<td>1,350</td>
<td>1,459</td>
<td>1,571</td>
<td>1,614</td>
<td>1,711</td>
</tr>
<tr>
<td>Women (ages 16+)</td>
<td>656</td>
<td>639</td>
<td>596</td>
<td>651</td>
<td>672</td>
<td>841</td>
<td>795</td>
<td>768</td>
</tr>
<tr>
<td>Transgender/Other Gender Identity (ages 16+)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Families</td>
<td>73</td>
<td>72</td>
<td>65</td>
<td>110</td>
<td>103</td>
<td>135</td>
<td>214</td>
<td>186</td>
</tr>
<tr>
<td>Children in Families</td>
<td>145</td>
<td>137</td>
<td>105</td>
<td>214</td>
<td>189</td>
<td>374</td>
<td>420</td>
<td>357</td>
</tr>
<tr>
<td>Seniors (ages 65+)</td>
<td>31</td>
<td>26</td>
<td>30</td>
<td>30</td>
<td>39</td>
<td>51</td>
<td>45</td>
<td>52</td>
</tr>
<tr>
<td>K-W Out of the Cold</td>
<td>450</td>
<td>550</td>
<td>545</td>
<td>535</td>
<td>420</td>
<td>346</td>
<td>495</td>
<td>563</td>
</tr>
</tbody>
</table>

Notes: K-W Out of the Cold (OOTC) operates during the winter season only on an annual basis from
November to April. OOTC Data is based on the 2012/2013 season estimate. All other data is collected
through the Homeless Individuals and Families Information System (HIFIS) and derived from the Family Roles
Report. As some individuals are double counted across population groups (‘seniors’ and ‘youth’ are counted
in ‘men’ and ‘women’, for example) this chart can not be totaled to find the total number of individuals served
in a given year. For this information, please see the chart above under ‘number of people served by
emergency shelters’.

Families with Children Accessing Emergency Shelter

Emergency shelters within the region that serve families are YWCA-Mary’s Place and the
Cambridge Shelter. Possibly the most notable increase from 2006 is the number of families who
have accessed emergency shelter at YWCA-Mary’s Place in Kitchener and the Cambridge Shelter

---

\(^8\) Stephen Gaetz, Jesse Donaldson, Tim Richter, & Tanya Gulliver (2013): The State of Homelessness in Canada 2013. Toronto:
Canadian Homelessness Research Network Press.
in Cambridge\textsuperscript{9}. The most significant increase was seen at YWCA-Mary’s Place, with an increase of 217 per cent since 2006.

Notes: Data for both shelters is derived from the HIFIS – Family Roles Report for each year.

Number of Children in Families Accessing Emergency Shelter

The number of children in families who accessed emergency shelter declined slightly in 2013 to 357. This is a decrease from a record high of 420 children in 2012. However, this is still a significant number of children, especially understood in the context of homelessness as a traumatic event that may have lasting effects on health outcomes and possible future experiences of housing instability\textsuperscript{10}.

Youth Accessing Emergency Shelter

Youth-specific emergency shelters include Argus Residence for Young People in Cambridge, and ROOF-PAR in Kitchener. Cambridge Shelter, House of Friendship and YWCA-Mary’s Place also serve youth who access emergency shelter. The number of young people accessing emergency shelter in Waterloo Region has remained relatively stable (708 youth in 2006; 798 youth in 2012).

Notes:
The above data is collected through the HIFIS Age Report for each shelter. ROOF began operating a ten bed emergency shelter in mid-2010. Safe Haven shelter in Kitchener serves ages 12-15 is not included as this chart captures data for ages 16-24.

Aboriginal People Accessing Emergency Shelter

Three hundred and twenty people who accessed emergency shelter in 2013 identified as Aboriginal (including people who identify as First Nations, Métis or Inuit). This represents 11 per cent of the all people who accessed emergency shelter in 2013. By comparison, the 2011 National Household Survey estimates that Aboriginal people represent three per cent of the overall population of Waterloo Region. This is consistent with nation-wide research indicating that people who identify as Aboriginal are over-represented in the population of people who experience homelessness11. People who identify as Aboriginal are considered to be at a higher risk of housing instability for several reasons including the impact of historical policies and practices of assimilation that contribute to distrust of non-Aboriginal governments, agencies and people, as well as urban migration from reserves to urban centres that is driven by economic factors including finding work and securing better housing.

### Number of Aboriginal People Accessing Emergency Shelters 2013

<table>
<thead>
<tr>
<th>Shelter</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argus Residence for Young People: Young Men &amp; Young Women</td>
<td>11</td>
</tr>
<tr>
<td>Cambridge Shelter Corporation: The Cambridge Shelter</td>
<td>53</td>
</tr>
<tr>
<td>House of Friendship: Charles Street Men's Hostel</td>
<td>110</td>
</tr>
<tr>
<td>Reaching Our Outdoor Friends (ROOF) - Providing A Roof (PAR)</td>
<td>32</td>
</tr>
<tr>
<td>Lutherwood: Safe Haven Shelter</td>
<td>1</td>
</tr>
<tr>
<td>Kitchener-Waterloo YWCA: YWCA-Mary's Place</td>
<td>113</td>
</tr>
<tr>
<td><strong>Total Aboriginal People</strong></td>
<td><strong>320</strong></td>
</tr>
</tbody>
</table>

*Notes:* The above data is collected through the HIFIS Culture Report for each shelter. Residents are invited to self-report Aboriginal identity through the intake process.
Region of Waterloo
Planning, Housing and Community Services
Housing

To: Chair Sean Strickland and Members of the Community Services Committee
Date: June 17, 2014
File Code: D26-20
Subject: Area Municipal Consideration of Tools and Incentives for Affordable Housing

Recommendation:

That Regional Council request all of the Area Municipalities to consider using density bonusing and other local tools and incentives in order to increase the variety and supply of affordable housing across the community, as means of addressing both existing and future needs;

And that the creation of affordable housing be a high priority for the Region and Area Municipalities in the consideration of development and redevelopment proposals, including areas within and around ION station areas and in proximity to Grand River Transit routes, as described in P-14-070, dated June 17, 2014.

Summary:

The provision of a full range of housing, including affordable housing is a key component to creating complete communities and a thriving economy. Helping to create over 2,000 new units under the Region’s Affordable Housing Strategy (AHS) for families and individuals since 2001 is a significant milestone that has had a positive impact on households and the community at large. The success of the AHS would not have been realized without the contributions of many housing interests, including the Area Municipalities.

Despite this achievement, the Community Housing wait list remains above 3,000 households, and with fewer households being housed every year, the community is now seeing an increase in wait times for most households. In addition, as the 4th largest community in Ontario currently and experiencing population growth over Provincial growth forecasts, the need for a range of housing types and affordability levels in Waterloo Region will continue to increase.
The many parties (e.g. senior government, proponents, Canada Mortgage and Housing Corporation) involved in creating and operating affordable housing have access to different tools and resources to help create affordable housing. The new AHS 2014-2019, approved by Regional Council on June 4, 2014, encourages Area Municipalities to consider incentive and policy options for affordable housing. This report highlights opportunities to utilize density bonusing to help create affordable housing, and other potential tools for Area Municipalities to consider using.

Report:

The provision of a full range of housing, including affordable housing, is a key component to creating complete communities and thriving economy. Helping to create over 2,000 new units under the Region’s Affordable Housing Strategy (AHS) for families and individuals since 2001 is a significant milestone that has had a positive impact on households and the community at large. The success of the AHS would not have been realized without the contributions of many parties, including Area Municipalities.

Despite this achievement, the Community Housing wait list remains above 3,000 households, and with fewer households being housed every year, the community is now seeing an increase in wait times for most households. In addition, as the 4th largest community in Ontario currently and experiencing population growth over Provincial growth forecasts, the need for a range of housing types and affordability levels in Waterloo Region will continue to increase.

Regional Council endorsed an updated Waterloo Region’s Housing Action Plan for Households with Low to Moderate Incomes (Housing Action Plan) on April 9, 2014. The Housing Action Plan, as described in Report P-14-041, provides a comprehensive overview of the state of housing in Waterloo Region and identifies longer term housing needs and actions in both affordable and market housing. The goal of the new shorter term AHS 2014-2019, as endorsed by Regional Council on June 4, 2014, is to address the housing needs of at least 700 low to moderate income households through the creation of 350 new affordable housing units and the preservation and retention of 350 existing affordable homes. Achieving the goal of the new AHS will require not only extensive funding from senior levels of government, but continued commitment and contributions from many others.

Area Municipal Tools for Affordable Housing

The many parties involved in creating and operating affordable housing have access to different tools and resources to add the collaborative approach to creating affordable housing. The new AHS 2014-2019 identifies the need for Area Municipalities to consider incentive and policy options for affordable housing, in particular within the ION Corridor station areas, Community Core areas and along major transit corridors, so that affordable housing units in these areas are not only maintained, but increased and diversified to address community need.

The Provincial government passed the Strong Communities through Affordable Housing
Act, which received Royal Assent in May of 2011. This Act amended the Planning Act in a number of respects in order to provide for more affordable housing opportunities. Section 2 of the Planning Act, for example, was amended to identify the provision of a full range of housing, including affordable housing, as a matter of provincial interest to which decision-makers are to have regard when making land use planning decisions.

Section 37 of the Planning Act provides single tier or area municipalities the ability to provide increases in height and density in return for community benefits for zoning by-law amendments under Section 34 of the Planning Act. The provision of affordable housing is one of several community benefits that are typically identified; others may include conservation of cultural heritage resources, public art, day care centres, community facilities, public parking, public park space, construction to LEED standards and public transit infrastructure. As an example; in return for permitting a developer to increase the number of storeys/units above what is permitted under the current zoning designation, the developer would enter into an agreement to make a certain number of the increased units or land available as affordable housing. These affordable units may be rented or sold at affordable rates, or conveyed to a non-profit group.

The Regional Official Plan contains policies to encourage Area Municipalities to offer density bonuses and other provisions to support the creation of affordable housing. Regional staff are working with Area Municipal staff to incorporate density bonusing provisions, in particular for affordable housing, as part of official plan reviews if enabling policies were not already contained in their current official plan. Regional staff can also consider and advise Area Municipal staff if the use density bonusing for affordable housing is a possible option on applications they comment on or approve as part of the development review process.

Density bonusing has not been used extensively in Waterloo Region, but is becoming more prevalent. Density bonusing was used to facilitate the creation of affordable housing in Cambridge. The City of Cambridge was conveyed a parcel of land on Lena Crescent as part of a planning approvals process in exchange for density bonusing on another block within a plan of subdivision. The City then made the property available for affordable housing and asked the Region to participate in a joint initiative to develop the lands under the Region’s Affordable Housing Strategy, resulting in 52 affordable housing units. Density bonusing has also been used been used to promote transit oriented development and other community benefits at the Black Forest condominiums (Cambridge), the City Centre condominiums and 1 Victoria Condominiums (Kitchener) and the 144 Park condominiums (Waterloo).

There are other tools that Area Municipalities may want consider to assist in the creation of approved affordable housing developments, including the reduction or exemption in parkland dedication requirements, reducing parking requirements, waiving or reducing applications fees and making surplus land available for affordable housing. Regional staff are available to provide examples from other single tier and area municipalities that have implemented similar tools targeted at creating affordable housing in their communities.
Existing Financial Incentives

The Region of Waterloo provides limited grants to offset Regional Development Charges. The Region has also adopted the Optional Property Class for New Multi-Residential Development which results in new multi-residential property being taxed at the same rate (tax ratio 1.0000) as residential property for 35 years (F-02-031) for both Regional and Area Municipal purposes. The Optional Property Class for New Multi-Residential Development will continue to apply to projects developed under the new AHS.

Area Municipal Consultation/Coordination:

A copy of this report has been distributed to all Area Municipalities. Regional staff will continue to discuss the use of density bonusing and other affordable housing tools with Area Municipal staff. Regional staff will also continue to meet with Area Municipal staff to review proposed affordable housing projects submitted within their Municipality as part of the Region’s call for Expressions of Interest for affordable rental and supportive housing process.

Corporate Strategic Plan:

Regional Council’s Strategic Objective 4.5 calls for us to “work collaboratively to increase the supply and range of affordable housing and reduce homelessness.”

Financial Implications:

The allocation of new funding received from senior levels of government to implement the new AHS or any other proposed funding for new affordable housing developments would be subject to a future report for consideration by Regional Council.

Other Department Consultations/Concurrence:

Staff from Finance and Legal have reviewed this report.

Attachments:

Nil

Prepared By: Jeffrey Schumacher, Supervisor, Housing Supply Initiatives

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

To: Chair Sean Strickland and Members of the Community Services Committee
Date: June 17, 2014
File Code: A35-80
Subject: Cultural Sites Program Review 2012/2013 Implementation Update

Recommendation:
For information.

Summary:

The Region of Waterloo regularly undertakes Program Reviews to ensure that services and operations are managed and delivered effectively and efficiently. In 2012, the Internal Auditor and Community Services initiated a Program Review of the three community museums owned and operated by the Region, namely the Waterloo Region Museum (including the heritage village), Joseph Schneider Haus and McDougall Cottage.

Report CA-13-002/P-13-037, Cultural Sites Program Review 2012-2013, dated June 18, 2013, summarized the recommendations of the Review, which were endorsed by Regional Council. The recommendations centered on three themes, need for better integration of all Cultural sites, need for improved information flow between management and staff and opportunity for more interaction with the community. In addition, a revised organization structure was proposed to better achieve integration and effective use of resources by structuring the three sites under one manager/curator.

Key accomplishments in this first year of implementing the Program Review recommendations include:

- Implementation of the revised organization structure, with one Manager/Curator for all three sites, coordination of shared functions across the sites, and strong support for the unique identity and programs of each site.
- Initiation of the “Strategic Directions and Integrated Marketing Approach” project, which will provide a Vision and strategic actions to guide future development of the museums, and new approaches to integrated marketing (including, for
example, website presence for JSH and MCD equivalent to WRM, and joint advertising in print media; the museums had a presence at the LPGA event through the Record Community Tent, which distributed prizes with our branding).

- Staff agreement on a new name identifier for the combined program area: Waterloo Region Museum and Historic Sites.
- A focus on partnership development, as a responsibility of both the Manager/Curator and the Supervisor of Marketing and Partnerships.
- Plans for a new “in residence” position in support of exhibit development and research; a fixed term appointment of an experienced researcher/subject expert to support museum staff.
- Joint interactions with other cultural sites through initiatives such as Building Waterloo Region, the GrandSocial website of Creative Enterprise Initiative, and the Waterloo Region Tourism Marketing Corporation.

Attachment 1 to this Report highlights the status of the recommendations from the Program Review that were proposed to be initiated immediately (by end of 2013) or in the short term (by end of 2014). Attachment 2 shows the revised organization structure.

In summary, implementation of the Program Review recommendations is generally proceeding according to the timelines proposed in the original report. Efficiencies have been found, particularly in marketing and promotion. Processes such as staff training, guest services, collections management and exhibit planning will become more effective and consistent with the participation of staff from all sites. Overall, there is a new energy and sense of purpose across the organization. Attendance and revenues have also increased significantly at the same time.

Report:

The recommendations developed through the Cultural Sites Program Review 2012-2013 were presented in Report CA-13-002/P-13-037 dated June 18, 2013, and subsequently endorsed by Regional Council. The Program Review addressed the services and operations of Waterloo Region Museum (WRM), Joseph Schneider Haus (JSH) and McDougall Cottage (MCD). The results of the review indicated that overall, the services and operations are being managed and delivered effectively and efficiently.

However, the consultants did develop 40 recommendations, primarily oriented toward further improving effectiveness and mitigating risk. The report to Committee summarized these recommendations and provided a proposed timing for initiating each action: Immediate (by end of 2013); Short-term (by end of 2014); Medium-Term (by end of 2015) and Longer Term (post 2015).

The Table in Attachment 1 highlights the status of each Immediate and Short-term action item.

A separate report by the Program Review Consultant provided an assessment of the organizational structure needed to implement the efficiency and effectiveness recommendations arising from the Review. Over the past several months the organization structure proposal has been refined and is now being implemented.
The key elements of the revised organization structure for the three sites are summarized below, with the full structure shown in Attachment 2.

- One Manager/Curator for all sites:
  - Manager/Curator, Waterloo Region Museum and Historic Sites
- Three on-site supervisors responsible for education programs, interpretation and events:
  - Supervisor Public Programs, Waterloo Region Museum
  - Historic Sites Supervisor, Joseph Schneider Haus
  - Historic Site Specialist, McDougall Cottage
- Coordination of shared functions across all sites:
  - Supervisor Marketing and Partnerships, responsible for marketing, promotion and communication for all sites, across all media platforms
  - Supervisor Guest Services, responsible for staff at all sites who greet the public, handle cash, and retail functions
  - Supervisor Exhibits and Collections, responsible for exhibit planning and installation at each site, collections documentation and conservation, and research.

Each of the sites is fortunate to have a volunteer Friends organization providing ongoing support for specific programs, and special funding. In particular, the Friends of Joseph Schneider Haus sponsor the Folk Artist in Residence, and the Friends of McDougall Cottage support the Musician in Residence, both of which greatly enhance the programming at these sites.

Building on these examples, staff plan to develop a new “in residence” position in support of exhibit development and research. This would be a fixed term appointment of an experienced researcher/subject expert to support museum staff (e.g. one year).

In summary, implementation of the Program Review recommendations is generally proceeding according to the timelines proposed in the original report. Efficiencies have been found, particularly in marketing and promotion. Processes such as staff training, guest services, collections management and exhibit planning will become more effective and consistent with the participation of staff from all sites. The new organization structure has been communicated to staff, volunteers, and the members of the Friends organizations, and has been generally well accepted.

**Area Municipal Consultation/Coordination**

The Program Review recommendations and the new organization structure have been communicated to Area Municipal staff responsible for cultural sites.

**Corporate Strategic Plan:**

The Program Review and implementation support Focus Area 5.3: Ensure Regional programs and services are efficient and effective and demonstrate accountability to the public.
Financial Implications:

The Program Review recommendations are being implemented within the approved 2014 Operating Budgets for the three sites. Through the 2014 budget process, efficiency savings of $33,000 and staff savings of $113,000 were identified and approved.

Other Department Consultations/Concurrence:

Several Departments have assisted with the implementation of the Cultural Sites Program Review recommendations, including Corporate Communications, Corporate Resources, Facilities Management, Finance and Human Resources.

Attachments:

Attachment 1- Implementation of Recommendations from Cultural Sites Program Review

Attachment 2 - Revised Organization Chart

Prepared By: Lucille Bish, Director, Community Services

Approved By: Rob Horne, Commissioner, Planning, Housing and Community Services
Attachment 1 - Implementation of Recommendations from Cultural Sites Program Review

Proposed Timing for Initiating Actions - Immediate (by end of 2013), Short-term (by end of 2014), Medium-term (by end of 2015) and Longer Term (post 2015)

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Program Review Timing (to initiate action)</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Management and Planning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Statement of Purpose for Cultural Sites Program</td>
<td>Immediate/ Short-term</td>
<td>The Cultural Sites “Strategic Directions and Integrated Marketing Approach” project was initiated in September 2013. Museum staff representing all three sites is working with a consulting team to draft an over-arching Vision and Strategy, as well as museum-specific plans.</td>
</tr>
<tr>
<td>2. Regular Review of Statements of Purpose</td>
<td></td>
<td>Next steps include developing the accountability structure and reviewing the draft with staff and key stakeholders (Fall 2014) prior to presenting it to Council (Spring 2015).</td>
</tr>
<tr>
<td>3. Long Range (Strategic) Plans for Cultural Sites Program, including Each Cultural Site</td>
<td></td>
<td>Staff meetings and change management training associated with the reorganization have started the team building process. Also, as a result of the new organization structure, several teams include staff from all sites.</td>
</tr>
<tr>
<td>4. Short-Term Plans for Each Cultural Site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Accountability Structure (performance measurement and monitoring) for the Cultural Sites Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Reporting to the Public</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Teambuilding Workshops for Management and Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Collections</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. One Documentation System for Collections</td>
<td>Immediate</td>
<td>The software acquisition is complete and data bases are being transferred.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Increase On-Line Access to Collections Information</td>
<td></td>
</tr>
<tr>
<td><strong>Curatorial and Research</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Directory of Original Research Undertaken</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Review and Document Curatorial Process used for Program and Exhibit Development</td>
<td></td>
</tr>
<tr>
<td><strong>Exhibits / Gallery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Public Input Into Exhibit Planning and Evaluation</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Develop Specific Objectives and Targets for Major Exhibition and Programs</td>
<td></td>
</tr>
<tr>
<td><strong>Education, Program and Events</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Explore Development of One Overall Curriculum Guide</td>
<td></td>
</tr>
<tr>
<td><strong>Marketing and Promotion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Unified Annual Marketing / Promotion Plan</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Centralized Production of Marketing Materials within the Cultural Sites Program</td>
<td></td>
</tr>
</tbody>
</table>

**Curatorial and Research**

- Directory of Original Research Undertaken: Longer Term
- Review and Document Curatorial Process used for Program and Exhibit Development: Longer Term

**Exhibits / Gallery**

- Public Input Into Exhibit Planning and Evaluation: Immediate
- Develop Specific Objectives and Targets for Major Exhibition and Programs: Immediate

**Education, Program and Events**

- Explore Development of One Overall Curriculum Guide: Short Term

**Marketing and Promotion**

- Unified Annual Marketing / Promotion Plan: Short to Medium Term
- Centralized Production of Marketing Materials within the Cultural Sites Program: Short to Medium Term

An Exhibitions Policy has been developed and submitted to the Ministry of Tourism Culture and Sport. Further work on developing an exhibit plan for all sites, and formalizing the process of public consultation will be undertaken in future.

The WRM and JSH Education Coordinators are working more closely and will be coordinating school contacts, etc, beginning fall 2014. A single guide for 2015 may be feasible.

These recommendations are being addressed through the Strategic Directions and Integrated Marketing Approach project, as well as through the new organization structure. The Supervisor of Marketing and Partnerships is now responsible for promotion for all the sites, including consolidating
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>Promotional and Informational Materials Clearly Reflect the Region’s Involvement</td>
</tr>
<tr>
<td>18.</td>
<td>Increase Joint Marketing and Promotion across the Region’s Own Cultural Sites</td>
</tr>
<tr>
<td>19.</td>
<td>Explore Opportunities for Joint Program Development and Marketing with the Network of Cultural Sites across the Region</td>
</tr>
<tr>
<td>20.</td>
<td>Greater Marketing Effort for McDougall Cottage</td>
</tr>
<tr>
<td></td>
<td>mailings, joint promotions, improving consistency, and initiating joint marketing approaches.</td>
</tr>
<tr>
<td></td>
<td>An improved web presence for JSH and MCD is being created.</td>
</tr>
<tr>
<td></td>
<td>Graphic design resources from Corporate Publishing will be dedicated to museum work.</td>
</tr>
<tr>
<td></td>
<td>Directional road signs using the standard “M” symbol will be installed for JSH and MCD.</td>
</tr>
</tbody>
</table>

**Visitor Experience**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21.</td>
<td>Annual Attendance Targets to be Developed and Presented to Council</td>
</tr>
<tr>
<td>22.</td>
<td>Use Visitor Satisfaction as a Longitudinal Measure</td>
</tr>
<tr>
<td>23.</td>
<td>Community Outreach Plan</td>
</tr>
<tr>
<td>24.</td>
<td>Multi-Year Accessibility Planning for Cultural Sites</td>
</tr>
<tr>
<td></td>
<td>Short and Medium Term</td>
</tr>
<tr>
<td></td>
<td>Attendance Targets will be developed as part of the Strategic Directions project.</td>
</tr>
<tr>
<td></td>
<td>A new Visitor Survey may be conducted in 2015.</td>
</tr>
<tr>
<td></td>
<td>A facilities review of each site is currently underway, including accessibility needs and plans.</td>
</tr>
</tbody>
</table>

**Volunteer Utilization**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>25.</td>
<td>More Frequent Training and Other Volunteer Activities</td>
</tr>
<tr>
<td></td>
<td>Medium Term</td>
</tr>
<tr>
<td></td>
<td>Although these recommendations were proposed to begin in 2015, work is underway to formalize documentation of volunteers at JSH and MCD, and to improve overall training.</td>
</tr>
<tr>
<td></td>
<td>Consider Additional Ways to Improve the Volunteer Experience</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>26.</td>
<td>Recognition of the Friends Groups</td>
</tr>
<tr>
<td>27.</td>
<td>Partnership Development Program</td>
</tr>
<tr>
<td><strong>Partnership Development</strong></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Partnership Development Program</td>
</tr>
<tr>
<td><strong>Facilities and Building Maintenance</strong></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Emergency Preparedness Plan for all Sites</td>
</tr>
<tr>
<td>30.</td>
<td>Asset Management Plans for Cultural Sites Should Consider Consequences of Increased Utilization</td>
</tr>
<tr>
<td>31.</td>
<td>Identify Major Risk Areas and Incorporate into the Asset Management Process</td>
</tr>
<tr>
<td>32.</td>
<td>Improve Transit Access to WRM/DHV</td>
</tr>
<tr>
<td><strong>Cost Recovery and Revenue Generation</strong></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Review Desirability and Level of Revenue Target for the Cultural Sites Program</td>
</tr>
<tr>
<td>34.</td>
<td>Membership Growth Plan and Target</td>
</tr>
</tbody>
</table>

A joint project with Facilities is developing Service Level Agreements for each site. This will assist with future capital planning, asset and risk management.

Discussions with GRT are ongoing.

Will be part of the Strategic Directions project.

A target of 1000 memberships has been set. In 2013, 912 memberships were sold, up from 270 in 2012.
### Staffing

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Short Term</th>
<th>Medium Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Staff should be Aligned With the Cultural Sites Program</td>
<td></td>
<td>Staff from all sites have been working together on several initiatives including Strategic Planning, the corporate Safety Management System, and the organization review. A meeting involving all museum staff will be held in Fall 2014.</td>
</tr>
<tr>
<td>36</td>
<td>Annual Staff Reviews and Periodic Management/Staff Meetings</td>
<td></td>
<td>Planned for spring 2015, as part of the reorganization.</td>
</tr>
<tr>
<td>37</td>
<td>Discuss and explore opportunities with Human Resources to optimize the use of TAMS</td>
<td></td>
<td>Performance development cycle to be started in summer/fall 2014.</td>
</tr>
<tr>
<td>38</td>
<td>Ways and Means of Improving Efficiencies with Other Departments Should be Identified on an Ongoing Basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Review and Update Job Descriptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Specific Training Plan Part of Annual Staff Evaluations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
** Some job titles subject to change
Region of Waterloo

Public Health

Emergency Medical Services

To: Chair Sean Strickland and Members of the Community Services Committee
Date: June 17, 2014  File Code: P05-80
Subject: 2013 Response Times Analysis

Recommendation:
For information

Summary:
This report summarizes the analysis of response time data and answers several questions posed by Council. Overall, Region of Waterloo EMS is performing well with regard to response times, with trends moving in a positive direction.

The Response Time Working Group has reviewed the 2013 EMS Response Time data, and 3 year trends. EMS has now had a full year of experience with the new (2013) Response Time Performance Plan requirements in place. An analysis of the data was performed to better understand ROW EMS response time drivers, challenges and successes.

There are differences in call demand and response times across municipalities, which can be explained by the characteristics of the populations and the geography. Different road densities affect drive time. Different population densities, age and other characteristics affect call volume and call demand.

The dispatch of EMS resources is based on a seamless provincial system that sends the nearest available vehicle to each call and prioritizes the most urgent (code 4) calls, without regard to municipal boundaries.

A subsequent report on August 12 will formally recommend the future Response Time Performance Plan for Region of Waterloo EMS, after finalization by the Working Group at its next meeting.
Report:

Region of Waterloo Response Time Performance Plan

For the first time, each municipality was required to establish EMS Response Time Performance Plans for 2013 for their community, and report their targets to the Ministry of Health and Long Term Care by October 2012. The historical Ministry performance benchmark for a Code 4 90th percentile response time of 10 minutes 30 seconds is no longer in effect. ROW EMS continues to track the Code 4 90th percentile response time for the purpose of monitoring trends over time, only.

In March 2014, Region of Waterloo submitted to the Ministry a full year of 2013 response time data using the new targets established in October 2012. The 2013 response time performance is summarized in Figure 1 and is described in more detail below.

For reference, the old target referred to “Code 4” which is the most urgent of calls, as assigned by the provincial dispatch centre when the 911 call comes in. The new target refers to “CTAS” level, which stands for Canadian Triage Acuity Score, and is assigned by the paramedic upon arrival on scene. CTAS 1 is the most urgent of calls and CTAS 5 is less urgent.

Local data analysis

Overall Region of Waterloo EMS is progressing well with respect to response time performance. As described previously in report PH-13-037, the new requirements have been met in the most urgent, serious calls (which are CTAS 1 and 2).

Updated information is provided in Figure 1, with a full year of data included in the analysis. Sudden Cardiac Arrest calls would likely be compliant if data from the Fire Department and Public Access Defibrillators was included. ROW is actively exploring how to receive this data from local Fire Departments. The lack of data (for defibrillation for Sudden Cardiac Arrest provided by someone other than EMS) is a challenge also experienced by other municipalities. ROW continues to pursue ways to capture this data. There has been significant progress in improving response times across all levels of urgency (i.e. CTAS levels) between 2012 and 2103. The potential modification of the Council-determined targets for 2015 is the subject of a subsequent report to CSC.
Figure 1

2013 Council-approved Response Time Performance Plan Targets: performance improvements noted from 2012 to 2013

<table>
<thead>
<tr>
<th>Type of Call</th>
<th>Response Time Target</th>
<th>Approved 2013 ROW Target</th>
<th>2012</th>
<th>2013</th>
<th>Percentile time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EMS Notified (T2) to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arrive Scene (T4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudden Cardiac Arrest</td>
<td>Defibrillator Response in 6 minutes or less (Set by MOHLTC)</td>
<td>50% or better (EMS Only)</td>
<td>206</td>
<td>287</td>
<td>0:06:49</td>
</tr>
<tr>
<td>CTAS 1</td>
<td>EMS Response in 8 minutes or less (Set by MOHLTC)</td>
<td>70% or better</td>
<td>296</td>
<td>153</td>
<td>0:08:25</td>
</tr>
<tr>
<td>CTAS 2</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>3,591</td>
<td>793</td>
<td>0:10:12</td>
</tr>
<tr>
<td>CTAS 3</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>9,954</td>
<td>2,912</td>
<td>0:10:58</td>
</tr>
<tr>
<td>CTAS 4</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>5,507</td>
<td>1,922</td>
<td>0:11:27</td>
</tr>
<tr>
<td>CTAS 5</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>1,620</td>
<td>653</td>
<td>0:11:55</td>
</tr>
</tbody>
</table>

Key Message: There has been a significant improvement from 2012 to 2013 in response times across all CTAS (urgency) levels. Results show faster response times for the most urgent calls, and response time decreasing stepwise with urgency.

The same information is presented below in a visual graphic form, demonstrating that compliance is improving. (Figure 2).

Figure 2 Compliance by CTAS, comparing 2012 to 2013
The EMS Code-4 90th percentile response time is significantly faster in 2013 than in 2012 (moving from 11:54 down to 11:08), a 46 second improvement. Response times have also improved across all municipalities over 3 years. (Appendix, slide 1)

Rural Emergency Response Units (RERUs) reduce response times by 39 seconds for all rural calls, and 34 seconds for all rural code four calls. (Appendix, slide 2)

Call volume has increased 13% since 2008 and response times improved more than 10% in that same time frame (1min 09 seconds). Adding staff has improved response time, and offsets the impact of increases in call volume over time. (Appendix, slide 3)

**Explaining local drivers and variation**

EMS overall call volume continues to grow generally year over year. While fluctuating slightly by year, overall call rate per 1000 people is also growing. This means that calls are increasing even after accounting for population growth. This is likely due to the aging of baby boom, as EMS calls generally increase in older populations. (Appendix, slide 4)

In comparison, note that the OMBI (Ontario Municipal Benchmark Index) median is 119 calls per 1000 people. Region of Waterloo experiences lower call demand per 1000 people than other municipalities (64 calls per 1000 versus the provincial median of 119). The reasons for this long standing historical pattern are not well understood. (Appendix, slide 5)

Call volumes are higher in areas with higher population density. For example, Wellesley and North Dumfries have the smallest number of calls. Cambridge and Kitchener both have a higher number of calls and a high level of demand per 1000 people. A higher rate of calls per 1000 people will be correlated with predictors of health like age and the social determinants of health. (Appendix, slide 6)

Over and above growth, call demand is increasing (as described by the rate of calls per 1000). This is likely due to changes in the socio-demographics of the population that EMS serves - primarily the aging of the population. The general increase in calls per 1000 over time shows that caller behaviour is changing. This change is mainly being driven by change in caller behaviour in the cities. Rural call behaviour is not changing. Note the city rate of calls per 1000 is still well below OMBI median of 119/1000, despite the trend upwards. (Appendix, slide 7)

The highest rate of calls is in the core areas. Socio-demographics, including aging, predict call demand (as described by rate of calls per 1000). (Appendix, slide 8)

In specifically comparing Cambridge and Waterloo, since they are about the same population size, the Cambridge population is older than Waterloo. An older population would be predicted to be heavier user of EMS. Demographic differences will explain different call demands (Appendix, slide 9)

Response times are slower where population and road density are less. This is due to driving times for ambulances. Less road density, longer roads, and less population density contribute to slower response times in Cambridge when compared with Waterloo. There will always be more area to cover and less population density in the
townships in comparison with the cities, and therefore slower response times. 
(Appendix, slide 10)

Cambridge is nearly twice the area of Waterloo, but it has roughly the same population. Geographic differences will help explain different response times in different municipalities. (Appendix, slide 11)

The recent provincial Auditor General report on land ambulance services provided some observations relevant to this analysis. It noted that there are variations in response times across municipalities due in part to distances ambulances travel. Rural response times are slower than urban response times due to longer driving distances. In Nova Scotia, there is a 9 minute urban response time standard; 15 minute suburban response time standard; and 30 minute rural response time standard. There is no Ontario standard definition at this time for urban and rural response times.

**Urban/suburban/rural differences**

It is reasonable to expect a response time gradient across urban, suburban and rural calls due to distances travelled.

If we use 3 levels of population density to define urban, rural and suburban areas (Appendix, slide 12), then we can see how urban, suburban and rural areas are distributed across all municipalities in the Region (Appendix, slide 13). Wellesley has the most dispersed population in the Region, which likely contributes a slower response time.

Response times across urban, suburban and rural areas have all improved in the last 3 years. We will continue to monitor these response time trends. (Appendix, slide 14)

**Corporate Strategic Plan:**

This initiative meets the corporate strategic objective 4.3 “enhance local health service delivery by optimizing EMS delivery and collaborating with health care partners to support system change”.

**Financial Implications:** NIL

**Other Department Consultations/Concurrence:**

This information was reviewed by the Response Time Working Group.

**Attachments**

Appendix (slides 1-14)

**Prepared By:** Dr Liana Nolan, Commissioner and Medical Officer of Health  
Stephen Van Valkenburg, Director/Chief Emergency Medical Services  
Jordan Steffler, Strategic & Quality Improvement Specialist  
Stephen Drew, Data Analyst, Epidemiology & Health Analytics

**Approved By:** Dr Liana Nolan, Commissioner and Medical Officer of Health
Appendix

Slide 1: **Response times have improved for all**  
Response Time (90th percentile) to emergency calls (Code 4) by municipality, Waterloo Region, 2011-13

Key Message: Response times are down significantly regionally and for all areas.

Slide 2: **RERU impact on response times**  
Rural response time (90th percentile) with and without RERU calls included, Waterloo Region, 2011-13

Key Message: RERUs reduce rural response times by 39 seconds for all calls
combined, and 34 seconds for code 4 calls.

Slide 3: Adding staff offsets increasing call volumes
Trends in call volumes and response times

Key Message: Call volume has increased 13% since 2008; response times have improved more than 10% (1 min 9 seconds). Adding staff decreases response time and offsets impact of call volume increases.

Slide 4: Call volume grows faster than population growth
Total number and rate of calls by dispatched priority, 2008-2013

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Deferrable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 – Scheduled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 – Prompt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 – Urgent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate per 1,000</td>
<td>60.2</td>
<td>59.6</td>
<td>59.8</td>
<td>64.0</td>
<td>65.3</td>
<td>63.7</td>
<td></td>
</tr>
<tr>
<td>Annual change (%)</td>
<td>-0.9%</td>
<td>0.2%</td>
<td>7.0%</td>
<td>2.1%</td>
<td>-2.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total calls</td>
<td>30,779</td>
<td>30,824</td>
<td>31,281</td>
<td>33,911</td>
<td>35,067</td>
<td>34,659</td>
<td></td>
</tr>
<tr>
<td>Annual change (%)</td>
<td>0.1%</td>
<td>1.5%</td>
<td>8.4%</td>
<td>3.4%</td>
<td>-1.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key message: While fluctuating slightly by year, overall call volume is growing even after accounting for population growth as reflected by an increasing rate per 1000 people. This is likely due to aging of baby boom since use of EMS increases with age. Note that the OMBI median is 119 calls per 1000 (as compared with 63.7 calls per 1000 in ROW).
Slide 5: Call responded to per 1000 population, by EMS provider, OMBI 2010-2012

Key Message: Call demand is lower in ROW than in other communities. The OMBI median is 119 calls per 1000 population as compared with 64 in ROW.

Slide 6: High demand in core areas
Total number and rate of calls by municipality, 2013

<table>
<thead>
<tr>
<th></th>
<th>Jan → Dec</th>
<th>Rate per 1,000</th>
<th>Total calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambridge</td>
<td>64.1</td>
<td>8,763</td>
<td></td>
</tr>
<tr>
<td>Kitchener</td>
<td>71.9</td>
<td>16,786</td>
<td></td>
</tr>
<tr>
<td>Waterloo</td>
<td>55.5</td>
<td>6,155</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>65.9</td>
<td>31,704</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Dumfries</td>
<td>43.3</td>
<td>443</td>
<td></td>
</tr>
<tr>
<td>Wellesley</td>
<td>28.9</td>
<td>318</td>
<td></td>
</tr>
<tr>
<td>Wilmot</td>
<td>46.7</td>
<td>910</td>
<td></td>
</tr>
<tr>
<td>Woolwich</td>
<td>56.2</td>
<td>1,261</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>46.4</td>
<td>2,932</td>
<td></td>
</tr>
<tr>
<td>Waterloo Region*</td>
<td>63.7</td>
<td>34,659</td>
<td></td>
</tr>
</tbody>
</table>

*Excludes 23 calls outside of region.

Key Message: Calls are where people are. Wellesley has small # of calls. Cambridge and Kitchener have higher level of demand per 1000 people.
Slide 7: **Caller behaviour of cities changing/increasing**

Rate of call per 1000 population, 2008-2013

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urban</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambridge</td>
<td>61.6</td>
<td>60.9</td>
<td>61.1</td>
<td>64.7</td>
<td>67.3</td>
<td>65.9</td>
<td></td>
<td>65.9</td>
</tr>
<tr>
<td>Kitchener</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>55.5</td>
</tr>
<tr>
<td>Waterloo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>64.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>61.6</td>
<td>60.9</td>
<td>61.1</td>
<td>64.7</td>
<td>67.3</td>
<td>65.9</td>
<td></td>
<td>65.9</td>
</tr>
<tr>
<td><strong>Rural</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Dumfries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>43.3</td>
</tr>
<tr>
<td>Wellesley</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.9</td>
</tr>
<tr>
<td>Wilmot</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>46.7</td>
</tr>
<tr>
<td>Woolwich</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>56.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>47.2</td>
<td>49.1</td>
<td>48.8</td>
<td>57.5</td>
<td>48.0</td>
<td>46.4</td>
<td></td>
<td>46.4</td>
</tr>
<tr>
<td><strong>Waterloo Region</strong></td>
<td>59.9</td>
<td>59.5</td>
<td>59.7</td>
<td>63.9</td>
<td>65.1</td>
<td>63.7</td>
<td></td>
<td>63.7</td>
</tr>
</tbody>
</table>

Key message: Over and above growth, calls are increasing. Likely due to changes in demographics- primarily aging population. General increase over time in calls per 1000 people; caller behaviour is changing. This is mainly being driven by change in caller behaviour in the cities. Rural caller behaviour is not changing. Note the city rate of calls is still well below the OMBI median of 119/1000.

Slide 8: **Call demand is highest in the core areas**

Rate of call per 1000 population by neighbourhood, 2013

![Calls per 1,000 population](image-url)
Key message: The highest rate of calls is in core areas. Sociodemographics including age predict call demand.

Slide 9: Age impacts EMS demand
Population distribution by age and municipality

Key message: Cambridge population is older than Waterloo. An older population is heavier user of EMS.

Slide 10: Slower where population and road density is low
Dispersion by municipality

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Area (km²)</th>
<th>Length of roads (km)</th>
<th>Road density (per km²)</th>
<th>Population (2012)</th>
<th>Population density (per km²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchener</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waterloo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Dumfries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellesley</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wilmot</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woolwich</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waterloo Region</td>
<td>1,383</td>
<td>3,727</td>
<td>2.7</td>
<td>559,000</td>
<td>404.2</td>
</tr>
</tbody>
</table>

Per cent difference between Cambridge and Waterloo: 44% 21% -40% 3% -72%
Key message: Less road density, longer roads, less population density contribute to slower response times in Cambridge. There will always be more area to cover and less population density in the townships.

**Slide 11: Population dispersion impact**
Dispersion by municipality

Key message: Cambridge is nearly twice the area of Waterloo. It has roughly the same population.

**Slide 12: Urban, rural, suburban differences**
Definitions for population per square kilometre:

- **Urban:** ~ >1800 per km²
  - e.g. Downtown Kitchener and Area
- **Suburban:** ~ 700-1800 per km²
  - e.g. Lakeshore North/Conservation
- **Rural:** ~ <700 per km²
• e.g. Wellesley Rural North

Other definitions reviewed yield similar picture (eg lane km per square km; households per lane km)

Slide 13: Urban rural, suburban differences

Key Message: Calls are where people are. Response time increases with drive time. Wellesley has the most dispersed population.
Slide 14: Urban, rural, suburban response time monitoring, code 4 calls, 80th percentile

Key message: It is reasonable to expect a response time gradient across rural, suburban and urban calls due to distances travelled. Response times have improved (decreased) across all areas.
Region of Waterloo
Public Health
Infectious Diseases, Dental and Sexual Health

To: Chair Sean Strickland and Members of the Community Services Committee
Date: June 17, 2014
File Code: P25-20
Subject: Update on Harm Reduction Planning, Programs, and Services in Waterloo Region

Recommendation:
For information.

Summary:
Harm reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption or insisting on abstinence. Harm reduction benefits people who use drugs, their families and the community (International Harm Reduction Association, 2010). Region of Waterloo Public Health is mandated by the Ministry of Health and Long-Term Care to provide harm reduction services, as per the requirements outlined in the Ontario Public Health Standards.

Region of Waterloo Public Health offers a range of harm reduction services, including:

- A needle syringe program;
- Provision of clean and sterile drug-using equipment including sterile water, alcohol swabs, tourniquets, ascorbic acid (vitamin C), and filters;
- Condom distribution;
- Client-centered counselling;
- Skill-building and education; and
- Referral to treatment, health services and other social services.

An additional service will be initiated in June/July 2014 with the introduction of naloxone distribution. Naloxone is a prescription medication that has the ability to reverse the
effects of an opioid overdose, and the distribution of the medication is designed to reduce the number of preventable deaths due to opioid overdose. This evidence-informed program is being implemented by other public health units and other community agencies across the province.

The health unit also employs a Social Determinants of Health Nurse that actively works with community partners and priority populations to provide and improve harm reduction programs and services by proving overdose prevention training, working to increase the number of syringes returned by increasing the number of needle disposal sites, and increasing capacity of Region of Waterloo Public Health staff and community partners to address harm reduction and determinants of health.

As part of Corporate Strategic Focus Item 4.2.1, the Infectious Diseases, Dental and Sexual Health Division is leading a committee comprised of community partners and representatives to review and prioritize the 23 harm-reduction related recommendations in the Waterloo Region Integrated Drugs Strategy (WRIDS). The WRIDS is a committee of the Waterloo Region Crime Prevention Council.

Comprised of 15 to 20 individuals from several community organizations, as well as citizens with an interest in harm reduction, the Harm Reduction Coordinating Committee (herein referred to as the Coordinating Committee) recently completed two separate prioritization processes to finalize three recommendations for implementation over the next three years.

The Coordinating Committee is now in the process of establishing working groups to develop and implement action plans for each recommendation. These groups will be established over the next three to four months; action plans should be developed by late 2014/early 2015. These plans will incorporate work in progress, such as the needle syringe program and naloxone distribution, as well as new initiatives, programs and services that will address the prioritized recommendations.

The Coordinating Committee’s mandate and outcome of the prioritization process was approved by the Waterloo Region Integrated Drugs Strategy Steering Committee in early 2014. They will continue to report to the Steering Committee throughout the implementation process.

Report:

Background

Harm reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption or insisting on abstinence. Harm reduction benefits people who use drugs, their families and the community (International Harm Reduction Association, 2010).

Region of Waterloo Public Health is mandated by the Ministry of Health and Long-Term
Care, as outlined in the Ontario Public Health Standards (2008), to:

- “ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance” and to
- “…engage community partners and priority populations in the planning, development, and implementation of harm reduction programming.”

This report will update the Board of Health on Region of Waterloo Public Health’s efforts to meet its requirements under the standards, and highlight its leadership role under the Waterloo Region Integrated Drugs Strategy to coordinate community efforts to plan for, and implement, improvements to harm reduction-related programs and services in Waterloo Region.

Region of Waterloo Public Health Harm Reduction Programs and Services

1. Needle Syringe Programs

The provision of sterile needles and syringes is now referred to as a needle syringe program\(^1\). These programs work to distribute new and dispose of used injection equipment and to provide prevention education related to blood borne infections, skin and vein problems, and overdose prevention (Strike et al., Working Group on Best Practice for Harm Reduction Programs in Canada, 2013).

Needle syringe programs have existed in Ontario since 1989 and have operated in Waterloo Region since 1995. Locally, services are provided to the community by three community agencies:

- Region of Waterloo Public Health at their offices in Waterloo and Cambridge;
- AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA) at their Kitchener office
- Cambridge Shelter Corporation at their main office/shelter site

ACCKWA, in partnership with Sanguen Health Centre, also offers this service through their outreach workers at several community locations.

Refer to Attachment 1 for a chart outlining the number of syringes distributed over the past five years. The disparity between the number of syringes distributed and the number returned continues to be an area of focus for Public Health. It should be noted, however, there are now additional locations to return syringes aside from Region of Waterloo Public Health’s clinics (e.g. pharmacies, drop boxes in the community), and these are not included in the reported number of syringes returned. Some individuals also dispose of them. Public Health is working to increase the number of syringes

\(^{1}\) Needle syringe programs were formerly referred to as needle exchange programs.
returned through promotion and by working to increasing the number of needle disposal sites.

2. **Other Harm Reduction Strategies**

Other harm reduction strategies used by Region of Waterloo Public Health and its community partners include, but are not limited to:

- Provision of clean and sterile drug-using equipment including sterile water, alcohol swabs, tourniquets, ascorbic acid (vitamin C), and filters;
- Condom distribution;
- Client-centered counselling;
- Skill-building and education; and
- Referral to treatment, health services and other social services.

3. **Overdose Prevention (Naloxone)**

In addition to the programs and services listed above, Region of Waterloo Public Health will enhance its harm reduction/overdose prevention programming in June/July 2014 by distributing Naloxone to interested and qualified individuals. Naloxone is a prescription medication that has the ability to reverse the effects of an opioid overdose, and the distribution of the medication is designed to reduce the number of preventable deaths due to opioid overdose. This evidence-informed program (Strike et al., Working Group on Best Practice for Harm Reduction Programs in Canada, 2013) is endorsed and funded by the Ministry of Health and Long-Term Care, and is being implemented by other public health units and other community agencies across the province. Naloxone-based overdose prevention programs involve:

- Education and training (including information about how to recognize the signs of an opiate overdose and naloxone administration)
- Distribution of naloxone kits
- Client follow-up

Naloxone will not cause harm if it is administered to an individual who has not overdosed on an opiate drug.

Naloxone is also being distributed through Sanguen Health Centre in Waterloo. A joint evaluation of Public Health’s and Sanguen’s programs will be conducted.

4. **Harm Reduction Work Completed by Social Determinants of Health Nurse**

In addition, Region of Waterloo Public Health employs a Social Determinants of Health Nurse that actively works with community partners and priority populations to provide and improve harm reduction programs and services. Over the past year the nurse:

- Collaborated with Preventing Overdose Waterloo Wellington (POWW) and worked with staff and students at Elmira District Secondary School to implement
overdose prevention training for all grade 9 and grade 12 students. The nurse also collaborated with POWW on other training sessions.

- Promoted awareness of needle syringe programs and harm reduction programming, and actively worked to increase availability of harm reduction services in the community
  - Worked to increase the number of syringes returned through promotion and by working to increasing the number of syringe disposal sites
- Increased capacity of Region of Waterloo Public Health staff and community partners to address harm reduction and determinants of health, particularly related to stigmatization, service provision and promoting access to health care for clients
- Worked to establish Public Health’s naloxone distribution program
- Provided subject matter expertise and other support to Waterloo Region’s Harm Reduction Coordinating Committee

Region of Waterloo Public Health continues to review its harm reduction programs and services as part of its commitment to continuous quality improvement and to meet provincial requirements. In the future Public Health will ensure it aligns its harm reduction priorities with those defined by Waterloo Region’s Harm Reduction Coordinating Committee (refer to section below).

**Aligning and Improving Harm Reduction Programs and Services in Waterloo Region**

In late 2011/early 2012 the Waterloo Region Crime Prevention Council (CPC) finalized the Waterloo Region Integrated Drugs Strategy (herein referred to as “the Strategy”) with support from Region of Waterloo Public Health. Upon endorsement of the Strategy by the CPC, Public Health’s Infectious Diseases, Dental and Sexual Health (IDDSH) Division agreed to lead a committee comprised of community partners and representatives to review and prioritize the 23 harm-reduction related recommendations. This is reflected in the harm reduction component of Corporate Strategic Focus Item 4.2.1 — Work with community partners to improve harm reduction and prevention programming for substance misuse.

In late 2012/early 2013 Public Health’s IDDSH division initiated a process to establish and recruit members for the Waterloo Region Harm Reduction Coordinating Committee (herein referred to as the Coordinating Committee). After hosting a community forum and several consultations, 15 to 20 individuals from several community organizations, as well as citizens with an interest in harm reduction, volunteered to serve as members of the Coordinating Committee.

Over the past year the Coordinating Committee met to define its mandate, operating principles, and desired outcomes. With twenty-three harm reduction-related recommendations to consider, the Committee went through two separate prioritization
processes to finalize three recommendations for implementation over the next three
years. These include:

- **Recommendation #39 — Expand harm reduction programs and services.**
  - Ensure existing harm reduction programs include a range of
    comprehensive services such as referral, vein care, immunization,
    addressing the social determinants of health, promotion of safer use of
    substances, and overdose prevention strategies.
  - Engage local agencies to increase the number of organizations and
    mechanisms in Waterloo Region that distribute harm reduction materials.
  - Increase availability of drop boxes for used substance use materials in the
    community.
  - Research and subsequently initiate a range of harm reduction initiatives
    that support individuals who inject and/or inhale substances.

- **Recommendation #45 — Increase public awareness of:**
  - Substance use, misuse, and addiction
  - Harm reduction, including its role as a public health and community safety
    strategy
  - Low-Risk Drinking Guidelines
  - Factors that increase the risks associated with using substances
  - Available programs, supports, services and resources related to
    substance use through media, information fairs and health care providers
  - Stigmatization and discrimination associated with substance use
  - Evidence-informed practices across the four pillars (harm reduction,
    prevention, treatment, and enforcement and justice)

- **Recommendation #51 — Develop and implement a harm reduction-specific**
  **strategy for the health care sector that:**
  - Increases health care practitioner knowledge and skills related to harm
    reduction
  - Increases health care practitioner client referrals to harm reduction
    services
  - Improves health care service provision for persons who use substances
  - Reduces stigmatization and discrimination for persons who use
    substances seeking health care services

The Coordinating Committee’s mandate and outcome of the prioritization process was
approved by the Waterloo Region Integrated Drugs Strategy Steering Committee
(WRIDS) in early 2014. The WRIDS is a committee of the Waterloo Region Crime
Prevention Council.

**Next Steps**

The Coordinating Committee is now in the process of establishing working groups to
develop and implement action plans for each recommendation. These groups will be established over the next three to four months; action plans should be developed by late 2014/early 2015. These plans will incorporate work in progress, such as the syringe program and naloxone distribution, as well as new initiatives, programs and services that will address the prioritized recommendations.

Region of Waterloo Public Health is committed to providing administrative, research, and other supports to the Coordinating Committee and its work groups.

The Waterloo Region Integrated Drugs Strategy Steering Committee will continue to review and approve action plans and all work moving forward. The Board of Health will continue to be updated about Public Health’s contributions to harm reduction program and service improvement in Waterloo Region.

**Ontario Public Health Standards:**

Harm reduction planning, program and service provision relates to requirements 11 and 12 in Sexual Health, Sexually Transmitted Infections and Blood-borne Infections (including HIV) Standard:

- Requirement 11 — The board of health shall engage community partners and priority populations in the planning, development, and implementation of harm reduction programming
- Requirement 12 — The board of health shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.

**Corporate Strategic Plan:**

This report relates to Corporate Strategic Focus item 4.2.1 — Work with community partners to improve harm reduction and prevention programming for substance misuse.

**Financial Implications:**

The Ministry of Health and Long-Term Care provides 100% funding for needle syringe programs, including equipment and supplies.

Planning and other supports provided by Region of Waterloo Public Health, including the Social Determinants of Health Nurse, are covered under the department’s existing cost-shared budget.

**Other Department Consultations/Concurrence:**

The Waterloo Region Crime Prevention Council was consulted during the development of this report.
Attachments

Attachment 1 — Needle Syringe Distribution and Returns in Waterloo Region, 2009-2013

Prepared By:  
Chris Harold, Manager, Information and Planning (Infectious Diseases, Dental and Sexual Health)  
Lesley Rintche, Manager, Sexual Health Harm Reduction Programs  
Kathy McKenna, Public Health Nurse, Sexual Health and Harm Reduction Programs

Approved By:  
Dr. Hsiu-Li Wang, Acting Commissioner/Medical Officer of Health
### Needle Syringe Program Activity, Region of Waterloo Public Health, 2009-2013

#### Needle Syringe Distribution and Returns, Region of Waterloo Public Health, 2009-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Syringes In</th>
<th>Syringes Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>85,790</td>
<td>185,591</td>
</tr>
<tr>
<td>2010</td>
<td>83,843</td>
<td>217,820</td>
</tr>
<tr>
<td>2011</td>
<td>89,114</td>
<td>220,742</td>
</tr>
<tr>
<td>2012</td>
<td>115,913</td>
<td>287,648</td>
</tr>
<tr>
<td>2013</td>
<td>103,192</td>
<td>307,436</td>
</tr>
<tr>
<td>Meeting date</td>
<td>Requestor</td>
<td>Request</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<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>
</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>
</tr>
<tr>
<td>27-May-14</td>
<td>CS Committee</td>
<td>That the issue of funding for the domiciliary hostel program be referred to staff to prepare a report to the Community Services Committee that provides an overview of the existing domiciliary hostels, the history of funding for the domiciliary hostel program, and the options available to the Region in regard to funding for the domiciliary hostel program.</td>
</tr>
</tbody>
</table>
Region of Waterloo

Social Services

Seniors’ Services

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

Date: May 27, 2014  

File Code: S06-80

Subject: Sunnyside Home Medical Director Report 2013

Recommendation:
For information.

Summary:
This report summarizes the inter-disciplinary and education activities at Sunnyside Home over the past year. Dr. Fred Mather’s leadership as Medical Director and as Chair of the Professional Advisory Committee contributes to setting a high standard of care and quality of life for Sunnyside Home residents. Sunnyside Home offers programs that support a provincial initiative for residents to live in the community longer.

Report:
Dr. Mather’s report is attached as Appendix A.

Corporate Strategic Plan:
The service provided by the Medical Director and the other physicians at Sunnyside Home supports the Region’s 2011-2014 Corporate Strategic Plan, Focus Area 4: Healthy, safe, inclusive and caring communities; Objective 4.7: (to) collaborate with the community to support older adults to live healthy, active lives.

Financial Implications:
Nil

Other Department Consultations/Concurrence:
Nil
Attachments:

Appendix A  Sunnyside Home Annual Medical Director's Report 2013

Prepared By: Helen Eby, Director, Seniors' Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Social Services
Appendix A

2013 Sunnyside Home Medical Director's Report

This report presents quality improvement, both the achievements of the past year and the continuing task ahead. There are seven key quality indicators that measure the performance of care in long term care. Health Quality Ontario's (HQO) public reporting program assures a commitment to transparency and accountability. The four quality indicators reported to the public are falls, incontinence, pressure ulcers and the use of restraints. Pain management, transfers to emergency and anti-psychotic use are three other indicators that receive monitoring and review.

Most of the quality indicator results on the HQO website are based on data collected through the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS 2.0). This computerized care management and assessment tool is used in all long term care homes in Ontario. Residents are assessed with the RAI – MDS 2.0 tool when admitted, then every three months and whenever there is a major change in their health status. Data from other sources, like administrative data bases, keep track of emergency department visits and prescription drug use. HQO works with the Canadian Institute of Health Information (CIHI) and the Institute for Clinical and Evaluative Sciences (ICES) to collect quality information.

The following table gives CIHI data relevant to resident safety to the end of 2013.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012 Q4</th>
<th>2013 Q1</th>
<th>2013 Q2</th>
<th>2013 Q3</th>
<th>Provincial 2013 Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taken antipsychotics without a diagnosis of psychosis</td>
<td>28.1%</td>
<td>29.9%</td>
<td>32.2%</td>
<td>33.6%</td>
<td>31%</td>
</tr>
<tr>
<td>Has fallen</td>
<td>18.7%</td>
<td>18.5%</td>
<td>19.1%</td>
<td>20.5%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Daily physical restraints</td>
<td>19.8%</td>
<td>17.1%</td>
<td>16.3%</td>
<td>16.1%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Antipsychotic Use: Overall</td>
<td>27.5%</td>
<td>29.4%</td>
<td>32.1%</td>
<td>32.3%</td>
<td>30.2%</td>
</tr>
<tr>
<td>Antianxiety/Hypnotic Use</td>
<td>16.1%</td>
<td>17.4%</td>
<td>18.2%</td>
<td>16.6%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Hypnotic Use 2+ Times/week</td>
<td>1.8%</td>
<td>1.8%</td>
<td>3.0%</td>
<td>3.8%</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

Physical restraint decreased from 24.1% to 16.1%. Restraint use is decreased every quarter in order to approach the provincial average of 9.2%
A change in resident distribution is the increase of Convalescent Care beds from ten to twenty-five. This is part of the strategic plan of the Waterloo Wellington Local Health Integration Network. This provision of short stay care coordinates transitions of care across the health care system. The goal is for individuals to return safely to their homes and be at their greatest functional capacity. This goal is part of the Ontario Seniors strategy. The report *Living Longer, Living Well*, authored by Dr. Samir Sinha, calls for “support [of] the local delivery of health, social, and community care services with a focus on helping older Ontarians to stay healthy and stay at home longer”.

Waterloo Wellington CCAC provides staff to assist the Convalescent Care Unit assistance with complex discharges as well as the Community Alzheimer’s program. The assistance is with the overnight stay for people living in the community with complex needs.

The usual resident on Convalescent Care is an independent but vulnerable senior. The incidence of falls is increases with the increase in Convalescent Care beds. Our goal is to encourage ambulation and prevent injury. Interventions that reduce both falls and restraint use are high-low beds, floor mats, bed-chair alarms and interdisciplinary falls reviews.

Antipsychotic use in long term care is newsworthy. The issue is the appropriateness of antipsychotic medication. Analysis of data can be problematic. For example, CIHI classes “appropriate” use of antipsychotic medication to be in schizophrenia, Huntington’s disease and hallucinations but do not include delusions or bipolar illness.

A media report from May 2 provided data about antipsychotic use in all long term care homes in Ontario. The range was between 10 and 20 per cent. “Average use” was considered to be between 24 and 43 per cent. The use at Sunnyside Home was 29%.

A change in the funding for physiotherapy in long term care occurred in August 2013. This essentially was a decrease in funding. Funding is provided for episodic physiotherapy care and exercise groups. Additional funding is provided for Convalescent Care. The Wellness Centre provides exercise classes for community participants through third party funding. The Wellness Centre can also now provide episode care for community referrals through ministry funding.

Other improvements over the past year include:

- All disciplines now enter their notes in the electronic record, Point Click Care.
- Active education programs include physicians, nurse practitioners, pharmacy students, nurses and personal support workers.
- The Care of the Elderly seminar is provided regularly to final year medical students.
- Pharmacy students have provided audit, research and education on chemical restraint use, diabetes management, prevention of venous thrombi-embolism and
use of melatonin in Alzheimer disease.

Goals for the current year and future include:

1. Review and implementation of Rehabilitation Care Pathways for stroke, joint replacements, hip fractures, congestive heart failure, chronic obstructive pulmonary disease, amputations and geriatric assessment.

2. Review of strategies to reduce transfers to the emergency department.

3. Review terms of reference for the Professional Advisory Committee

4. Evaluation of the expanded Convalescent Care Program.

5. Expand the use of Clinical Connect, the secure on-line web portal that provides physicians and other providers with real-time electronic medical information from the hospitals, CCAC and other institutions.


The attending physicians are Drs. Thomas Irvine, Patrick Landy, Fred Mather, Kent McKinnon and Jonathan Peet. A monthly Geriatric Assessment Clinic is now provided at the Wellness Centre. Dr. Sadhana Prasad and Helen Jermaine, Clinical Nurse Specialist sees referrals. Dr. Mather, the Medical Director, serves on the Board of Directors of Ontario Long Term Care Physicians. His involvement includes participation in the Long Term Care Medical Director Curriculum, which occurs over six days in 2014. This new program is being launched in Ontario and is the first of its kind in Canada.

Sunnyside is a vital part of the changing for seniors in our community. More residents are now admitted from their own homes than the hospital. Over half have dementia and just 50% are dependent in their basic activities of daily living. Median length of stay 1.5 years compared about three years over the past decade. This reflects more community care and compression of morbidity at the end-of-life.

Respectively submitted,

Fred Mather, MD

Medical Director
Quarterly Performance Report
For the Period of January – March 2014
Produced on May 26, 2014
**Table of Contents**

SUMMARY .............................................................................................................................................................................................................. 3

A. VOLUME AND SERVICE LEVEL INDICATORS........................................................................................................................................................................................................ 4
   - Total number and rate of calls per 1,000 population, year-to-date, by dispatch priority code and year ................................................................. 5
   - Total number and rate of calls per 1,000 population, year-to-date, by municipality and month ................................................................. 6
   - Total number and rate of calls per 1,000 population, year-to-date, by municipality and year ................................................................. 7
   - Total number of patient transports, year-to-date, by return priority code ................................................................................................................... 8
   - Unit Hour Utilization (UHU), by hourly average (24 hour clock) ................................................................................................................. 9

B. COMPLIANCE AND QUALITY ASSURANCE INDICATORS ................................................................................................................................................... 12
   - EMS service response time to emergency calls (code 4), 90th percentile, by month ................................................................................. 13
   - EMS service response time to emergency calls (code 4), first quarter, 90th percentile, by municipality ......................................................... 14
   - EMS service response time to emergency calls (code 4), 90th percentile, by year .................................................................................... 15
   - EMS service warning system use, first quarter, by month ............................................................................................................................... 16
   - Percentage of calls with crew chute adherence (meets two minute policy), by month .............................................................................. 17

C. EFFICIENCY INDICATORS .................................................................................................................................................................................. 18
   - Number of ambulance days lost to offload delay, by month ............................................................................................................................... 19
   - Percentage of time in code yellow status, by month ................................................................................................................................. 20
   - Percentage of time in code red status, by month ................................................................................................................................................ 21

D. SERVICE AND QUALITY IMPACT INDICATORS ................................................................................................................................................. 22
   - Percentage of stroke patients transported to a stroke facility†, by month .................................................................................................. 23
   - Percentage of cardiac arrest patients with return of spontaneous circulation (ROSC) .................................................................................... 24
   - Percentage of heart attack patients where care was provided in less than 90 minutes (STEMI protocol) ......................................................... 25

E. GLOSSARY .................................................................................................................................................................................................................... 26
SUMMARY

A. VOLUME AND SERVICE LEVEL INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Current Quarter</th>
<th>% Δ Q1-2013</th>
<th>% Δ last 3 Q1s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Calls</td>
<td>8,707</td>
<td>↑0.7%</td>
<td>↑0.6%</td>
</tr>
<tr>
<td>Rate of calls per 1,000 population</td>
<td>64.0</td>
<td>↑0.5%</td>
<td>↓0.5%</td>
</tr>
<tr>
<td>Unit Hour Utilization</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. COMPLIANCE AND QUALITY ASSURANCE INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Current Quarter</th>
<th>% Δ Q1-2013</th>
<th>% Δ last 3 Q1s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Time (Code 4)*</td>
<td>12min 04sec</td>
<td>↑4.3%</td>
<td>↓1.8%</td>
</tr>
<tr>
<td>EMS Warning System Use</td>
<td>100.0%</td>
<td>0.0%</td>
<td>0.0%†</td>
</tr>
<tr>
<td>Chute Time Adherence</td>
<td>91.2%</td>
<td>↓1.2%</td>
<td>↑0.1%†</td>
</tr>
</tbody>
</table>

C. EFFICIENCY INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Current Quarter</th>
<th>% Δ Q1-2013</th>
<th>% Δ last 3 Q1s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offload Delay (# of days)*</td>
<td>52.8 days</td>
<td>↓4.7%</td>
<td>↓34.9%</td>
</tr>
<tr>
<td>Code Yellow Time</td>
<td>9.7%</td>
<td>↑30.8%</td>
<td>↑30.8%†</td>
</tr>
<tr>
<td>Code Red Time</td>
<td>0.31%</td>
<td>↓50.9%</td>
<td>↓50.9%†</td>
</tr>
</tbody>
</table>

D. SERVICE AND QUALITY IMPACT INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Current Quarter</th>
<th>% change from historical average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Patient to Stroke Facility*</td>
<td>85.0%</td>
<td>↓2.0%†</td>
</tr>
<tr>
<td>Return of Spontaneous Circulation*</td>
<td>13.1%</td>
<td>↓20.8%†</td>
</tr>
<tr>
<td>Heart attack (STEMI) protocol*</td>
<td>86.0%</td>
<td>↑12.8%†</td>
</tr>
</tbody>
</table>

SUMMARY BY MUNICIPALITY

<table>
<thead>
<tr>
<th>MUNICIPALITY</th>
<th>CAMBRIDGE</th>
<th>KITCHENER</th>
<th>WATERLOO</th>
<th>NORTH DUMFRIES</th>
<th>WELLESLEY</th>
<th>WILMOT</th>
<th>WOOLWICH</th>
<th>OUTSIDE REGION</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSE TIME (Year-To-Date)</td>
<td>12min 08sec</td>
<td>11min 02sec</td>
<td>10min 39sec</td>
<td>17min 53sec</td>
<td>23min 42sec</td>
<td>23min 11sec</td>
<td>15min 06sec</td>
<td>—</td>
</tr>
<tr>
<td>TOTAL CALL % Δ Q1-2013</td>
<td>2,185</td>
<td>4,222</td>
<td>1,615</td>
<td>115</td>
<td>70</td>
<td>225</td>
<td>267</td>
<td>8</td>
</tr>
<tr>
<td>VOLUME % Δ last 3 Q1s</td>
<td>↓2.9%</td>
<td>↓1.5%</td>
<td>↑13.4%</td>
<td>↓14.1%</td>
<td>↑15.3%</td>
<td>↑10.5%</td>
<td>↓1.9%</td>
<td>↓75.0%</td>
</tr>
</tbody>
</table>

*Indicator is also captured in a similar fashion (with some variation in measurement units) within a portion of the OMBI reporting process.
† Less than three years of data available.
A. VOLUME AND SERVICE LEVEL INDICATORS

**Definition of Indicator Group**
Quantity type indicators that show values related to work intake and work breakdown (how much did we do?).

**Summary of Results**
Region of Waterloo EMS transported patients 83% of the time while non-patient transports such as patient refusal, other ambulance transport, or other non patient carrying instances made up the remaining 17% of dispatched calls for the quarter. The rate of calls per 1,000 was up relative to Q1-2013, outpacing population growth, and was likely influenced by an aging population. Absolute call volume is up 0.7% from Q1-2013 and up 0.6% compared to the three year average for Q1. UHU tends to increase beginning around 4am, peaking between 11am and 2pm, 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. UHU requires ongoing monitoring to assist matching resources and deployment with demand, over time.

**Performance Report**

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Indicator Definition</th>
<th>Current Quarter</th>
<th>% change from Q1-2013</th>
<th>% change from previous 3 Q1s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Calls</td>
<td>The total number of calls received/dispatched within the Region of Waterloo over the course of the quarter (Dispatch Priority Code and Geographic Location).*</td>
<td>8,707</td>
<td>↑0.7%</td>
<td>↑0.6%</td>
</tr>
<tr>
<td>Rate of calls per 1,000 population</td>
<td>The rate of calls received/dispatched within the Region of Waterloo per 1,000 population over the course of the quarter (Dispatch Priority Code and Geographic Location).*</td>
<td>64.0</td>
<td>↑0.5%</td>
<td>↓0.5%</td>
</tr>
<tr>
<td>Unit Hour Utilization (UHU)</td>
<td>Unit Hour Utilization measures the number of transports in comparison to the number of unit hours available (with one unit hour defined as a fully equipped and staffed vehicle). It is used to monitor resource deployment, allowing for planning to ensure sufficient staff to meet community needs. UHU is calculated based on all Code 1 to Code 4 calls.</td>
<td>See hourly breakdown on Pages 9-11. Note that when UHU exceeds a value of 0.40, it becomes difficult to ensure an ambulance will be available for the next call within a reasonable time.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note that due to differences between the ADRS and TabletPCR data sources, there may be variances with numbers. † Less than three years of data available.
### Total number and rate of calls per 1,000 population, year-to-date, by dispatch priority code and year

Waterloo Region, January 1<sup>st</sup> to March 31<sup>st</sup>, 2009-2014

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Deferrable</td>
<td>204</td>
<td>201</td>
<td>230</td>
<td>158</td>
<td>136</td>
<td>108</td>
<td>108</td>
</tr>
<tr>
<td>2 – Scheduled</td>
<td>59</td>
<td>63</td>
<td>46</td>
<td>76</td>
<td>50</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>3 – Prompt</td>
<td>1,198</td>
<td>2,390</td>
<td>2,621</td>
<td>2,607</td>
<td>2,391</td>
<td>2,281</td>
<td>2,281</td>
</tr>
<tr>
<td>4 – Urgent</td>
<td>6,224</td>
<td>5,153</td>
<td>5,720</td>
<td>5,919</td>
<td>6,017</td>
<td>6,286</td>
<td>6,286</td>
</tr>
</tbody>
</table>

**Rate per 1,000 (YTD)**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Deferrable</td>
<td>60.3</td>
<td>60.5</td>
<td>65.9</td>
<td>65.6</td>
<td>64.1</td>
<td>64.0</td>
<td>0.0%</td>
</tr>
<tr>
<td>2 – Scheduled</td>
<td>0.6%</td>
<td>0.3%</td>
<td>9.0%</td>
<td>-0.4%</td>
<td>-2.4%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>3 – Prompt</td>
<td>0.8%</td>
<td>1.6%</td>
<td>10.4%</td>
<td>1.7%</td>
<td>-1.9%</td>
<td>1.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>4 – Urgent</td>
<td>0.1%</td>
<td>1.5%</td>
<td>8.4%</td>
<td>3.4%</td>
<td>-1.2%</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

**Total calls (YTD)**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Deferrable</td>
<td>7,685</td>
<td>7,807</td>
<td>8,617</td>
<td>8,760</td>
<td>8,594</td>
<td>8,707</td>
<td>8,707</td>
</tr>
<tr>
<td>2 – Scheduled</td>
<td>0.8%</td>
<td>1.6%</td>
<td>10.4%</td>
<td>1.7%</td>
<td>-1.9%</td>
<td>1.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>3 – Prompt</td>
<td>0.1%</td>
<td>1.5%</td>
<td>8.4%</td>
<td>3.4%</td>
<td>-1.2%</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>4 – Urgent</td>
<td>30,824</td>
<td>31,281</td>
<td>33,911</td>
<td>35,067</td>
<td>34,659</td>
<td>35,312*</td>
<td>35,312*</td>
</tr>
</tbody>
</table>

**Total calls (annual)**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Deferrable</td>
<td>0.1%</td>
<td>1.5%</td>
<td>8.4%</td>
<td>3.4%</td>
<td>-1.2%</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>2 – Scheduled</td>
<td>0.8%</td>
<td>1.6%</td>
<td>10.4%</td>
<td>1.7%</td>
<td>-1.9%</td>
<td>1.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>3 – Prompt</td>
<td>0.1%</td>
<td>1.5%</td>
<td>8.4%</td>
<td>3.4%</td>
<td>-1.2%</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>4 – Urgent</td>
<td>30,824</td>
<td>31,281</td>
<td>33,911</td>
<td>35,067</td>
<td>34,659</td>
<td>35,312*</td>
<td>35,312*</td>
</tr>
</tbody>
</table>

* Projected

Source: ADRS (May 5<sup>th</sup>, 2014)
### Emergency Medical Services (EMS) Performance Measurement

**Total number and rate of calls per 1,000 population, year-to-date, by municipality and month**

Waterloo Region, January 1\(^{st}\) to March 31\(^{st}\), 2014

<table>
<thead>
<tr>
<th>Rate per 1,000 by month</th>
<th>J</th>
<th>F</th>
<th>M</th>
<th>Rate per 1,000</th>
<th>Total calls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urban</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambridge</td>
<td>63.0</td>
<td></td>
<td></td>
<td>2,151</td>
<td></td>
</tr>
<tr>
<td>Kitchener</td>
<td>71.8</td>
<td></td>
<td></td>
<td>4,190</td>
<td></td>
</tr>
<tr>
<td>Waterloo</td>
<td>59.1</td>
<td></td>
<td></td>
<td>1,638</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>66.4</td>
<td></td>
<td></td>
<td>7,979</td>
<td></td>
</tr>
<tr>
<td><strong>Rural</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Dumfries</td>
<td>55.1</td>
<td></td>
<td></td>
<td>141</td>
<td></td>
</tr>
<tr>
<td>Wellesley</td>
<td>25.5</td>
<td></td>
<td></td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Wilmot</td>
<td>46.4</td>
<td></td>
<td></td>
<td>226</td>
<td></td>
</tr>
<tr>
<td>Woolwich</td>
<td>51.9</td>
<td></td>
<td></td>
<td>291</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>46.1</td>
<td></td>
<td></td>
<td>728</td>
<td></td>
</tr>
<tr>
<td><strong>Waterloo Region*</strong></td>
<td>64.0</td>
<td></td>
<td></td>
<td>8,707</td>
<td></td>
</tr>
</tbody>
</table>

*Excludes calls outside of region.

Source: ADRS (May 5th, 2014)
## Total number and rate of calls per 1,000 population, year-to-date, by municipality and year

Waterloo Region, January 1\textsuperscript{st} to March 31\textsuperscript{st}, 2009-2014

<table>
<thead>
<tr>
<th>Rate per 1,000 by year</th>
<th>2009 → 2014</th>
<th>Min. - Max.</th>
<th>2014 (YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urban</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambridge</td>
<td>56.8 - 65.9</td>
<td>63.0</td>
<td></td>
</tr>
<tr>
<td>Kitchener</td>
<td>69.1 - 75.3</td>
<td>71.8</td>
<td></td>
</tr>
<tr>
<td>Waterloo</td>
<td>51.3 - 59.1</td>
<td>59.1</td>
<td></td>
</tr>
<tr>
<td><strong>Urban total</strong></td>
<td>61.7 - 68.3</td>
<td>66.4</td>
<td></td>
</tr>
<tr>
<td><strong>Rural</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Dumfries</td>
<td>54.5 - 76.3</td>
<td>55.1</td>
<td></td>
</tr>
<tr>
<td>Wellesley</td>
<td>20.0 - 35.9</td>
<td>25.5</td>
<td></td>
</tr>
<tr>
<td>Wilmot</td>
<td>40.7 - 60.3</td>
<td>46.4</td>
<td></td>
</tr>
<tr>
<td>Woolwich</td>
<td>51.9 - 69.6</td>
<td>51.9</td>
<td></td>
</tr>
<tr>
<td><strong>Rural total</strong></td>
<td>45.2 - 62.0</td>
<td>46.1</td>
<td></td>
</tr>
<tr>
<td><strong>Waterloo Region</strong></td>
<td>60.3 - 65.9</td>
<td>64.0</td>
<td></td>
</tr>
</tbody>
</table>

Source: ADRS (May 5\textsuperscript{th}, 2014)
Total number of patient transports, year-to-date, by return priority code

Waterloo Region, January 1st to March 31st, 2014

- (1) Deferrable: 1,575
- (2) Scheduled: 47
- (3) Prompt: 4,945
- (4) Urgent: 740
- (6) Transport deceased: 1

Proportion of patient and non-patient carry calls, year-to-date, by return priority code

Waterloo Region, January 1st to March 31st, 2014

- Patient carry calls: 83.0%
- Non-patient carry calls: 17.0%

Source: TabletPCR (May 15th, 2014)
Unit Hour Utilization (UHU), by hourly average (24 hour clock)
Waterloo Region, January 1\textsuperscript{st} to January 31\textsuperscript{st}, 2014

Source: ADRS (May 09\textsuperscript{th}, 2014)
Unit Hour Utilization (UHU), by hourly average (24 hour clock)
Waterloo Region, February 1st to February 28th, 2014

Source: ADRS (May 09th, 2014)
Unit Hour Utilization (UHU), by hourly average (24 hour clock)
Waterloo Region, March 1\textsuperscript{st} to March 31\textsuperscript{st}, 2014

Source: ADRS (May 09\textsuperscript{th}, 2014)
Emergency Medical Services (EMS) Performance Measurement
### B. COMPLIANCE AND QUALITY ASSURANCE INDICATORS

#### Definition of Indicator Group

Indicators that monitor EMS' adherence to internal process, procedure, legislated mandates etc. (how well did we do it?).

#### Summary of Results

Year to date, EMS Service Response Time to Emergency Calls (Code 4) is slightly above the 90th percentile’s for the same time period last year. However, EMS 90th Response Time 90th Percentile resumed a trend toward improvement near the end of the first quarter of 2014 after the normal increase seen over the winter months. The persistence of the positive trend is likely due to the improvements in Offload Delays as well as resource additions in 2012 and 2013. No warning system infractions were identified through internal reviews in the last quarter. Chute time adherence remains above 90%. Region of Waterloo EMS will be striving to improve compliance on this metric over the course of 2014. Note that one 12-hour ambulance was added in July 2013 and full impact of this resource has not yet been realized, but a larger sample will be necessary to confirm a trend in service improvement.

#### Performance Report

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Indicator Definition</th>
<th>Current Quarter</th>
<th>% change from Q1-2013</th>
<th>% change from previous 3 Q1s</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS Service Response Time to Emergency Calls</td>
<td>A measurement of the EMS Services’ ability to meet performance standards outlined by the Ministry for Emergency Calls (Code 4). This is a historical benchmark value.</td>
<td>12:04</td>
<td>↑4.3%</td>
<td>↓1.8%</td>
</tr>
<tr>
<td>EMS Service Warning System Use</td>
<td>A measurement of compliance with the appropriate use of warning systems by EMS Staff (based on a review of internal audits conducted on calls flagged for review during the month).</td>
<td>100.0%</td>
<td>0.0%</td>
<td>0.0%†</td>
</tr>
<tr>
<td>Chute Time Adherence</td>
<td>The percentage of calls where the timeframe from crew notification to when they are en route is within protocol (Policy #4.3) of 2 minutes.</td>
<td>91.2%</td>
<td>↓1.2%</td>
<td>↑0.1%†</td>
</tr>
</tbody>
</table>

† Less than three years of data available.
EMS service response time to emergency calls (code 4), 90th percentile, by month
Waterloo Region, January 1st, 2012 to March 31st, 2014

### EMS service response time to emergency calls (code 4), year-to-date, 90th percentile, by municipality

Waterloo Region, January 1st to March 31st, 2011-2014

<table>
<thead>
<tr>
<th>Municipality</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge</td>
<td>12:04</td>
<td>11:36</td>
<td>12:08</td>
</tr>
<tr>
<td>Kitchener</td>
<td>10:48</td>
<td>10:39</td>
<td>11:02</td>
</tr>
<tr>
<td>Waterloo</td>
<td>11:11</td>
<td>10:44</td>
<td>10:39</td>
</tr>
<tr>
<td>North Dumfries</td>
<td>18:22</td>
<td>16:11</td>
<td>17:53</td>
</tr>
<tr>
<td>Wellesley</td>
<td>20:01</td>
<td>20:55</td>
<td>23:42</td>
</tr>
<tr>
<td>Wilmot</td>
<td>20:08</td>
<td>18:01</td>
<td>23:11</td>
</tr>
<tr>
<td>Woolwich</td>
<td>17:35</td>
<td>16:14</td>
<td>15:06</td>
</tr>
<tr>
<td>Urban Average</td>
<td>11:17</td>
<td>10:54</td>
<td>11:16</td>
</tr>
<tr>
<td>Rural Average</td>
<td>19:01</td>
<td>17:31</td>
<td>20:18</td>
</tr>
<tr>
<td>Regional Average</td>
<td>11:59</td>
<td>11:34</td>
<td>12:04</td>
</tr>
</tbody>
</table>

Source: ADRS (May 14th, 2014)
EMS service response time to emergency calls (code 4), 90th percentile, by year

Waterloo Region, January 1st to March 31st, 2009-2014

Source: ADRS (May 14th, 2014)
# EMS service warning system use, by month

**Waterloo Region, January 1\textsuperscript{st}, 2013 to March 31\textsuperscript{st}, 2014**

<table>
<thead>
<tr>
<th>Year</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>2013</td>
<td>100.0%</td>
<td>100.0%</td>
<td>99.6%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Percentage of internally reviewed EMS calls where the use of warning systems was in compliance

**Source:** TabletPCR (May 06\textsuperscript{th}, 2014)
Percentage of calls with crew chute adherence (meets two minute policy), by month

Waterloo Region, January 1st, 2013 to March 31st, 2014

Source: TabletPCR (May 14th, 2014)
C. EFFICIENCY INDICATORS

Definition of Indicator Group

Indicators that outline how timely the EMS service is being performed by staff and offered to the Region (how well did we do it?).

Summary of Results

Across the quarter Offload Delay losses have varied from month to month, and are currently above year-end 2013 values, but significantly below previous years’ values for the same time period. The sharp rise seen in January, and persisting through March, was not unexpected given the upward pressure on Offload Delays during the later than usual flu season. Overall EMS is in a much more stable situation and better poised to deal with Offload delay issues in 2014 compared to 2013. 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 is above the historical average and for the same time period last year. 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 is much lower than the same time last year, continuing the trend for improvement from the previous quarter. Longer term, both Code Yellow and Code Red’s remain trending towards improvement since the start of 2013.

Performance Report

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Indicator Definition</th>
<th>Current Quarter</th>
<th>% change from Q1-2013</th>
<th>% change from Previous 3 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offload Delay Measurement</td>
<td>The amount of 24 hour ambulance days lost to offload delay over the course of a month.</td>
<td>52.8 days</td>
<td>↓4.7%</td>
<td>↓34.9%</td>
</tr>
<tr>
<td>Code Yellow Status</td>
<td>The percentage of time where the EMS Service is in a Code Yellow Status for the month (≤ three vehicles available).</td>
<td>9.7%</td>
<td>↑30.8%</td>
<td>↑30.8%†</td>
</tr>
<tr>
<td>Code Red Status</td>
<td>The percentage of time where the EMS Service is in a Code Red Status for the month (zero vehicles available).</td>
<td>0.31%</td>
<td>↓50.9%</td>
<td>↓50.9%†</td>
</tr>
</tbody>
</table>

† Less than three years of data available.
Number of ambulance days lost to offload delay, by month
Waterloo Region, January 1st, 2011 to March 31st, 2014

<table>
<thead>
<tr>
<th>Month</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>30.7</td>
<td>31.9</td>
<td>26.6</td>
<td>19.7</td>
</tr>
<tr>
<td>Feb</td>
<td>35.6</td>
<td>27.3</td>
<td>17.5</td>
<td>15.7</td>
</tr>
<tr>
<td>Mar</td>
<td>31.1</td>
<td>31.3</td>
<td>11.2</td>
<td>17.4</td>
</tr>
<tr>
<td>Apr</td>
<td>27.3</td>
<td>26.4</td>
<td>12.3</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>25.3</td>
<td>26.5</td>
<td>9.7</td>
<td></td>
</tr>
<tr>
<td>Jun</td>
<td>23.5</td>
<td>20.8</td>
<td>9.5</td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td>27.7</td>
<td>18.7</td>
<td>8.6</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td>20.9</td>
<td>17.9</td>
<td>9.7</td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td>20.6</td>
<td>25.6</td>
<td>9.5</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>22.7</td>
<td>31.2</td>
<td>11.2</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>14.5</td>
<td>23.0</td>
<td>10.3</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td>13.0</td>
<td>35.8</td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td>Q1 total</td>
<td>97.4</td>
<td>90.4</td>
<td>55.4</td>
<td>52.8</td>
</tr>
<tr>
<td>Annual total</td>
<td>292.9</td>
<td>316.2</td>
<td>144.3</td>
<td>52.8</td>
</tr>
</tbody>
</table>

Source: TabletPCR (May 13th, 2014)
Percentage of time in code yellow status, by month

Waterloo Region, January 1st, 2013 to March 31st, 2014

<table>
<thead>
<tr>
<th>Month</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of time in code yellow (2013)</td>
<td>6.2</td>
<td>3.2</td>
<td>3.1</td>
<td>6.6</td>
<td>7.8</td>
<td>5.7</td>
</tr>
<tr>
<td>% of time in code yellow (2014)</td>
<td>8.3</td>
<td>12.0</td>
<td>9.2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: CACC (May13th, 2014)
Percentage of time in code red status, by month
Waterloo Region, January 1st, 2013 to March 31st, 2014

<table>
<thead>
<tr>
<th>Month</th>
<th>% of time in code red (2013)</th>
<th>% of time in code red (2014)</th>
<th>2014 code red time (H:M:S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>1.03</td>
<td>0.25</td>
<td>1:52:23</td>
</tr>
<tr>
<td>Feb</td>
<td>0.85</td>
<td>0.39</td>
<td>2:36:46</td>
</tr>
<tr>
<td>Mar</td>
<td>0.22</td>
<td>0.30</td>
<td>2:14:13</td>
</tr>
<tr>
<td>Apr</td>
<td>0.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>0.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun</td>
<td>0.41</td>
<td>0.17</td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td>0.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td>0.47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>0.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td>0.22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Historical average 0.32

Source: CACC (May 13th, 2014)
D. SERVICE AND QUALITY IMPACT INDICATORS

Definition of Indicator Group
Indicators that measure not only the timely provision of service, but how well that service is being provided by EMS Staff (How well is the service being performed?).

Summary of Results
Note that service type indicators tend to fluctuate around the average over time, particularly when a small number of cases are involved. The percentage of stroke patients taken to stroke facilities fluctuated around the historical average for the quarter with a slight decline for the month of March. As any Return of Spontaneous Circulation (ROSC) is deemed positive, results for ROSC showed a strong improvement from this quarter over the previous quarter (but is lower than the same time last year), and are in an acceptable range and trending positively for the last two quarters (variation is normal due to the numerous variables involved). Heart attack STEMI (ST-Segment Elevation Myocardial Infarction) Protocol was better than the historical average of providing care in less 90 minutes 86% of the time this quarter (again, variation is expected for heart attack STEMI due to the numerous variables involved).

Performance Report

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Indicator Definition</th>
<th>Current Quarter</th>
<th>% change from historical average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Patient to Stroke Facilities</td>
<td>The percentage of stroke patients taken to Provincial Stroke Facilities. *Note that ‘stroke protocol’ outlines that only patients with certain symptoms and within certain timelines are transported to a stroke facility. Due to this, a variance under 100% may not necessarily represent a missed target.</td>
<td>85.0%</td>
<td>↓2.0%†</td>
</tr>
<tr>
<td>Return of Spontaneous Circulation (ROSC)</td>
<td>The percentage of cardiac arrest patients with the return of pulse.</td>
<td>13.1%</td>
<td>↓20.8%†</td>
</tr>
<tr>
<td>Heart attack (STEMI) Protocol ST-Segment Elevation Myocardial Infarction</td>
<td>The percentage of STEMI patients where care was provided in less than 90 minutes (‘STEMI' represents a type of heart attack). *Note that indicator results are shared among EMS and St. Mary’s Hospital. EMS can only control time from patient contact to arrival at St. Mary’s Hospital; the remaining time to the 90 minute target is Hospital dependent.</td>
<td>86.0%</td>
<td>↑12.8%†</td>
</tr>
</tbody>
</table>

† Less than three years of data available.
Percentage of stroke patients transported to a stroke facility†, by month
Waterloo Region, January 1\textsuperscript{st}, 2013 to March 31\textsuperscript{st}, 2014

\[\text{Percentage (\%)}\]

\[\text{Month}\]

†Stroke facilities include: Grand River, Brantford General, Hamilton General, and Stratford General.

Source: TabletPCR (May 13\textsuperscript{th}, 2014)
Percentage of cardiac arrest patients with return of spontaneous circulation (ROSC) by month, Waterloo Region, January 1\textsuperscript{st}, 2013 to March 31\textsuperscript{st}, 2014

Source: TabletPCR (May 13\textsuperscript{th}, 2014)
Percentage of heart attack patients where care was provided in less than 90 minutes (STEMI protocol)
by month, Waterloo Region, October 1st, 2011 to March 31st, 2014

**Note that in June 2013, there were 0 STEMI cases recorded. The dashed line does not represent an adherence percentage for the month.**

**Source:** St. Mary’s Hospital (May 14th, 2014)
E. GLOSSARY

**ADRS**: Ambulance Dispatch Reporting System

**CACC**: Central Ambulance Communications Centre

**Cardiac Arrest**: A sudden, sometimes temporary, cessation of the heart’s functioning.\(^1\)

**Chute Time**: The time it takes an ambulance to depart once notified of a call (Outlined in EMS Policy #4.3).\(^2\)

**Code 1 (Deferrable)**: A routine call that may be delayed without detriment to the patient (e.g. a non-scheduled transfer; a minor injury).\(^3\)

**Code 2 (Scheduled)**: A call which must be done at a specific time, for example because of special treatment or diagnostic facility requirement (e.g. inter-hospital transfers or a scheduled meet with an air ambulance).\(^4\)

**Code 3 (Prompt)**: A call that should be performed without delay (e.g. serious injury or illness).\(^5\)

**Code 4 (Urgent)**: A call that must be performed immediately where the patients ‘life or limb’ may be at risk (e.g. Vital Signs Absent patient or unconscious head injury).\(^6\)

**Code Red**: When the Region of Waterloo EMS Service is at a level where no ambulances are available to respond to the next emergency call and no out of town services are immediately available to assist.\(^7\)

**Code Yellow**: When the Region of Waterloo EMS Service is at minimum coverage of three vehicles or less.\(^8\)

**CTAS Level**: The ‘Canadian Triage & Acuity Scale’ is used to assign a level of acuity to a patient. Acuity refers to the gravity of the situation – the potential for death and/or irreversible illness. CTAS is a tool that more accurately defines the patient’s need for care. Assignment of the CTAS level is to be based upon not only the presenting complaint identified on the initial assessment made by the paramedic, but also on their examination findings, and response to treatment.\(^9\)

**Defibrillator**: An electronic device that applies an electric shock to restore the rhythm of a fibrillating heart.\(^10\)

**Dispatch Priority Code**: The priority code number that is assigned to the call by the dispatcher. It identifies the priority under which the ambulance responds to the call location (e.g. an urgent response would be entered as Code 4).\(^11\)

**Emergency Calls**: Based on dispatch priority only. Emergency calls are categorized as Code 4 (Urgent).

**Indicator**: A defined part of a program/team/system that is deemed important to measure and provide “specific information on the state or condition of”, as it contributes to the efficient and effective achievement of an outcome.\(^12\)
Offload Delay: Offload delay measures the offload of patients at local hospitals, which can impact the resources required and availability to respond to calls.\textsuperscript{xiii}

Patient Transport(s): The total number of patients carried in the ambulance during a given call.\textsuperscript{xiv}

Performance Measurement: A method to monitor, observe and describe program implementation. It portrays information to tell that outputs are being delivered as planned, and gives an idea of whether outcomes are occurring. It provides information to be used for evaluation.\textsuperscript{xv}

Response Time: Response time means the time measured from the time a notice is received to the earlier of either the arrival on-scene of a person equipped to provide any type of defibrillation to sudden cardiac arrest patients or the arrival on-scene of the ambulance crew.\textsuperscript{xvi}

Return of Spontaneous Circulation: Signs of the return of spontaneous circulation (ROSC) include breathing (more than an occasional gasp), coughing, or movement. For healthcare personnel, signs of ROSC also may include evidence of a palpable pulse or a measurable blood pressure.\textsuperscript{xvii}

Return Priority Code: The priority code number that is assigned to the call by the ambulance crew. It identifies the priority under which the patient is transported (e.g. a prompt return to a medical facility would be entered as a Code 3).\textsuperscript{xviii}

Rolling Quarterly Results: Reviewing the previous three months data as a snapshot of the indicator’s performance over a period of time.

STEMI: A STEMI (ST-Segment Elevation Myocardial Infarction) is a specific type of myocardial infarction (MI), or in other words a type of heart attack, which demonstrates characteristic ECG (electrocardiogram; a tool to measure electrical activity of the heart) changes including marked elevation in the ST-segment in the cardiac cycle.\textsuperscript{xix}

STEMI Facilities: A hospital that houses onsite Percutaneous Coronary Intervention (PCI) facilities with an experienced interventional team.\textsuperscript{xx}

Stroke Facilities: Stroke facilities are based on a collaborative model of 11 regional stroke networks. Each regional network is comprised of a Regional Stroke Centre (RSC), District Stroke Centres (DSCs) and community hospitals. The regional stroke networks are collaborative partnerships of care providers that span the care continuum from prevention to community re-engagement. The goal is to coordinate equitable access and improve outcomes for stroke survivors.\textsuperscript{xxi}

TabletPCR: An internal tool used to track information and data relevant to calls and patient care reporting.

Unit Hour Utilization: Percentage of staffed vehicles utilized during any given hour of the day.\textsuperscript{xxii} Note that when UHU exceeds a value of 0.40, it becomes difficult to ensure an ambulance will be available for the next call in a reasonable time.

Warning System(s): Depending on the priority of the call, Warning Systems represent emergency lights and/or sirens that may be activated.
Notes


Welcome to the 2013 Annual Report.
This report highlights key accomplishments using short articles and quick statistics.

Public Health Role
The main goal of Public Health is to build healthy and supportive communities in partnership with others. The scope of Public Health Services is determined by the provincial Ministry of Health and Long Term Care through the Health Protection and Promotion Act and the Ontario Public Health Standards. These standards ensure that a basic set of services are provided consistently across the province, while still allowing for local flexibility in responding to local issues.

Public Health Objectives
- Enable children to attain optimal health and development potential
- Prevent and minimize risk by reducing environmental and other potential hazards (food, water)
- Reduce and manage infectious disease risks
- Reduce the burden of preventable chronic diseases
- Monitor and report population health information (health surveillance and health status reporting)

Emergency Medical Services (EMS)
The main goal of EMS is to decrease premature morbidity and mortality by providing effective and efficient emergency medical services. EMS Services operate under a number of legislative and documented requirements, including the Ambulance Act. EMS services are required by the Ministry of Health and Long Term Care to be re-certified every three years in order to be issued an operating certificate. The re-certification process confirms compliance with the legislation and regulations and involves an Ambulance Service Review conducted by the Ministry of Health.

EMS Objectives
- Ensure Excellence in Patient Care by:
  - Delivering high quality patient care every time (ALS and BLS standards)
  - Accurate and complete documentation
  - Providing paramedics with the resources they need (vehicles and equipment ready every time)

This report describes our work using the Public Health Sector Plan, a document developed by the Chief Medical Officer of Health for the province of Ontario. It outlines the role of Public Health and how it fits within the broader health care system. To read the full Public Health Sector Plan visit: http://bit.ly/1oNgk1L
In 2013, Ontario’s Chief Medical Officer of Health, Dr. Arlene King released the first strategic plan developed for the Public Health Sector in Ontario. The Public Health Sector is defined as the Provincial Government, the Chief Medical Officer of Health, Public Health Ontario and Ontario’s 36 local public health units. While Ontario’s Public Health Sector Strategic Plan does not represent new requirements for Health Units, its goal is to help the sector as a whole achieve greater impact through focused alignment, collaboration and collective action. It aims to achieve this by setting out key strategic goals and collective areas of focus for the Sector for the next 3–5 years.

Ontario Public Health Sector Plan Goal #1

Optimize healthy human development

Protecting, Promoting and Supporting Breastfeeding .......... 3
Screening for Domestic Violence........................................ 4
Encouraging Child Development During the Early Years....... 4
The Healthy Babies Healthy Children Program .................. 5
Healthy Smiles Ontario...................................................... 5
Happy 10th Anniversary Breastfeeding Buddies!............... 6

Ontario Public Health Sector Plan Goal #2

Improve the prevention and control of infectious diseases

Are You Protecting Me? ...................................................... 7
Vaccine Preventable Disease Program Re-organizes to Better Meet the Ontario Public Health Standards .......... 7
Immunization of School Pupils Act Changes
—New Mandatory Vaccines Added .................................. 8
Attitudes Towards Childhood Immunization in Waterloo Region ................................................................. 8

Ontario Public Health Sector Plan Goal #3

Improve health by reducing preventable diseases and injuries

Municipal Alcohol Policy .................................................. 9
Support for Smoke-Free Public Places ................................. 9
Walk Into Your Local Library... and Borrow a Pedometer! ...10
Learning From Your Gardening Stories .............................. 10
Making an Impact............................................................... 11
Waterloo Region Healthy Communities Partnership .......... 11
Peer Connections are Powerful! ........................................ 12
Waterloo Region Housing Smoke-Free Policy:
2013 Tenant Survey Results ........................................... 14

Ontario Public Health Sector Plan Goal #4

Promote healthy environments – both natural and built

Enhanced Services for Testing Private Wells ........................ 15
Radon – Protect Your Health. Test Your Home .................... 15
Getting Employees to Move More…Sit Less™ in Today’s Work Environment ....................................................... 16
Building a Healthier Food System in Waterloo Region ........ 16

Ontario Public Health Sector Plan Goal #5

Strengthen the public health sector’s capacity, infrastructure and emergency preparedness

Building a Public Health Workforce for the Future .............. 17
Working with the Local Health Integration Network ............ 17
Public Health Core Competencies:
Skills and Knowledge to Serve our Community .................. 18
Social Determinants of Health and Harm Reduction Work .......... 19
Emergency Preparedness: Power Outages, Food Safety and How Public Health is “Ready” to Help the Community in an Emergency ......................................................... 20
Emergency Medical Services Response Time Performance Plan ................................................................. 21

Public Health in NUMBERS

Budget Overview .............................................................. 23
Statistics ........................................................................ 24
Protecting, Promoting and Supporting Breastfeeding

The Baby-Friendly Initiative (BFI) is a global campaign developed by the World Health Organization (WHO) and UNICEF to protect, promote, and support breastfeeding. BFI acknowledges that breastfeeding is the healthiest choice as it:

- Promotes the healthy growth and development of infants
- Protects infants from illness
- Helps mothers recover from childbirth
- Increases food security for children
- Is environmentally friendly

In Ontario, 87 per cent of mothers start out breastfeeding their babies, but only 50 per cent are still breastfeeding at six months. The Region of Waterloo Public Health (ROWPH) is working on becoming designated as Baby-Friendly in 2015 to support early childhood development and maternal/child health by promoting that mothers exclusively breastfeed their infants for the first six months of life and to continue breastfeeding to the age of two years or longer.

In 2013 ROWPH:

- Trained all staff to better support families with breastfeeding and infant feeding
- Created a Public Health (PH) policy for the Support, Promotion and Protection of Breastfeeding which is posted for the public to see at PH buildings, including Emergency Medical Services (EMS)
- Welcomed mothers to breastfeed Anywhere, Anytime by posting decals in PH buildings and EMS ambulances
- Completed the first two out of five milestones in the BFI Accreditation journey in 2013 with plans to complete the third milestone in June 2014

ROWPH supports all families regardless of infant feeding method by encouraging informed decision-making, skin-to-skin contact, cue-based feeding, continuity of care, and providing postpartum support.

For more information visit: http://bit.ly/QbggNj
Screening for Domestic Violence

Domestic violence affects the health of individuals, families and communities, and can have both short and long term physical and mental health effects. Abuse can affect women during pregnancy when violence may start or get worse, impacting both the mother and the developing baby. Health care professionals who are knowledgeable about domestic violence and aware of the available community services are able to provide optimal care and increase efforts to prevent violence, including addressing many factors that determine health such as housing, income, child care, safety and social supports.

The Health Engagement Task Force, a subcommittee of the Domestic Assault Review Team (DART) of Waterloo Region, was initiated after screening for domestic violence was identified by Waterloo Region Crime Prevention Council as a priority in the health care sector. Through this Task Force, Region of Waterloo Public Health has worked in partnership with Waterloo Region Crime Prevention Council, Waterloo Region Sexual Assault/Domestic Violence Treatment Centre and the John Howard Society of Waterloo-Wellington to focus efforts on increasing health care professionals’ awareness of domestic violence and local services.

In 2013, 86 health care professionals registered and attended an educational workshop in Waterloo Region on intimate partner violence where an on-line curriculum for health care professionals on intimate partner violence was also introduced.

Encouraging Child Development During the Early Years

The Nipissing District Developmental Screen is an easy-to-use checklist that helps parents track a child’s growth and development from birth to age six. It also contains tips and activities families can do to help encourage their child’s development during these early years.

In 2013 Public Health distributed 40,000 Nipissing District Developmental Screens (NDDS) in partnership with our local hospitals, midwives, school boards and the Ontario Early Years Centres. THE NDDS was also completed, by Public Health Nurses, for 213 children attending Child Health Fairs in the Region in 2013.

The NDDS can be used to identify concerns as early as possible and to have children linked to appropriate resources. Completing the NDDS helps parents start a conversation with their health care provider about any identified issues. This is especially important at a child’s 18-month Well Baby Check-up.

For more information:
Call 519-575-4400 or Visit www.endds.ca
The Healthy Babies Healthy Children Program

In 2013, Public Health staff and community partners worked through significant changes to the Healthy Babies Healthy Children (HBHC) Program. The HBHC Program now uses one screening tool (the HBHC Screen) and one assessment tool (the In-Depth Assessment) when a mother is pregnant, after the baby is born or during the early childhood period, to help determine services and supports from the HBHC program or from community agencies that may be of assistance in supporting healthy development of the child.

When a mother gives birth at Grand River Hospital, Cambridge Memorial Hospital or with a midwife, she receives information about healthy child development, including a copy of the New Parent Resource Guide. An HBHC Screen is also completed by a hospital nurse or midwife for mothers who consent. Some mothers come back to the hospital 48 hours after discharge to attend a Postbirth Clinic where an In-Depth Assessment will be started by a Public Health Nurse. Some of those families will be offered a home visit to complete the In-Depth Assessment. Finally, some families will be offered ongoing home visiting by a Public Health Nurse and a Family Visitor where an individualized plan is developed with each family to support the healthy development of their child.

Healthy Smiles Ontario

In October 2010, the province launched a new oral health program for low-income families called Healthy Smiles Ontario (HSO). Region of Waterloo Public Health consulted with community stakeholders to develop a local strategy for implementing this new dental program and submitted a proposal to the province, which was approved.

The success of the Waterloo Region Peer Program which was established in 1988 and utilizes trained Community Nutrition Workers and peer health workers as a bridge between the community and the health care system, led to the decision to take a peer approach to facilitate enrolment into HSO and to promote oral health as part of overall health.

Utilizing HSO funding, three local community health centres – Kitchener Downtown, Langs and Woolwich each recruited and hired an Oral Health Peer Worker (OHPW). The OHPWs participated in a 13 week training session provided by public health and are mentored by public health dental hygienists.

The OHPWs act as navigators to help community members access care for their children and provide information on how to establish oral hygiene practices for their children. In 2013 the OHPWs met with over one hundred families to help with tasks such as assisting with HSO applications and documentation. They provided language interpretation services for over 200 families including completing paperwork, as well as arranging and attending dental appointments with families. The OHPWs presented oral health information to 800+ parents in group settings.

For more information:
Call the Public Health Dental Program at 519-575-4400, ext. 13311
Happy 10th Anniversary Breastfeeding Buddies!

Established in 2003, the peer-based Breastfeeding Buddies Program provides women in Waterloo Region with the support and information they need to establish and maintain a positive breastfeeding experience. Breastfeeding promotes the healthy growth and development of children and promotes the health of mothers. When mothers feel supported and connected to an encouraging breastfeeding community, they may be more confident and skilled to breastfeed successfully.

Mom-to-mom breastfeeding support can promote and engage women to initiate breastfeeding and increase the length of time they choose to breastfeed. The Breastfeeding Buddies Program matches breastfeeding mothers with a caring and committed Buddy. Buddies have breastfeeding experience and are trained to listen, encourage and respond to the experiences, questions and concerns of the breastfeeding mother. Weekly Breastfeeding cafés and the popular prenatal breastfeeding class, Me Breastfeed, are also services offered through the Breastfeeding Buddies program.

Breastfeeding Buddies have championed the promotion, protection and support of breastfeeding in our community for ten years. This deserves appreciation and celebration!

As part of a community Breastfeeding Celebration hosted by the Community Breastfeeding Alliance of Waterloo Region, the Breastfeeding Buddies Program was recognized for its commitment to and care for breastfeeding families in our community. The celebration was well attended by enthusiastic guests. Guests enjoyed cake and refreshments, draw prizes, face painting and a surprise breastfeeding Flash Mob choreographed and performed by talented and passionate Breastfeeding Buddies and friends.

For more information:
Call: 519-772-1016 or
Visit: http://bit.ly/1jYXsgi
Ontario Public Health Sector Plan Goal #2

**IMPROVING the prevention and control of infectious diseases**

**Are You Protecting Me?**

For many, contracting influenza (flu) can cause a significant disruption in their lives; for others, it can be deadly. The very young, the elderly and those with underlying medical conditions are most vulnerable.

This flu season, regional councillors rolled up their sleeves not only to protect themselves, but to protect the ones they love.

The higher the immunization rates, the higher the protection for the community, especially those at high risk for complications.

Vaccination is the most effective way to prevent influenza. Vaccination works by stimulating your immune system to build antibodies against the virus making it stronger so that it is ready to fight the influenza illness before it starts.

Anyone, aged six months and older who lives, works or attends school in Ontario is eligible to receive publicly funded influenza vaccine. The influenza virus changes often, so it is necessary to get immunized with influenza vaccine every year for protection from the new virus strains that may be circulating that year.

This flu season, regional councilors received their vaccine early in the flu season, which typically runs from October to April. It takes about two weeks following vaccination to develop protection against influenza.

**Vaccine Preventable Disease Program Re-organizes to Better Meet the Ontario Public Health Standards**

In 2012, Public Health completed a review of the Vaccine Preventable Disease (VPD) programs. This review looked at what aspects of the program should be enhanced, modified, continued or discontinued to meet the requirements outlined in the Ontario Public Health Standards (OPHS) and the province’s accountability agreements with Public Health.

The VPD program has experienced several significant changes and growth over the past decade, which has put pressure on the program, making it difficult to continue with the status quo.

**The review concluded that:**

- Nursing staff would be freed up from administrative tasks to focus on clinical work.
- Clinic hours would be reserved for those who do not have family doctors, and for new immigrants and refugees. Resources will be reallocated to build relationships and to support physicians in providing publicly funded vaccine.
- The enhanced use of technology would be explored.
- There would be an enhanced focus on Health Promotion.

It should be noted that a review of travel health services, which was conducted in 2012, recommended the discontinuation of Travel Health Clinics offered by Region of Waterloo Public Health. Travel Health Clinics were discontinued in January 2014.

The implementation of the recommendations will continue to take place throughout 2014.
Immunization of School Pupils Act Changes—New Mandatory Vaccines Added

On September 18, 2013, regulatory amendments were made under the Immunization of School Pupils Act (ISPA) to improve the health and safety of Ontario’s school children. Among these amendments were updates to the immunization requirements for school attendance, which Region of Waterloo Public Health will enforce starting January 2015.

The amendments include:

- Meningococcal disease, pertussis, and varicella (for children born in 2010 and later) have been added as designated diseases. Parents are required to provide proof of their child’s immunization against these diseases for school attendance, unless a valid statement of exemption is provided.

- The number of doses and intervals for vaccines corresponding to the existing six designated diseases (tetanus, diphtheria, poliomyelitis, measles, mumps, and rubella) have been updated to align with the current publicly funded immunization schedule.

Most of the vaccines required for school attendance under the amended ISPA regulations are routinely administered by family doctors. The meningococcal conjugate ACYW-135 vaccine for adolescents will continue to be administered primarily through routine school-based immunization clinics to grade seven students. Region of Waterloo Public Health will offer catch up clinics for students in grades seven to twelve, in addition to clinics for those who do not have family doctors.

Parents need to:

- Check their child’s immunization records
- Get their children’s immunizations updated through their family doctor or Public Health. Remember boosters are required in JK/SK and grade 9/10
- Report all new immunizations to Public Health (Doctors do not update Public Health)

Attitudes Towards Childhood Immunization in Waterloo Region

The Region of Waterloo Public Health works to promote children’s health by encouraging parents to have their children immunized. In 2013, 343 adults in Waterloo Region with at least one child between four and 17 years of age participated in a survey about immunization awareness and beliefs. Results indicate that 98 per cent of respondents were aware that up-to-date immunizations are required for all children attending school in Ontario by law, unless a signed exemption is completed. Eighty-four per cent were also aware that their child could be suspended from school if a parent or guardian does not provide Public Health with an up-to-date immunization record, or a signed exemption form. However, many parents (36 per cent) were unaware that they must notify Public Health each time their child is immunized. Physicians do not update Public Health directly; that is the parent’s or guardian’s responsibility.

In terms of immunization beliefs, 96 per cent of parents and guardians surveyed believe that immunizations protect children from disease, and 95 per cent believe that vaccines are safe for children.

Region of Waterloo Public Health will use this information to address current gaps in communication and education about its immunization programs.

To report immunizations or update your child’s immunization record:
Call: 519-575-4400 ext. 13009 or fax: 519-885-7260 or Visit: https://e-immunization.regionofwaterloo.ca
Municipal Alcohol Policy

An effective alcohol policy helps municipalities reduce serious and costly problems such as public intoxication, impaired driving, underage drinking, vandalism, assaults, injury or death that can result when alcohol is served in municipally-owned facilities and recreation areas. Public Health has been working with each of the townships and cities in Waterloo Region for the past nine years to review, develop, and strengthen their local Municipal Alcohol Policy (MAP).

Local municipalities recognized the advantages to writing a common alcohol policy in 2012, when Public Health brought them together to learn about changes to Ontario liquor licences laws. They went on to develop an updated alcohol policy based on the latest research, by building on a base of shared knowledge and experience as well as expertise from public health and other community partners.

Public Health will continue to provide support to Waterloo Region townships and cities in 2014 to promote the successful adoption and application of alcohol policies in all Waterloo Region municipalities.

Support for Smoke-Free Public Places

There is no safe level of exposure to second-hand smoke, even outdoors. Provincial legislation and a Regional by-law already restrict smoking in many public places, including outdoor bleacher seating areas. But other spaces, including parks, playgrounds and outdoor athletic fields, are not included in smoking bans in Waterloo Region. Many cities in Ontario now have by-laws that make outdoor public places like parks, playgrounds and sports fields smoke-free. Region of Waterloo Public Health wanted to find out if our community was in support of local smoke-free outdoor public places. To do this, Public Health analyzed data from a telephone survey of 813 adults aged 18 years and older in Waterloo Region. This data was collected through the Rapid Risk Factor Surveillance System in 2011.

The findings indicated that public support for outdoor smoke-free environments is strong, especially for areas where children play. Nine out of ten Waterloo Region adults would support a local by-law that would make public playgrounds smoke-free and more than eight out of ten would support a local by-law making outdoor public sports fields and spectator areas smoke-free. In November 2013, the Ministry of Health and Long-term Care is looking to build on local outdoor smoke-free by-laws by strengthening the Smoke Free Ontario Act, which is the provincial legislation that restricts smoking in indoor public spaces, to also restrict smoking in some outdoor public places across the entire province.
Walk Into Your Local Library... and Borrow a Pedometer!

In our area of Ontario, injuries from falls lead to more emergency room visits, hospitalizations, and deaths than any other type of injury. While a fall can happen at any age, our risk of experiencing a fall that causes an injury tends to increase as we age.

But that doesn’t mean you can’t start takings STEPS today to help prevent such harmful falls later in life!

Research has shown that walking regularly not only reduces your risk of chronic disease, but can also improve your balance, coordination, bone density, and muscle strength – all of which can reduce your risk of having a fall that leaves you injured.

Region of Waterloo Public Health is a founding member of Waterloo Region WALKS! (WRW) – an independent community partnership of local walking leaders, key stakeholders, and community members who work together to promote and support walking in Waterloo Region.

In 2013, Kitchener Public Library (KPL) in partnership with WRW implemented a pilot Pedometer Lending Program at all KPL branches. Patrons are able to loan out a pedometer kit that consists of a pedometer, information and tracking booklet, and a Grand River Transit map with trail and walk route information. The goal of the program is to improve the health of residents in Waterloo Region by encouraging them to be more physically active by walking with a pedometer.

Public Health is happy to announce that the pilot was well received and will be rolled out to the other three library systems of Waterloo Region (Cambridge Idea Exchange Libraries, Region of Waterloo Public Libraries, and Waterloo Public Libraries) in the spring of 2014! So why not take a STEP towards better health and reduce your risk of a harmful fall? Walk to your local library and borrow a pedometer kit today!

Learning From Your Gardening Stories

The Community Gardening Storytelling Project wrapped up in 2013 after hearing and learning from 84 community gardeners in Waterloo Region. Learning, inclusion, and health were the three ideas that came up over and over again in gardeners’ stories as reasons they chose to participate in community gardening. To help Region of Waterloo Public Health share the results of the Storytelling Project, Dwight Storing, a local digital media artist, created three humourous and delightful videos with clips of gardeners telling their stories.

The following videos were created around the ideas of learning, inclusion, and health:

- Inclusion: http://bit.ly/1uLi5QE
- Learning: http://bit.ly/1u1nZee

Read the full report containing nine inspirational written stories here: http://bit.ly/1pvM3pJ
Ontario Public Health Sector Plan Goal #3

**IMPROVING** health by reducing preventable diseases and injuries

---

**Making an Impact**

As part of the Smoke-Free Ontario Strategy, Region of Waterloo Public Health has organized a youth-led action group of volunteers called ‘Impact.’ These youth volunteers engage and share information with their peers about healthy living and positive change in Waterloo Region.

In 2013, one of the events organized by Impact included a smoke-free movies night at a local elementary school in Waterloo. This was a free event for the community and 200 people attended to watch *Despicable Me 2™*. Impact organized a variety of interactive games and activities intended to provide information about tobacco use and the influence of smoking in movies.

**Waterloo Region Healthy Communities Partnership**

The Waterloo Region Healthy Communities Partnership is a group of organizations interested in promoting health and reducing chronic disease in Waterloo Region. The Partnership is specifically interested in supporting advocacy that promotes mental wellbeing, healthy eating, and physical activity. With support from the Ministry of Health and Long Term Care, we support communities that want to make policy changes at a local level.

In 2013, the Partnership had a busy year. One of its projects identified specific zoning and licencing bylaws that could be changed to encourage healthier eating and then hosted a workshop to help people learn how to advocate for these changes. In another project focus groups and interviews were held with those who promote physical activity to get feedback on what policy changes could enable people to be more physically active. A third project focused on mental wellbeing, hosting a community forum for the public to share their thoughts and opinions on ways to promote mental health through policy changes. Finally, the Partnership supported research carried out in two local townships. The Wilmot Healthy Communities Coalition and Woolwich Healthy Communities both developed community profiles and then met with people to talk about policy work that could be done to make it easier to eat well, move more, and feel included.

**For more information visit:**

www.regionofwaterloo.ca/impact

**Read the “Blueprint for Physical Activity Action in Waterloo Region” report here:**

**Read the “Building Capacity for Policy Work – Wilmot Township” report here:**
http://bit.ly/1lxzd1
Peer Connections are Powerful!

When people connect with their neighbours they can laugh together, learn together, and support each other. The Waterloo Region Peer Program (www.regionofwaterloo.ca/peer) has been helping build these peer connections for 25 years. This unique program empowers individuals from approximately 20 communities to run healthy eating and child health programs for their neighbours. Peer workers are both “Community Nutrition Workers” and “Peer Health Workers” and run over 200 programs for thousands of people each year.

The programs are as different as the community needs are:

- In one neighbourhood, a peer worker runs a culturally diverse community kitchen program where neighbours cook nutritious and balanced meals on a budget.
- In another, a peer worker coordinates workshops for refugee parents about health care, physical activity, settling into schools, and parenting in Canada.
- In another neighbourhood, a peer worker holds a weekly drop-in for parents. Participants might talk about parenting strategies while building relationships that can make a real difference for new parents.

Through building friendships and learning together, the Peer Program has been helping people live healthier while building stronger communities for 25 years. A true example of neighbours helping neighbours!
Ontario Public Health Sector Plan Goal #3

IMPROVING health by reducing preventable diseases and injuries

Smoke Free Ontario Act: 2013 Health Status Report

The province’s tobacco legislation, the Smoke Free Ontario Act (SFOA) came into force on May 31, 2006. It provides a uniform smoke-free environment across the province by protecting people from second hand smoke and restricting access to tobacco products for youth under 19 years of age.

In the Region of Waterloo, Tobacco Enforcement Officers (TEO’s) are designated as Provincial Offences Officers with authority to enforce the SFOA. TEO’s are responsible for ensuring all public places and all workplaces including work vehicles are compliant with the SFOA. They also inspect tobacco vendors to ensure they follow the laws governing the sale of tobacco products.

Some of the duties TEO’s perform include:

- Inspection of local businesses including restaurants, bars, bingo halls, sports arenas, private clubs, entertainment venues, public places, schools, and workplaces to ensure no-smoking signage is posted and that there is no smoking taking place.
- Inspection of tobacco vendors to ensure they are in compliance with the SFOA by not displaying tobacco products or promotional material in view of customers.
- Conduct youth access inspections at tobacco vendors (test shoppers).
- Laying charges under the SFOA and following the court process as necessary.
- Responding to complaints and requests from the public for assistance to ensure compliance with the SFOA.

Did you know that in 2013 Tobacco Enforcement Officers conducted:

- 1,854 total inspections at venues across Waterloo Region to ensure compliance with the SFOA
- 894 inspections for youth access (test shoppers) at tobacco vendors. 99 per cent of tobacco vendors were in compliance with youth access legislation at the time of the last inspection.
- 34 charges were issued under the SFOA
Waterloo Region Housing Smoke-Free Policy: 2013 Tenant Survey Results

Waterloo Region Housing (WRH) owns and operates 2,722 affordable housing units in the Waterloo Region. In 2009, Waterloo Region Council passed a smoke-free policy for WRH to help create a healthy place for tenants to live by decreasing their exposure to second-hand smoke. The policy came into effect on April 1, 2010, and it states that all new leases signed with WRH after that date will have units that are 100 per cent smoke-free. This means all living spaces in the lease, including patios and balconies, must be smoke-free. The smoke-free housing policy also restricts smoking within five metres of any window, entrance or exit to the building/unit. WRH is the first housing provider in Ontario to have a smoke-free policy for their entire housing stock, and one of the first in Canada.

Public Health worked closely with WRH and the University of Waterloo to create and implement the policy and we continue to work together to promote the smoke-free policy and evaluate it. In 2013, WRH tenants were surveyed to measure support for the smoke-free policy and to understand how the policy may affect smoking behaviour. 619 households completed the survey. Findings from the 2013 survey suggest the policy is having a positive effect on tobacco use behaviour, including quitting smoking. Tenants who are smokers, and have smoke-free leases, reported they comply with the lease requirements by going outside to smoke all of the time.

Read the “Smoke-free policy evaluation” report here:

Statistics:

2,722 affordable housing units are owned and operated by Waterloo Region Housing in Waterloo Region

619 households completed the Smoke-free policy survey.
Enhanced Services for Testing Private Wells

Many rural residents rely on a private well for clean drinking water. Region of Waterloo Public Health encourages private well water owners to test their water three times a year to ensure the water is safe to drink. In the summer of 2013, several activities were undertaken to make private well water testing easier and more convenient for rural residents.

Private well water testing is a free service. To make testing even more accessible and convenient for rural residents, Public Health increased the water testing service in rural locations from once a month to once a week in August 2013. To increase efficiency and keep costs low, a courier company transports water bottles for testing from rural locations directly to the Public Health Lab in London, Ontario.

An email reminder service was introduced in June 2013 to remind residents to test their well water. Residents can register for the free email service on Public Health’s website by completing this form (http://bit.ly/1nL4A0j). Participants receive three emails a year as a reminder to test their water for the presence of harmful bacteria. This service will continue to be promoted throughout 2014.

Radon – Protect Your Health. Test Your Home.

Radon is a naturally occurring radioactive gas produced from the breakdown of uranium in rocks and soil. When radon is released from the ground into the outdoor air, it becomes diluted to low concentrations and is not a concern. However, in enclosed spaces (such as a home), radon can sometimes accumulate to elevated levels by entering through cracks in the foundation and other places where the house is open to the ground. Long-term exposure to high radon levels can increase the risk of lung cancer. According to a recent study by Public Health Ontario, indoor exposure to radon is estimated to cause approximately 16 per cent of lung cancers in Canada. This risk is further increased among smokers and those exposed to second-hand smoke. For example, Health Canada states that if you are a lifelong smoker but are not exposed to radon, your risk of getting lung cancer is one in ten, but if you are also exposed to radon, your risk becomes one in three.

In 2013, Region of Waterloo Public Health ran a Radon Health Promotion Initiative to: increase public knowledge about radon and its associated health risk, encourage radon testing, and promote radon mitigation as needed. Radon health promotion activities were carried out using a variety of methods including: presentations to different community groups, tweets, Facebook posts and advertising, various newsletters, program reports, website updates, and information booklets.
Getting Employees to Move More...Sit Less™ in Today’s Work Environment

Over the last few decades, the amount of time adults spend sitting has increased due to changes at work, at home and during travel. Only 15 per cent of Canadian adults achieve the recommended 150 minutes of moderate- to vigorous-intensity physical activity each week. In addition, Canadian adults spend about 69 per cent of time awake in activities that involve sitting – approximately 9.7 hours per day. It is not uncommon to sit more on workdays than days off. Sitting at work has been estimated to account for up to one-half of total time spent sitting. While physical activity has many physical and mental health benefits, these can be cancelled out by spending long periods of time sitting. Due to the amount of time adults spend at work, employers have an important role to help employees Move More...Sit Less™.

Through its Project Health initiative, Region of Waterloo Public Health supports workplaces to get employees moving more and sitting less through a combination of strategies to:

· Raise awareness – Providing reminders to get up and be active, hosting health fairs and other events, etc.
· Build skills – Organizing physical activity challenges and walking programs, helping employees set goals and create activity plans, etc.
· Create a supportive environment – Providing space to be active, encouraging walking meetings, providing bike parking, etc.
· Adopt healthier policies – Allowing time for physical activity, supporting active transportation, revising existing policies to decrease barriers for being active.

Building a Healthier Food System in Waterloo Region

In 2013, Public Health published a summary of progress toward a healthy food system in Waterloo Region. The Health of the Waterloo Region’s Food System: An Update provides a “bird’s eye view” of progress achieved since 2005. It is full of useful information of interest to local governments, businesses in the food and agriculture sector, community organizations, and individual residents. It spans a wide range of achievements and acts as a valuable reference for all those in Waterloo Region, both newcomers to food systems issues and long time supporters, who wish to work towards a healthy community food system.

The update documents research, projects, and organizations that are working toward:

· Having more processing and distribution of local food;
· Giving people more knowledge and control over food in our communities;
· Working for food policy at local, provincial, and national levels;
· Encouraging and supporting people who want to grow food in cities;
· Keeping farmers farming; and
· Making sure everyone has enough nutritious food.

For more information:
Call: 519-575-4400 or Visit: www.projecthealth.ca

Read the full report at:
http://bit.ly/1oDD5qV

Read the summary of the report at:
Ontario Public Health Sector Plan Goal #5

STRENGTHENING the public health sector’s capacity, infrastructure and emergency preparedness

Building a Public Health Workforce for the Future

In 2013:

- Region of Waterloo Public Health placed 33 students in learning opportunities with our staff
- Public Health students contributed over 9,000 hours to the important work we do
- Public Health students acted in many capacities, including: nursing, planning, dietetics, midwifery, health inspection, social work and data analysis

We have built a strong student preceptor program over the years and our program continues to grow! More than 24 staff contributed to the learning and growth of these students in 2013, and we are currently evaluating the program to see what new opportunities exist for improving our program and carrying this momentum forward into 2014!

For more information visit:
http://bit.ly/1jfF8Mo

Working with the Local Health Integration Network

In February 2013, the Local Health Integration Network (LHIN) for Waterloo Wellington decided to focus some attention on hospitalization rates related to falls. It was determined that St. Joseph’s Lifecare Centre in Guelph would take the lead in establishing a Steering Committee to take a look at the issue and develop an action plan. Region of Waterloo Public Health was invited to participate in the Steering Committee along with long-term care providers, EMS, homecare providers, and members of the Waterloo Wellington Frail and Elderly committee. By the end of March, after hosting a series of planning meetings, a work plan was submitted to the LHIN for consideration.

Key to public health’s participation on the Steering Committee was the education we were able to provide regarding defining prevention. Many committee members were focussed on prevention once an incident had occurred or when significant risk for falls had been identified. However, Public Health’s approach of “primary prevention” was new to this group. We shared our focus on preventing falls before people are identified as at risk by focussing on maintaining good levels of physical activity and a healthy weight for people of all ages and particularly those who are considered to be middle aged. The focus on primary prevention resulted in the development of a self-screening tool that people of all ages can use to identify their risk of falls. It is anticipated that the screening tool will be available in mid-2014.

For more information visit:
http://bit.ly/1jfF8Mo
Public Health Core Competencies:
Skills and Knowledge to Serve our Community

Core competencies deal with how staff deliver services to our community. They are a set of essential skills, knowledge and attitudes necessary for the practice of public health. They go beyond disciplines, programs and topics and provide the building blocks for effective public health practice.

Ontario’s Public Health Sector Strategic Plan “Make No Little Plans” (2013) indicates that gaps in public health human resources are an issue for public health and that we need to identify core competencies for all disciplines. In addition, the National Advisory Committee on SARS and Public Health told us that all health units in Ontario should be fully staffed with enough people and the right mix of people and competencies.

At Region of Waterloo Public Health, we are committed to a highly competent public health workforce. In 2013, we completed a Plan for Nursing Practice that includes a focus on Nursing Competencies and professional development activities while promoting a quality practice environment. Work is also underway with other public health staff and managers to increase awareness and use of the core competencies required to deliver excellent service.

Public health core competencies cover areas such as:

- Public Health Sciences
- Assessment and Analysis
- Policy and Program Planning, Implementation and Evaluation
- Partnerships, Collaboration and Advocacy
- Diversity and Inclusiveness
- Communication
- Leadership

By integrating core competencies, we contribute to building a competent public health workforce and improving client satisfaction, public trust and confidence.

For more information:
Visit the Public Health Agency of Canada website at: www.publichealth.gc.ca.
Ontario Public Health Sector Plan Goal #5

STRENGTHENING the public health sector’s capacity, infrastructure and emergency preparedness

Social Determinants of Health and Harm Reduction Work

The Social Determinants of Health are broad factors that impact both individual and population health. The WHO (World Health Organization) broadly defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” World Health Organization, 1948

The social determinants of health contribute to an individual’s likelihood of misusing drugs, being at risk for a sexually transmitted infection or for an unplanned pregnancy. The conditions in which people are born, grow, live and age very much affect their risk of vulnerability to decisions related to their sexual health and misuse of substances. Problematic substance use continues to be a significant issue for many communities, including Waterloo Region. Waterloo Region is now moving forward with their integrated drugs strategy, which has 99 recommendations that are specific to reducing problematic substance use and its consequences. The Region of Waterloo Public Health has taken a lead role in harm reduction by bringing together community partners and involving people with lived experience to form a Harm Reduction Coordinating Committee. Using the drug strategy as its guide, this committee has worked over the past year to develop an action plan to address harm reduction strategies. The committee is now forming three working groups that will focus on its key priorities and develop an action plan for Waterloo Region.

Harm reduction programming provides policies and services that engage substance users with information and tools to help them stay safe and healthy. People who use opioids can be at risk of an accidental overdose and death. “Each year in Ontario, between 300 and 400 people die from overdose involving opioids.” Ontario Public Drug Programs Division: Notice from the Executive Officer, February 17, 2012. Region of Waterloo Public Health will be launching a Naloxone Program in the spring of 2014. Naloxone is a prescription medication that has the ability to reverse the effects of an opioid overdose. Deaths due to opioids can be prevented with education, awareness and access to naloxone.

To read the “Waterloo Region Integrated Drugs Strategy” visit:
http://bit.ly/1igpVuk
Emergency Preparedness: Power Outages, Food Safety and How Public Health is “Ready” to Help the Community in an Emergency

A power outage within the community can create food safety issues.

Public Health is ready to help the community in the event of a power outage by providing the knowledge and support necessary to keep food safe and minimize the risk of food borne illness.

Perishable foods can spoil in a couple of hours without refrigeration so it is very important to handle food safely during a power failure.

**Frozen Food**
- A full freezer will keep food frozen for up to two days, while a half full freezer will keep food frozen for about one day
- Keep the freezer door closed as much as possible to maintain the cold temperature
- If food has thawed and remained at room temperature for more than two hours, throw it out
- Throw away any food that has a strange odour or colour
- Refreeze food only if it still contains ice crystals

**Refrigerated Food**
- A refrigerator will keep food cool for four to six hours depending on the kitchen air temperature
- Securely wrapped raw meat should be placed in the coldest part of the refrigerator
- If possible, place ice in the refrigerator to help keep it cool
- Discard any food that has been at room temperature for two hours or more.
- Throw out any food with a strange colour or odour
Emergency Medical Services Response Time Performance Plan

Under regulations, Region of Waterloo Emergency Medical Services (EMS) is responsible for the development of a patient focused Response Time Performance Plan (RTPP). This plan measures emergency and non-emergency response times to all 911 calls, including for sudden cardiac arrest.

The RTPP is reviewed on a yearly basis and Regional Council approves the RTPP to be submitted to the Ministry of Health and Long Term Care (MOHLTC) prior to October 31st yearly.

The RTPP for 2014 was approved by Council to remain the same as 2013 until such time as more data was available to alter the plan should it be required.

Region of Waterloo Emergency Medical Services Statistics:

<table>
<thead>
<tr>
<th>Annual Services Statistics</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requests for service</td>
<td>34,659</td>
</tr>
<tr>
<td>Full-time/part-time</td>
<td>182</td>
</tr>
<tr>
<td>Administrative and</td>
<td>14</td>
</tr>
<tr>
<td>Management staff</td>
<td></td>
</tr>
<tr>
<td>Fleet and logistics staff</td>
<td>11</td>
</tr>
</tbody>
</table>
The results of the Region of Waterloo EMS RTPP for the past year were:

### Response Time Targets

<table>
<thead>
<tr>
<th>Type of Call</th>
<th>EMS Notified (T2) to Arrive Scene (T4)</th>
<th>Approved 2013 ROW Target</th>
<th>Compliance to the Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden Cardiac Arrest</td>
<td>Defibrillator Response in 6 minutes or less (Set by MOHLTC)</td>
<td>50% or better (EMS Only)</td>
<td>215</td>
</tr>
<tr>
<td>CTAS* 1 Resuscitation</td>
<td>EMS Response in 8 minutes or less (Set by MOHLTC)</td>
<td>70% or better</td>
<td>381</td>
</tr>
<tr>
<td>CTAS* 2 Emergent</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>4,138</td>
</tr>
<tr>
<td>CTAS* 3 Urgent</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>11,583</td>
</tr>
<tr>
<td>CTAS* 4 Less urgent</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>5,432</td>
</tr>
<tr>
<td>CTAS* 5 Non urgent</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>1,556</td>
</tr>
</tbody>
</table>

Overall, Region of Waterloo EMS is performing well with regard to response times, with trends moving in a positive direction.

Region of Waterloo EMS strives to provide Excellence in Patient Care, while remaining responsive and cost efficient for the residents of and visitors to the Region of Waterloo.

*CTAS = Canadian Triage Acuity Scale*
2013 Operating Budgets

- Cost shared mandatory programs .................. $28,245,154
- Emergency Medical Services ...................... $21,827,581
- Healthy Babies Healthy Children ................... $2,864,743
- Healthy Smiles Ontario .......................... $829,339
- Infectious Disease Prevention and Control .... $710,882
- Tobacco programs ................................. $506,628
- Vector Borne Diseases ............................. $384,511
- Other ............................................. $1,060,642

Total Budget ........................................ $56,592,349

2013 Sources of Funding

- Provincial funding ................................. $37,209,613
- Regional tax levy ................................. $18,359,712
- Fees and charges ................................. $629,838
- Other sources of funding ...................... $393,186

Total Funding ...................................... $56,592,349
Ontario Public Health Sector Plan Goal #1

Optimize healthy human development

340 Families with an early breastfeeding contact through the Cambridge Post-Birth Clinic

6,479 Families screened with a Healthy Babies Healthy Children Screen/Larson/Parkyn at prenatal, postpartum and early childhood stages

395 Families confirmed with risk through an In-Depth Assessment for Healthy Babies Healthy Children

4,320 Healthy Babies Healthy Children home visits conducted by Public Health Staff

907 Calls to the Healthy Children Info Line (Jan–Jun)

30 Community partner organizations participating in Child Health Fairs (average of 22 at each fair)

213 Children screened for growth and development milestones at six Child Health Fairs

67 Preparing for Parenthood sessions attendees

220 Multicultural Prenatal Health Fair attendees

63 Group interactions at Ontario Early Years Centres as part of the One Stop service

Children screened (dental) in Waterloo Region (Sept. 2012 – June 2013)

23,228 Elementary schools

92 Secondary schools

366 Region of Waterloo Public Health dental clinic (total)

Percentage of children screened in need of urgent dental care (Sept. 2012 – June 2013)

7% Elementary schools

20% Secondary schools

64% Region of Waterloo Public Health dental clinic (total)

Ontario Public Health Sector Plan Goal #2

Improve the prevention and control of infectious diseases

24 Weekly Local Influenza Surveillance Bulletins

6,726 Visits to sexual health clinics

2,557 HIV (human immunodeficiency virus) tests conducted

363,451 Needles distributed through Waterloo Region’s needle exchange program

2,075 Confirmed non-enteric infectious disease cases (including influenza cases from 2012–2013 season)

9 Confirmed active tuberculosis cases (37 investigated)

1,310 Visits to the tuberculosis skin test clinic (for testing)
## Ontario Public Health Sector Plan Goal #3

**Improve health by reducing preventable diseases and injuries**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,273</td>
<td>Food handler training certificates issued</td>
</tr>
<tr>
<td>6,187</td>
<td>Routine inspections and re-inspections of food premises</td>
</tr>
<tr>
<td>24</td>
<td>Charges laid on food premises</td>
</tr>
<tr>
<td>145</td>
<td>Occurrences where food products were seized and destroyed</td>
</tr>
<tr>
<td>1,167</td>
<td>Weight of total food products seized and destroyed from food premises (in kg)</td>
</tr>
<tr>
<td>206,343</td>
<td>Web Hits by the public to the Food Premises Inspection Disclosure Website</td>
</tr>
<tr>
<td>693</td>
<td>Premises reached out to during food recalls</td>
</tr>
<tr>
<td>720</td>
<td>Routine inspections and re-inspections of recreational water premises (pools, wading pools, splash pads, water slide receiving basins, spas and whirlpools)</td>
</tr>
<tr>
<td>723</td>
<td>Routine inspections and re-inspections of personal service settings</td>
</tr>
<tr>
<td>1,015</td>
<td>Rabies investigations</td>
</tr>
<tr>
<td>145,018</td>
<td>Sites treated (catch basins, natural sites, and storm water management ponds) to prevent vector-borne diseases</td>
</tr>
<tr>
<td>401</td>
<td>Confirmed enteric communicable disease cases (Food-borne, water-borne and parasitic diseases)</td>
</tr>
<tr>
<td>13</td>
<td>Confirmed vector-borne and zoonotic disease cases</td>
</tr>
<tr>
<td>79</td>
<td>Institutional, child care centre and community outbreaks</td>
</tr>
<tr>
<td>9</td>
<td>Secondary school students charged with smoking on school property</td>
</tr>
<tr>
<td>99%</td>
<td>Tobacco retailers compliant with the Smoke Free Ontario Act</td>
</tr>
<tr>
<td>1</td>
<td>Individual charged with smoking in enclosed workplaces</td>
</tr>
<tr>
<td>188</td>
<td>Smoke Free inspections and enforcement checks conducted in bars, restaurants and night clubs</td>
</tr>
<tr>
<td>1,854</td>
<td>Tobacco inspections including routine inspections of workplaces/public places and tobacco vendors</td>
</tr>
<tr>
<td>241</td>
<td>Responses to health hazard concerns from the public</td>
</tr>
<tr>
<td>7</td>
<td>Boil Water Advisories and Drinking Water Advisories (non-municipal) issued</td>
</tr>
<tr>
<td>2,652</td>
<td>Calls to the Health Protection and Investigation Intake Line</td>
</tr>
</tbody>
</table>
Ontario Public Health Sector Plan Goal #4

Promote healthy environments – both natural and built

2 Public spaces built/renovated to incorporate shade principles (with support from ROWPH)
8 Municipalities worked with Public Health to further develop a Municipal Alcohol Policy
180 Pedometer Kit loans through Waterloo Region Walks’ and Kitchener Public Library’s Pedometer Lending Program pilot.
2 Community track walks and speaker sessions on the health benefits of walking
7 Community presentations on Low Risk Alcohol Drinking Guidelines
1580 Community Garden Plots at 63 gardens across Waterloo Region
24,000 Visitors to the Food System Roundtable website
89 Blog posts by healthy food system advocates on current food issues
$41,600 in funds secured from external sources for healthy food system research and advocacy projects
over 3,800 People reached by Community Nutrition Workers and Peer Health Workers (46 % people on low income, 77 % parents with young children)
1,747 Sessions run by peer workers
88 “Cessation-related” calls on the Tobacco Information Line (TIL)
39 Consultations with Health Care Professionals on the integration of tobacco cessation into their practice and organizational systems
399 Health Care Professionals trained in tobacco cessation
456 Workplace Health Intermediaries (representing 220 workplaces) are active members of Project Health. The potential reach is 60,000 employees (20% of Waterloo Region’s workforce).
289 participants attended Project Health “lunch and learn” sessions about various health topics (16 “lunch and learn” sessions total)
3,392 visits to projecthealth.ca by 2,281 unique visitors (total of 13,132 pageviews)

Ontario Public Health Sector Plan Goal #5

Strengthen the public health sector’s capacity, infrastructure and emergency preparedness

34,659 EMS Patient contacts
90% Emergency calls (code 4) reached within 11 minutes, 8 seconds or less from time of ambulance dispatch
26 Ambulances and Response Vehicles operated from 10 stations
360 Public Access Defibrillators provided (with Heart and Stroke Foundation assistance) at public facilities
64 Public relations events in which EMS participated