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

That a closed meeting of the Community Services Committee be held on Tuesday, September 9, 2014 at 9:00 a.m. in the Waterloo County Room in accordance with Section 239 of the “Municipal Act, 2001”, for the purposes of considering the following subject matters:

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

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

c) personal matters about identifiable individuals

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

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

4. **Delegations**

   a) Catherine Stewart Savage, re: Memo: Out of the Cold Update (Available at Meeting)
Consent Agenda Items

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

5. Request to Remove Items From Consent Agenda

6. Motion to Approve Items or Receive for Information

   a) **CR-FM-14-016/SS-14-043**, Elmira Children’s Centre Redevelopment Project (Approval)

   b) **SS-14-044**, Children’s Planning Table Funding Grant from LS Hallman Foundation (Approval)

   c) **SS-14-046**, OneList Waterloo Region Update (Approval)

   d) **PH-14-036**, Emergency Medical Services (EMS) Performance Measurement Quarterly Report – April to June 2014 (Information)

   e) **PH-14-037**, Infectious Diseases in Waterloo Region: Surveillance Report 2013 (Information)

   f) **PH-14-038**, Sexual Health and Harm Reduction Program Report: 2011-2013 (Information)

   g) Memo: Housing First Training and Technical Assistance Update

   h) Memo: 2014 Ontario Works Service Plan Addendum

   i) Memo: Burial Costs

   j) Memo: Hate Crime RAP Sheet

   k) Memo: Fear of Crime in Waterloo Region and Beyond: Crime Prevention and Social Capital Re-Examined

7. Regular Agenda Resumes

7. Reports – Social Services

   a) **SS-14-045**, New Funding Approach for Licensed Early Learning and Child Care Operators (Presentation)
Reports – Planning, Housing and Community Services

b) P-14-092, Affordable Housing Strategy – Expression of Interest 2014-03 Recommended Priority Project

c) P-14-093, Extension of the Investment in Affordable Housing for Ontario Program

8. Information/Correspondence

a) Council Enquiries and Requests for Information Tracking List

9. Other Business

10. Next Meeting – September 30, 2014

11. Adjourn
Region of Waterloo
Social Services Department
Children’s Services
Corporate Resources Department
Facilities Management and Fleet Services

To: Chair Sean Strickland and Members of the Community Services Committee
Date: September 9, 2014
File Code: S04-20
Subject: Elmira Children’s Centre Redevelopment Project

Recommendation:
That the Regional Municipality of Waterloo enter into an agreement with the Waterloo Region District School Board (WRDSB) for the construction of a new Elmira Children’s Centre and Child and Family Centre co-located with and constructed concurrently with the new Riverside Public School in Elmira, as detailed in Report CR-FM-14-016/SS-14-043 on terms and conditions satisfactory to the Chief Financial Officer and the Regional Solicitor;

And that the Regional Municipality of Waterloo enter into an agreement with the Waterloo Region District School Board (WRDSB) for the long term occupation, use, operation and maintenance of the facility, as detailed in Report CR-FM-14-016/SS-14-043, on terms and conditions satisfactory to the Chief Financial Officer and the Regional Solicitor;

And further that the Commissioner of Social Services and Regional Solicitor be authorized to execute the agreements on behalf of the Regional Municipality of Waterloo as outlined in report CR-FM-14-016/SS-14-043, dated September 9, 2014.

Summary:
Reconstruction of the Elmira Children’s Centre was approved by Regional Council in 2011 to expand operating capacity, and provide a broader range of early learning and
child care services. Since that time, staff have been seeking opportunities for co-location with an elementary school in Elmira, consistent with Provincial direction in the ‘Modernization of Child Care’ document, which identifies co-location of child care and schools as a vital element in supporting a continuum of early learning and care for children and their families.

Earlier this year, the Waterloo Region District School Board (WRDSB) indicated that they were actively seeking a child care centre partnership for the new Riverside Public School scheduled to open in Elmira in September 2016 in accordance with WRDSB and Ministry of Education guidelines for facility partnerships. The opportunity to reconstruct the Elmira Children’s Centre as an integral part of a new school project provides a number of significant operational and cost savings advantages that far outweigh any of the other options available in Elmira. Region staff have been working closely with both WRDSB and Township staff to develop the framework for this partnership opportunity.

This report provides an update on the process to date and presents a summary of the two agreements that will be negotiated with WRDSB for the new facility on the site of the Riverside Public School. This project will expand the working relationships between WRDSB and the Region of Waterloo and provide greater opportunity to provide experiences for families and children in a shared facility.

Report:

1.0 Background

Elmira Children’s Centre is one of the five centres directly operated by the Region. It was originally constructed in 1976 and is approaching the end of its asset lifecycle. The building is situated adjacent to sports fields operated by the Township of Woolwich and a senior Public School located at the front of the property. The Children’s Centre is currently a stand alone facility providing early learning and care for 32 children between 18 months of age and 4 years. It is the only purpose built licensed child care centre in Elmira and surrounding area that serves children under the age of four. The centre operates at full licensed capacity and has a waiting list for children under the age of 24 months.

Reconstruction of the Elmira Children’s Centre was approved by Regional Council during the budget process in 2011. The budget issue paper identifies expansion of the enrollment in the program to accommodate more children and younger age groupings. The new centre will have an expanded capacity to accommodate up to 64 children in the licensed child space and will also provide space for other community partners to provide programs and services to families consistent with the Provincial direction of Child & Family Centres. The potential implications for operating costs are referenced in the financial implications section of this report. The capital project provides for the construction of a new building totalling approximately 11,000 square feet.
2.0 Co-Location Opportunity – New Riverside Public School

As outlined in report SS-12-034/CR-FM-12-017 dated September 11, 2012, a number of options were explored with the co-location with an elementary school emerging as the preferred model. The options explored ranged from renovation and expansion of current facility, demolition and reconstruction on the site, relocation to a new site and co-location with an elementary school.

Since that time, staff have been seeking opportunities for co-location with an elementary school in Elmira. This approach is consistent with Provincial direction in the ‘Modernization of Child Care’ document, which identifies co-location of child care and schools as a vital element in supporting a continuum of early learning and care for children and their families.

In 2014 Provincial capital approval was provided by the Ministry of Education to WRDSB for the reconstruction of Riverside Public School in Elmira. This new school will be constructed in the Lunar subdivision with an anticipated completion date of September, 2016. The WRDSB have included child care space in all new elementary schools since 2004 and were looking for a partnership for this new school in accordance with Provincial and WRDSB guidelines for facility partnerships.

The preferred approach of the WRDSB is to integrate new child care space directly into the school to create a virtually seamless learning environment. This approach also supports the long term viability of a child care centre which relies on a steady enrollment of young children to meet operating costs. It firmly establishes the strong connection between child care and education and access to services for families. Co-location also provides some advantages in terms of ongoing partnerships with education for a range of Early Years services for families that will be accommodated within the proposed Child & Family Centre. The long term Provincial vision is to establish a broad continuum of services for children and families in one location.

In addition to the operational benefits of co-location, staff also expect that the Region will leverage WRDSB’s economies of scale, simple modular construction, shared building infrastructure and common spaces, architectural design team, and apportionment of site works to realize savings in the overall project cost.

Co-locating with this new school would allow for the child care centre, child and family centre and elementary school to be constructed as a single building owned by WRDSB with the Region paying the capital costs of the child care space and establishing a long-term lease agreement for the operating costs of the space. The 2016 completion target is aggressive, but aligns well with the Region’s need to move the Elmira Child Care Centre Reconstruction project forward as soon as possible to meet the community needs. This will require the Region to immediately establish agreements with WRDSB for both construction and ongoing operations to ensure both interests are represented.
and protected.

3.0 Existing Elmira Children’s Centre

Staff have also looked at the most appropriate use of the existing site and are currently in discussion with staff from Woolwich Township for conversion to sports fields. The larger building footprint required for co-location of the new Child Care Centre on the Riverside Public School site will put additional pressure on sports fields originally planned for the park adjacent to that site. Conversion of the Region’s current Child Care Centre site to sports fields would offset that pressure to ensure sufficient playground space on the new site and adjacent parkland.

4.0 Agreement with Waterloo Region District School Board

Co-location provides many benefits for both the WRDSB and the Region of Waterloo; most notably, shared construction, property management & operating costs along with proximity and infrastructure use of the new subdivision. WRDSB also allows partnered providers use of school amenities i.e. gymnasium, dedicated shared classrooms and outdoor recreational areas by utilizing the WRSDB booking system.

Agreements between the WRDSB and Region of Waterloo need to be completed to formalize this “facility partnership.” Two agreements are proposed: one agreement to address roles and responsibilities of each party in the design and construction of the Child Care Centre and community space, and a second agreement for the long term occupation and use of the Child Care Centre and community space and the use of other school amenities. WRDSB staff have provided Region staff with their template for an Operational Agreement that has been used with other Child Care facilities. There are significant differences between this project and the other examples in that the Region will be paying the costs of construction up front as opposed to reimbursement of those costs over the term of the agreement. As a result, Region and WRDSB staff agree that separate agreements to address construction of the facility and the long term use and occupation is the best approach.

The facility construction agreement will address matters such as: the inclusion of 11,000 square feet of space in the school building design, the incorporation of the Region’s design standards for the Child Care Centre and community space, the Region’s responsibility for costs to construct to Regional standards and specifications that exceed WRDSB standards and specifications for classrooms, the roles and responsibilities of Region staff on the project team; identification of outdoor space such as parking and play areas required in connection with the Child Care Centre, and a payment schedule for the Region’s share of costs. The facility occupation and use agreement will provide for the Region’s possession and occupation of the Child Care Centre and community space for an initial term of 25 years and an option to renew for an additional term of 24 years, nominal annual rent, maintenance fee to pay for the
operational and maintenance costs of the Region’s space, roles and responsibilities in relation to shared spaces, provisions for partial refund of construction costs in the event of early termination during the initial term, the Region’s right to assign the rights of occupation or sublet to another child care provider.

WRDSB staff, have indicated that the Ministry of Education is supportive of the proposed partnership with the Region. Board staff report that the Ministry confirmed that this is the type of collaboration they have been encouraging and were supportive of the proposed approach. WRDSB staff are continuing to provide their Trustees with updates on progress towards finalizing the agreements. The Riverside project schedule slates construction to be completed for use in September, 2016; which in turn, will expedite the negotiation and finalization of the agreements over the next month.

5.0 Children’s Centre Design Standards and Construction

Currently, the WRDSB has released a Request for Proposals (RFP) for architects for the new Riverside Public School project. This RFP includes the possibility that the project scope may include a Childcare Centre. It has been agreed that Regional staff will actively participate on the WRDSB project team (design through construction) to ensure the needs of Regional Children’s Services are met and Regional standards are incorporated into the design of the attached centre. A number of tours have taken place at WRDSB, Region of Waterloo and third party facilities providing background on how the WRDSB designs and builds the childcare spaces compared to Regional Childcare facilities & standards. These tours have also provided valuable information on existing community hub spaces local to the Region for use in the design of the shared facility.

Using the knowledge gained from the construction of Kinsmen Children’s Centre (2004), Cambridge Children’s Centre (1991/2008) and Christopher Children’s Centre (2010) staff have compiled a more comprehensive set of design standards for renovation and reconstruction of Children’s Centres. It recognizes: the way in which children move through the Centre including their access to and from outdoor play areas, the need for age appropriate storage of materials next to learning rooms, the central location for the kitchen to prepare and distribute food to various groups of children throughout the day, along with best AODA practices. This completed document will be issued to the successful consultants for the new Elmira school project and the standards will be incorporated into the Region’s portion of the building.

6.0 Children’s Centre and Child & Family Centre Project Scope

The Children’s Centre will occupy approximately 9,000 square feet of the new school building. The interior space will consist of classrooms, kitchen & laundry facilities, offices, staff lounge and will incorporate design standards required to support the HighScope Curriculum approach. The program will provide child care options for infants, toddlers and preschool children up to the age of four years. Riverside Public School
offers full day kindergarten and extended day programs for children over the age of four. The co-location approach provides for one stop access for families to access early learning and child care in one location and promotes the importance of life long learning. The expanded enrollment of the Children’s Centres to up to 64 children will address needs in the community for younger age populations, but will have implications for the 2016 budget year to address increased staffing requirements and operating costs.

The Child & Family Centre space will be a new venture for Children’s Services and would be one of the first such spaces provided in Waterloo Region. Typically families requiring services for their young children access them from a variety of locations. By designating several key services in one location it provides greater ease of access for families, allows service providers to work together in a more integrated fashion. Discussions have taken place with service providers in Elmira to gage interest in this model. A number of potential partners have been identified, in the next few months staff will enter into further conversations to determine level of interest and confirm space configuration. The space will also accommodate the needs of the Elmira Community Nursery School which currently rents space in the existing building. It is anticipated that the operational costs of this space will be addressed through rental charge backs to the agencies. Preliminary estimates indicate that between 1500-2000 square feet of purpose built space would be required along with an option to use additional space within the school during after school hours.

Corporate Strategic Plan:

This initiative aligns with the 2011-2014 Region’s Corporate Strategic Focus Area 4: Healthy and Inclusive Communities; Corporate Strategic Objective 4.5 (to) work collaboratively with the community to support the development of services for children as well as Focus Area 2: Develop, optimize and maintain infrastructure to meet current and projected needs.

Financial Implications:

The capital budget provides for an allocation of $4.67M for this project which includes construction of the Child Care Centre as well as Child & Family Centre space starting in 2014 with an anticipated completion date of September 2016. This project is to be funded by the issuance of debentures for a term of ten years and the associated debt costs will be included in the Children’s Services budget once the projects are completed. The capital budget also includes the costs of furnishings, equipment and specialized materials for the new facility. No Provincial subsidies are currently available for this project, and will be borne entirely by the property tax levy.

The expanded enrollment of the Children’s Centres of approximately 64 children will
have implications for the 2016 budget year. It is estimated that the increased annual costs will be approximately $600,000 based on a projected staffing increase of 5.0 FTE and other incremental operating costs.

**Other Department Consultations/Concurrence:**

Finance and Legal Services have been consulted on this report and will be involved on an ongoing basis with this project.

**Attachments**

Nil

**Prepared By:**  
Nancy Dickieson, Director Children’s Services  
Ellen McGaghey, Director Facilities Management

**Approved By:**  
Douglas Bartholomew-Saunders, Commissioner Social Services  
Gary Sosnoski, Commissioner, Corporate Resources
Region of Waterloo
Social Services Department
Children’s Services

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

Date: September 9, 2014

File Code: S04-20

Subject: Children’s Planning Table Funding Grant from LS Hallman Foundation

Recommendation:
That the Regional Municipality of Waterloo increase the 2014 Children’s Services budget by $95,097 gross and $0 net based on a grant received from L.S. Hallman Foundation, for the Children’s Planning Table, the remainder of which will be carried into the 2015 budget to be fully expended by August 31, 2015.

And that the Regional Municipality of Waterloo approve the addition of two FTE staff positions on a temporary basis in Children’s Services for the purposes outlined in SS-14-044, dated September 9, 2014.

Summary:
Nil.

Report:
In June 2014 a funding proposal was submitted to the L. S. Hallman Foundation for a grant to further support the work of The Children’s Planning Table. The Children’s Planning Table (CPT) is a local integrated planning body initiated by Children’s Services, Social Services and Child and Family Health, Public Health in 2011. The mandate of the CPT is to support the optimal developmental health of children pre-birth to age twelve by working towards coordinated service systems.

The Children’s Planning Table has a very broad based membership of approximately 300 professionals representing 60 community agencies. Staffing support to the work of the planning table has been provided on a part time basis by Provincial funding in the
Children’s Services budget to support community planning. In addition two grants totalling $50,000 in 2012/13 allowed for staffing resources to support the completion of a Child Well Being Data Dashboard and Parent Engagement research.

The new funding provided by the L.S. Hallman Foundation will be used to fund two temporary full time staffing positions to support the ongoing work of the planning table. The funding will support additional costs related to meetings and evaluation.

Four key outcomes are anticipated as a result of this funding:

- Review and refinement of the current governance model and development of evaluation measures to be used at key intervals
- Staffing supports in place to coordinate and facilitate meetings, implementation groups and action groups
- Development and implementation of two clearly defined actions/directions for the community
- Enhanced communication and awareness model in place

This new funding will support the work of the Children’s Planning Table and is a welcome addition to sustain and move this unique community engagement strategy forward.

**Corporate Strategic Plan:**

This report supports the 2011-2014 Region’s Strategic Focus Area 4: Healthy and Inclusive Communities; Foster healthy, safe, inclusive and caring communities; including Strategic Objective 4.6: Collaborate with the community to support the development of services for children.

**Financial Implications:**

The budgeted expenditures of $250,000 are offset by a $250,000 grant from the L.S. Hallman Foundation. The one-time grant allocation will be partially expended in 2014 with the remaining portion to be fully expended by August 31, 2015. The funding provided is to be used solely for staff and ancillary costs related to the Children’s Planning Table. It is possible that this funding could be extended for an additional two years.
<table>
<thead>
<tr>
<th>Expenditures</th>
<th>2014</th>
<th>2015</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing</td>
<td>$95,097</td>
<td>$154,902</td>
<td>$250,000</td>
</tr>
<tr>
<td>Foundation Funding</td>
<td>$95,057</td>
<td>$154,902</td>
<td>$250,000</td>
</tr>
<tr>
<td>Tax Levy Impact</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Other Department Consultations/Concurrence:**

The assistance of Finance is required to administer the funding allocation and provide reporting on the use of the funds at the expiry of the grant.

**Attachments:**

Nil

**Prepared By: Nancy Dickieson**, Director Children’s Services

**Approved By: Douglas Bartholomew-Saunders**, Commissioner Social Services
Region of Waterloo
Social Services
Children’s Services

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

Date: September 9, 2014

File Code: S04-20

Subject: OneList Waterloo Region Update

Recommendation:

That the Regional Municipality continue their agreement with RBB Innovations for the delivery of OneList Waterloo Region at an annual cost of $68,505.

And further that the Regional Municipality enter into an additional agreement with RBB Innovations for the development of a child care manager module for the directly operated Children’s Centres and Home Child Care Program at the discretion of the Commissioner, Social Services not to exceed a total cost of $18,600 as outlined in report SS-14-047, dated September 9, 2014.

Summary:

Nil.

Report:

This report provides an update on the activities of OneList Waterloo Region, (www.OneListWaterlooRegion.ca) an on-line centralized registration and waitlist management system that provides a single point for parents to register for all licensed early learning and child care programs and before and after school care program through the local school boards. Parents searching for care can add their names to multiple waitlists in one simple process. The website provides a variety of search options ranging from geographic location, types of programs, hours of care and includes a direct link to the online fee subsidy application.

OneList was introduced to the school boards in January 2013 and was launched in the
licensed early learning and child care community in July 2013. Since that time, there have been over 13,500 applications representing 3950 children. All programs with a purchase of service agreement are on the system including the Region’s Home Child Care program. In the past year, 12 in-person or webinar training sessions have been offered to operators who administer the system and to community professionals who support parents to access OneList. OneList has been widely promoted in the community through the Region’s Facebook and Twitter accounts as well as advertised on Kijiji and in the New Parent Resource Guide. Over 6000 rack cards and 300 posters have been distributed to Early Learning and Child Care (ELCC) programs and community agencies.

OneList offers many benefits for parents and operators. In one simple process, parents looking for care can register their children on several waitlists at the same time, eliminating the need to contact multiple centres or complete multiple applications. As part of the process, parents can complete an on-line fee subsidy application for both licensed ELCC programs and before and after school programs operated by the school boards. ELCC operators are provided with an effective tool to manage their waitlists and plan for future service demands. Open spaces can be filled much quicker which assists with the ongoing viability of the program.

The Region as the CMSM is able to monitor utilization of spaces, analyze community demand, generate statistical reports and better plan for service system management. A major benefit of the system is that it provides an unduplicated list of all waiting child care registrations in the community, something that has not existed in the past. The use of the OneList system is rapidly growing across the province, with 12 municipalities currently partnered with RBB Innovations to offer a similar system and 2 more to be added by year end. Parents moving from one community to another are now able to access a familiar child care registration system. A full evaluation of OneList Waterloo Region is currently underway with both parents and ELCC operators through on-line surveys.

Future plans for OneList include the addition of a Special Needs Referral component and the purchase of the Child Care Manager Module for the Region’s Home Child Care and directly operated Children’s Centres. This module integrates with OneList and provides an electronic way to process applications submitted through the system. The integrated customizable module maintains each child’s schedule, attendance records and provides access to prescribed medications, allergies, and other information such as serious occurrences. Aligning all of these functions into one data source helps to streamline administrative processes.
Corporate Strategic Plan:

This report supports the 2011-2014 Region’s Strategic Focus Area 4: Health and Inclusive Communities; Foster healthy, safe, inclusive and caring communities; including Strategic Objective 4.6: Collaborate with the community to support the development of services for children.

Financial Implications:

Funding to support the annual costs of OneList Waterloo Region is provided through 100% Provincial funding. The costs associated with implementing the child care managers module for both Home Child Care and the Children’s Centres is incorporated in the 2014 Children’s Services operating budget.

Other Department Consultations/Concurrence:

The assistance of Finance and Information Technology have been required to support successful implementation.

Attachments

Nil

Prepared By: Judi Neufeld, Manager Early Learning & Quality Initiatives
Nancy Dickieson, Director, Children’s Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Social Services
Region of Waterloo

Public Health

Emergency Medical Services (EMS)

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

Date: September 9, 2014

File Code: P05-80

Subject: Emergency Medical Services (EMS) Performance Measurement Quarterly Report – April to June 2014

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 this quarter regarding EMS service response time to emergency calls by population density (rural, suburban, urban). Some highlights for the months of April – June 2014 include:

Volume and Service Level

- EMS experienced its busiest quarter ever with 9,088 calls, and is on-pace to have its busiest year ever with nearly 37,000 expected calls by year’s end.
- The rate of calls per 1,000 was up relative to Q2-2013, outpacing population growth, and was likely influenced by an aging population.

Compliance and Quality Assurance

- EMS Service Response Time to Emergency Calls (Code 4) remains slightly above the 90th percentile’s for the same time period last year.
- The persistence of the trend is likely due to improved weather, 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.
- EMS has begun monitoring response parameters observed from urban, suburban and rural perspectives.

Efficiency Indicators
- Across the quarter, Offload Delay losses have trended down.
- Offload Delay losses remain above 2013 values, but significantly below previous years’ values for the same time period.
- 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 83% of the time while non-patient transports such as patient refusal, 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 Q2-2013, outpacing population growth, and was likely influenced by an aging population.
- EMS experienced its busiest quarter ever with 9,088 calls and is on-pace to have
its busiest year ever with nearly 37,000 expected by year’s end.

- Unit Hour Utilization (UHU) tends to increase beginning around 4am, peaking between 10am and 12pm, before gradually decreasing the rest of the day. 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.
- One 12-hour ambulance was added in July in each of 2011, 2012 and 2013.

Compliance and Quality Assurance

- The historical Ministry performance benchmark for a Code 4 90\textsuperscript{th} percentile response time of 10 minutes 30 seconds, in the Region of Waterloo is no longer in effect. ROW EMS continues to track the Code 4 90\textsuperscript{th} percentile response time for the purpose of monitoring trends over time, only.
- EMS Service Response Time to Emergency Calls (Code 4) remains slightly above the 90th percentile’s for the same time period last year.
- The persistence of the trend is likely due to improved weather, 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.
- Chute time adherence remained above the historical average for the quarter as Region of Waterloo EMS continues work to improve compliance on this metric.
- EMS has begun monitoring response parameters observed from urban, suburban and rural perspectives, aligning with the Response Time Performance Plan, 80\textsuperscript{th} percentile response time.
- It is reasonable to expect a response time gradient across urban, suburban and rural calls due to distances travelled. 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.
- One 12-hour ambulance was added in July in each of 2011, 2012 and 2013.

Efficiency

- Across the quarter, Offload Delay losses have trended down.
- Offload Delay losses remain above 2013 values, but significantly below previous years’ values for the same time period. 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.
- Overall EMS is in a much more stable situation and better poised to deal with Offload delay issues in 2014 compared to 2013.
- Due to staffing and resource issues at the CACC, updated Code Yellow and Code Red indicator data were not available at the time of reporting. Updated data will be reported as it becomes available in future quarterly reports.

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 finishing slightly above the historical average.
• As any Return of Spontaneous Circulation (ROSC) is deemed positive, results for ROSC continued to show improvement from the historical average, 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 much lower than the historical average of providing care in less 90 minutes 77% 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


The detailed report is available online at the following link:


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

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

A. Volume and Service Level Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Quarter</th>
<th>Year-To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Calls*</td>
<td>9,088</td>
<td>17,817</td>
</tr>
<tr>
<td>Rate of Calls per 1,000 population*</td>
<td>66.1</td>
<td>65.1</td>
</tr>
</tbody>
</table>

B. Compliance and Quality Assurance Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Quarter</th>
<th>Year-To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS Service Response Time to Emergency (Code 4) calls*</td>
<td>11min 12sec</td>
<td>11min 44sec</td>
</tr>
<tr>
<td>EMS Service Warning System Use</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Chute Time Adherence</td>
<td>93.5%</td>
<td>92.4%</td>
</tr>
</tbody>
</table>

Summary by Municipality

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Response Time Year-to-Date</th>
<th>Total Call Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Quarter</td>
<td>Year-To-Date</td>
</tr>
<tr>
<td>Cambridge</td>
<td>11min 42sec</td>
<td>2,374</td>
</tr>
<tr>
<td>Kitchener</td>
<td>10min 35sec</td>
<td>4,391</td>
</tr>
<tr>
<td>Waterloo</td>
<td>10min 19sec</td>
<td>1,544</td>
</tr>
<tr>
<td>North Dumfries</td>
<td>16min 45sec</td>
<td>122</td>
</tr>
<tr>
<td>Wellesley</td>
<td>22min 11sec</td>
<td>59</td>
</tr>
<tr>
<td>Wilmot</td>
<td>20min 13sec</td>
<td>271</td>
</tr>
<tr>
<td>Woolwich</td>
<td>14min 58sec</td>
<td>320</td>
</tr>
<tr>
<td>Region Wide</td>
<td>11min 44sec</td>
<td>9,088</td>
</tr>
</tbody>
</table>

C. Efficiency Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Quarter</th>
<th>Year-To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offload Delay Measurement (# of 24 hour ambulance days)*</td>
<td>48.9</td>
<td>101.5</td>
</tr>
<tr>
<td>Code Yellow Status (% of total time)</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Code Red Status (% of total time)</td>
<td>Not available</td>
<td>Not available</td>
</tr>
</tbody>
</table>

D. Service and Quality Impact Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Quarter</th>
<th>Year-To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Patients to Stroke Facilities*</td>
<td>88.1%</td>
<td>86.6%</td>
</tr>
<tr>
<td>Return of Spontaneous Circulation*</td>
<td>18.0%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Heart attack (STEMI) protocol*</td>
<td>58.0%</td>
<td>72.0%</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.
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.

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.

Year-to-Date Summary based on data as of August 11, 2014 (for year to date 2014).

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.

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

Medical Office/Epidemiology & Health Analytics

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

Date: September 9, 2014

File Code: P03-80

Subject: Infectious Diseases in Waterloo Region: Surveillance Report 2013

Recommendation:

For information.

Summary:

As per Ontario’s Health Protection and Promotion Act (HPPA), a number of infectious diseases must be reported to local public health units. This report presents highlights from the monitoring of reportable infectious diseases in 2013.

Overall, rates of most reportable diseases in Waterloo Region were consistent with or lower than provincial rates, while some local rates were higher than the provincial average. Some variation occurs naturally, as disease rates are not expected to be uniform across populations.

Key trends highlighted in the report include:

- Among enteric (i.e., intestinal) diseases, campylobacteriosis and salmonellosis were the most frequently reported infectious diseases. With the exception of giardiasis, Waterloo Region rates of enteric diseases were similar or lower compared to those for all of Ontario. Travel was the main risk factor for giardiasis, accounting for the large majority of cases. Ingestion of untreated water while swimming in places such as lakes and rivers was the second most common risk factor.
The rates of vector-borne diseases remain low in the region. In 2013, there were no cases of West Nile Virus and no cases of Lyme disease which were locally acquired. Waterloo Region continues to be a low-risk area for Lyme disease.

Chlamydia is the most frequent sexually transmitted infection (STI) and the most common reportable disease. Local and provincial incidence rates appear to have stabilized in the last couple of years, and the local rate continues to be lower than that of the province.

The provincial rate of gonorrhea has been increasing in recent years, and the local rate increased between 2012 and 2013, bringing it closer to the provincial rate. Rates were highest among 20 to 24 year olds followed by 25 to 29 year olds, and reported risk factors among local cases included not using a condom and having multiple sexual partners.

Although the local rate of invasive pneumococcal disease (IPD) decreased from 2012 to 2013, it remained higher than the provincial rate. Nearly half of cases eligible for vaccine to reduce their risk of illness were not immunized. Region of Waterloo Public Health is currently working to promote IPD immunization among priority and high-risk individuals through health care providers.

The rates of other vaccine preventable diseases remained low. For example, in 2013, there were no local cases of measles, mumps, or invasive meningococcal disease.

Although legionellosis remains a relatively rare illness, the average number of local cases has increased in the last few years, consistent with the trend seen across Ontario, Canada and the United States. Part of the increase is thought to be due to greater physician awareness and testing. Local cases have been sporadic and not related to an outbreak.

Report:

Background

Infectious diseases (IDs) are illnesses caused by microorganisms such as bacteria, viruses and parasites which may cause serious illness or be transmitted to large numbers of individuals. In accordance with the Ontario Public Health Standards (OPHS), one of the mandates of local public health units in Ontario is to prevent and manage infectious diseases of public health importance. As such, the purpose of this report is to assess Waterloo Region’s rates of infectious diseases of public health importance and to monitor trends over time. This information will be used to aid in planning and evaluating evidence-based public health policies, programs, interventions, and related services so as to mitigate the frequency and impact of infectious diseases in
the local community. This report presents Waterloo Region’s rates of reportable diseases for 2013, comparisons to the historical five-year average, and comparison of local rates to those of the province of Ontario. Basic epidemiology, exposure and risk factor information is also provided where appropriate.

**Key Findings**

**Overall**

In 2013 there were 2,539 cases of reportable infectious diseases in Waterloo Region (excluding influenza). The top five infectious diseases reported in 2013 (excluding influenza) were chlamydia, latent (i.e., inactive) tuberculosis, gonorrhea, campylobacteriosis and salmonellosis, which accounted for 79.4 per cent of all cases. Overall, the rates of most reportable diseases in Waterloo Region were consistent with or lower than provincial rates; for a few diseases, local rates were higher than provincial rates. Some variation occurs naturally, as disease rates are not expected to be uniform across populations.

**Enteric Diseases**

Among enteric diseases, campylobacteriosis and salmonellosis were the most frequently reported infectious diseases. With the exception of giardiasis, Waterloo Region rates of enteric diseases were similar or lower compared to those for all of Ontario. Local giardiasis rates have historically been higher than those of the province, and this trend continued in 2013. Travel was the main risk factor for giardiasis, accounting for the majority of cases. Among those who did not travel, exposure to untreated recreational water (e.g., swallowing water from lakes or rivers while swimming) was the second most common factor. Region of Waterloo Public Health works to manage and control enteric diseases by following up on reported cases and their contacts, providing education regarding risk factors and prevention, supporting long-term care homes, hospitals and daycares in the prevention and control of enteric outbreaks, and performing routine food premise inspections, residential facilities, day nurseries, personal service settings, and recreational water facilities (e.g., public pools, hot tubs and splash pads). In addition, Region of Waterloo Public Health collaborates with federal and provincial partners to identify and remove sources of contaminated food products from the consumer marketplace.

**Vector-borne and Zoonotic Diseases**

Vector-borne diseases (e.g., malaria, West Nile Virus, Lyme disease) and zoonotic diseases (e.g., rabies) are relatively uncommon in Waterloo Region. Similar to previous
years, malaria was the most common illness in this category in Waterloo Region; all cases of malaria were either related to travel or living in an endemic area. The local rate of Lyme disease (cases of which were not locally acquired) remained stable and was lower than that of the province. Region of Waterloo makes significant efforts to reduce the risk of exposure to Lyme disease and West Nile Virus through public education, investigation of suspect human cases, vector surveillance, and the implementation of vector control measures. Although rare, the possibility of human rabies acquired from animal bites continues to exist, as animals with rabies can be found on occasion in Waterloo Region. Given that rabies is usually fatal, prevention is of prime importance. To prevent the transmission of rabies from animals to humans, the rabies program at Region of Waterloo Public Health investigates all reported animal biting incidents and provides recommendations about post-exposure prophylaxis and dispenses rabies vaccine when appropriate.

Sexually Transmitted and Blood-borne Infections

Among all sexually transmitted and blood-borne infections, chlamydia, gonorrhea and hepatitis C contributed the greatest number of cases in Waterloo Region in 2013. As in previous years, chlamydia remains the most common infectious disease in Waterloo Region overall, with particularly high rates among 15 to 24 year old females. The local chlamydia rate decreased slightly in 2013, and remained statistically lower than the rate for the province as a whole. The most common risk factors reported by chlamydia cases in 2013 included not using a condom and having multiple sexual partners. Region of Waterloo Public Health is specifically addressing high rates of chlamydia and other sexually transmitted infections among youth through the ‘Sexual Health Youth Strategy for Waterloo Region’. This strategy involves partnership with several community stakeholders and outlines a multi-year action plan to promote healthy sexuality among youth in Waterloo Region, and to provide strategic direction for youth sexual health education, programs, and services. It focuses on three key focus areas: access to programs and services, education, and parents.

The rate of gonorrhea in Ontario has been increasing in recent years, and the local rate increased between 2012 and 2013. The 2013 local rate of gonorrhea remained lower than that for the province as a whole; although, the difference was not statistically significant. The most commonly reported risk factors for local cases of gonorrhea included not using a condom and having multiple sexual partners. The rate of infectious syphilis has been gradually increasing over recent years; although, local rates continue to be lower than that of the province. Rates of hepatitis B, hepatitis C, and HIV/AIDS all remained relatively stable and below those of the province. Region of Waterloo Public Health continues to address sexually transmitted and blood-borne infections by
providing free testing, treatment and counselling for STIs at sexual health clinics and by engaging in harm reduction strategies which include the provision of needle syringe programs and other related services at several locations in the region.

**Vaccine Preventable Diseases**

Although the local rate of invasive pneumococcal disease (IPD) decreased from 2012 to 2013, it remained higher than the provincial rate in 2013. The most common risk factors for invasive pneumococcal disease (IPD) included having a chronic illness or underlying medical condition, being under two years of age and over 65 years of age. Nearly half of cases eligible for vaccine to reduce their risk of illness were not immunized. Region of Waterloo Public Health is currently working to promote IPD immunization among priority and high-risk individuals through health care providers.

Rates of varicella, mumps, invasive meningococcal disease (IMD) and measles were either stable or decreased in 2013, and remained similar or lower to those of the province. Region of Waterloo Public Health supports the prevention of vaccine-preventable illnesses through the provision of vaccine delivered through health care providers and public health immunization clinics, the achievement and maintenance of high immunization rates among children enrolled in publicly-funded elementary and secondary schools through the Immunization of School Pupils Act, as well as other health education and promotion activities to increase immunization coverage rates.

**Other Infectious Diseases**

Among other reportable infectious diseases, local rates for active and latent (i.e., inactive) tuberculosis, encephalitis/meningitis and neonatal group B streptococcal disease were stable in 2013 compared to previous years and similar to those of the province. Although the local rate of invasive Group A streptococcal disease (iGAS) increased from 2012 to 2013, some fluctuation from year to year is expected and the local and provincial iGAS rates remained statistically comparable. Diverse types of Group A Streptococcal bacteria were identified among the cases, suggesting no linkages.

The number of local cases of legionellosis has increased in recent years. Cases have been sporadic and not linked to an outbreak. This local increase in cases mirrors the increase seen in legionellosis rates across Ontario, Canada and the United States. The reasons for this are not fully understood; part of the increase is thought to be due to greater physician awareness and testing. An important component of legionellosis prevention is proper maintenance of cooling towers. In 2012 and 2013, Region of Waterloo Public Health distributed legionellosis information to hospitals, schools, long-
term care homes, retirement homes, and other identified cooling tower operators within the Region. The information included recommendations and resources for best practices for cooling tower maintenance.

Conclusion

Infectious diseases have the potential to cause serious illness and can have community-wide implications. As such, Region of Waterloo Public Health undertakes a number of activities to prevent or reduce the burden of infectious diseases in the community. These activities include follow-up of all reportable disease cases, their contacts as well as follow-up and management of outbreaks of infectious diseases. Prevention activities include inspections of food premises, recreational water, residential facilities, day nurseries and personal service settings, immunization programs and vector-borne control programs. Region of Waterloo Public Health also engages in a number of health promotion activities that target the general public, as well as more vulnerable group settings such as long-term care homes, hospitals, and child care centres.

The Infectious Diseases in Waterloo Region Surveillance Report for 2013 helps to fulfill the Region of Waterloo Public Health’s mandate to prevent and manage infectious diseases of public health importance by providing enhanced disease surveillance and reporting in accordance with the Ontario Public Health Standards. This surveillance report provides an update to the community on the local status of infectious diseases and the findings from this report will be used to inform and improve local public health programming in the prevention and transmission of infectious and reportable diseases in Waterloo Region.

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 to meet the surveillance and population health assessment requirements of the Foundational Standard in the Ontario Public Health Standards.

Corporate Strategic Plan:

4. Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities
5. Service Excellence: Deliver excellent and responsive services that inspire public trust

Financial Implications:

Activities related to Infectious Diseases programming are accomplished within the approved Public Health Department base budget. The majority of the funding is cost shared (Provincial 75%/Tax Levy 25%) with some 100% provincial funding to allow for increased capacity in specific initiatives such as Safe Water, Safe Food and Outbreak Response.

Other Department Consultations/Concurrence:

Nil.

Attachments:

The full report is available online at:


Prepared By: Jessica Deming, Epidemiologist, Epidemiology & Health Analytics

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

Public Health

Infectious Diseases, Dental and Sexual Health

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

Date: September 9, 2014          File Code: P25-80

Subject: Sexual Health and Harm Reduction Program Report: 2011-2013

Recommendation:

For information.

Summary:

The Sexual Health and Harm Reduction Program Report provides an overview of the program’s activities and services in response to local and provincial surveillance of sexually transmitted infections and blood-borne infections. The report also includes the program’s new and ongoing health promotion activities. Report highlights include:

- From 2011 to 2013, there were 4,671 confirmed cases of sexually transmitted infections in Waterloo Region. Chlamydia, gonorrhea, and hepatitis C accounted for 96.8% of all cases. Rates of these sexually transmitted infections have remained lower than provincial rates.
- Since 2010, the teen pregnancy rate has declined in Waterloo Region, mirroring the provincial trend.
- The Sexual Health and Harm Reduction program provides clinical services by appointment (same-day or booked) and drop-in. In 2013, over 12,000 visits were made to the clinics for sexual health services. The top three reasons for visiting the clinic were: sexually transmitted infection testing, birth control services, and harm reduction services (accounting for 69 per cent of all visits).
- With the introduction of same-day clinic appointments in January 2013, the no show rate at the physician-led clinic has decreased by 55.2 per cent since 2012.
- The Sexual Health and Harm Reduction program completes disease reporting through the integrated Public Health Information System (iPHIS). In 2013, there were 1,539 positive sexually transmitted infection/blood-borne infection cases in
Waterloo Region. Public Health followed up with each of these cases and their contacts as required by the Ontario Public Health Standards.

- Public Health is accountable to the Ministry of Health and Long-term Care in ensuring that follow-up of all positive cases of gonorrhea is initiated within two business days. In 2010, Public Health reported that 56 per cent of gonorrhea met this requirement. In 2011, that proportion rose to 82 per cent and in 2012, the proportion was 96 per cent. By 2013, 99 per cent of cases met the accountability agreement indicator.

- Public Health nurses maintain their presence in all 16 Waterloo Region District School Board secondary schools. During the 2012-2013 school year, 1,052 student visits were documented. The main reason for visiting the school nurse related to birth control/pregnancy counselling (60% of all visits).

Report:

Background

The Sexual Health and Harm Reduction program is one of five programs in the Infectious Diseases, Dental, and Sexual Health division of Region of Waterloo Public Health. Comprised of multi-disciplinary staff, the program provides client-centred sexual health and harm reduction clinical services and participates in a wide range of non-clinical activities that protect and promote health.

The Sexual Health and Harm Reduction program is responsible to the Board of Health for implementing the 12 requirements outlined in the Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections Standard of the Ontario Public Health Standards. In addition, it complies with the Sexual Health and Sexually Transmitted Infections and Prevention and Control Protocol, which outlines how the program should conduct its work. The goals of the standard are to “prevent or reduce the burden of sexually transmitted infections and blood-borne infections” and to “promote healthy sexuality”.

Sexual Health and Harm Reduction Surveillance Summary

From 2011-2013, there were 4,671 cases of sexually transmitted and blood-borne infections in Waterloo Region. Chlamydia accounted for the majority of these infections (81.5%) followed by gonorrhea (8.0%). For chlamydia, the local and provincial incidence rates appear to have stabilized in the last couple of years, and the local rate continues to be lower than that of the province. The provincial rate of gonorrhea has been increasing in recent years, and the local rate increased between 2012 and 2013, bringing it closer to the provincial rate. The top three infections (chlamydia, gonorrhea, and hepatitis C) accounted for 96.8 per cent of all cases in Waterloo Region. For a full overview of surveillance refer to the Infectious Diseases in Waterloo Region

---

1 The OPHS are requirements for all public health programs and services, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. Ontario Public Health Standards (2008). Ontario Ministry of Health and Long-Term Care.

In Waterloo Region, the teenage pregnancy rate declined over the 2010 to 2012 time period, mirroring the provincial trend. Of the area municipalities, the majority of teen pregnancies are occurring in Kitchener and Cambridge.

**Sexual Health and Harm Reduction Program Activities**

**Clinic**

In response to local surveillance, including the rates of sexually transmitted infections, Public Health offers a range of services to identify, treat, and manage cases of sexually transmitted infections and blood-borne infections. One of the most significant interventions is the Sexual Health Clinic. Services provided by this clinic are mandated by the Ontario Public Health Standards and delivered at the Waterloo and Cambridge Public Health offices and community sites across the region. Clinic costs are covered by Ontario Health Insurance Plan (OHIP) revenue and Public Health’s cost shared budget.

The sexual health clinic is staffed by a team of physicians, nurse practitioners, and public health nurses. The following services are available:

- Sexually transmitted infection/blood-borne infection testing, diagnosis, education, counselling, and sexually transmitted infection treatment;
- Provision of contraception, pregnancy testing, and comprehensive pregnancy counselling;
- Physical exam, health assessment, risk review, and Pap test;
- Hepatitis A/B vaccines to high risk clients according to provincial eligibility criteria; and
- Referral to community resources where appropriate.

In 2013, there were over 12,000 visits to the clinics for sexual health services. Sexually transmitted infection testing, birth control, and harm reduction accounted for 69 per cent of all the visits in 2013. Of those who attended in 2013, 62 per cent were female. Approximately 7 per cent of visits were made by school aged clients (those aged 10 to 17 years).

In January 2013, the sexual health clinic at the Waterloo office introduced same day clinic appointments by reducing the number of appointments that can be booked in advance to free up clinic space on a daily basis. Since this change, the no-show rate at the physician-led clinic has decreased 55.2 per cent (from 29% in 2012 to 13% in 2013) at the Waterloo office.

**Case Management**

The Sexual Health and Harm Reduction program is accountable to the Ministry of Health and Long-Term Care, under our Public Health Accountability Agreement Indicators, to initiate investigations for confirmed cases of gonorrhea within two business days. This helps ensure the timely follow-up of cases. In 2010, Public Health reported 56 per cent of cases meeting this requirement. In 2011, that proportion rose to 82 per cent and in 2012, the proportion was 96 per cent. By 2013, 99 per cent of
gonorrhea cases met this accountability agreement indicator.

In 2013, there were 1,539\(^2\) positive sexually transmitted infection/blood-borne infection cases in Waterloo Region. Public Health followed up with each of these cases and their contacts as required by the Ontario Public Health Standards.

**Harm Reduction**

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.

For a full update on harm reduction activities in Waterloo Region refer to report PH-14-029 dated June 17, 2014.

**Sexual Health and Harm Reduction Program Health Promotion Activities**

The Sexual Health and Harm Reduction program participates in various health promotion initiatives across the region including child health fairs where a Public Health Nurse attends to provide sexual health information (e.g. talking to your child about sexual health) to parents of children zero to six years of age. The Sexual Health and Harm Reduction program also receives a number of requests to attend community organizations to present information on sexual health topics. The Sexual Health and Harm Reduction program delivers community-wide sexual health programs for youth and their families. These include Growing Bodies Open Minds and Girl Time.

Moreover, Public Health is coordinating the Waterloo Region Sexual Heath Youth Strategy. This strategy was developed in 2012 in partnership with several community organizations in response to findings from a Waterloo Region youth survey and focus group results, a review of literature, and an environmental scan of existing sexual health

\(^2\) This number is comprised of the following: chlamydia \((n = 1220)\), gonorrhea \((n = 164)\), hepatitis B \((n = 0)\), hepatitis C \((n = 100)\), HIV/AIDS \((n = 14)\), infectious syphilis \((n = 21)\), and non-infectious and unspecified syphilis \((n = 20)\).
services for youth in Waterloo Region. Refer to Report PH-12-027 dated June 27, 2012.

The strategy aims to promote healthy sexuality among youth in Waterloo Region and provide a comprehensive, strategic direction for youth sexual health education, programs, and services in Waterloo Region. In 2013, some of the activities included:

- Exploring the possibility of providing sexual health services in a Waterloo Region community location;
- Looking into providing enhanced sexual health services in Waterloo Region secondary schools; select schools identified for a pilot project to commence in 2014; and

**Ontario Public Health Standards**

The Sexual Health and Harm Reduction Program Report relates to Ontario Public Health Standard requirements #1, #2, and #3 in the Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV) standard:

- The board of health shall report data elements on sexually transmitted infections and blood-borne infections in accordance with the Health Protection and Promotion Act and the Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008 (or as current);
- The board of health shall conduct surveillance of:
  - Sexually transmitted infections;
  - Blood-borne infections;
  - Reproductive outcomes;
  - Risk behaviours; and
  - Distribution of harm reduction materials/equipment in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current) and the Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008 (or as current); and
- The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).

The Sexual Health and Harm Reduction Program Report also relates to the Ontario Public Health Standard requirement #6 in the Foundational Standard:

- The board of health shall conduct surveillance, including the ongoing collection, collation, analysis, and periodic reporting of population health indicators, as required by the Health Protection and Promotion Act and in accordance with the Population Health Assessment and Surveillance Protocol (2008).

Corporate Strategic Plan:

The Sexual Health and Harm Reduction Program Report (2013) relates to Strategic Focus Area 4 – Healthy and Inclusive Communities.

Financial Implications:

Activities of the Sexual Health and Harm Reduction Program are accomplished within the approved Public Health Department base budget. The majority of the funding is cost shared (Provincial 75%/Tax Levy 25%) with some 100% provincial funding for harm reduction initiatives and a nursing position related to social determinants of health.

Other Department Consultations/Concurrence:

Nil

Attachments

Nil

Prepared By: Alyshia Cook, Public Health Planner

Approved By: Liana Nolan, Commissioner/Medical Officer of Health
A previous memo to Council in June 2014, shared that the Region had been selected as one of 18 communities across Canada to participate in Housing First Training and Technical Assistance through the Mental Health Commission of Canada (MHCC).

One of the activities identified was community wide Housing First Training. The two-day Housing First training has now been scheduled for December 4 and 5, 2014. The benefit of this training is that it will help build local capacity to further implement housing first locally. The training is free, will include local context, and is being led by Dr. Sam Tsemberis, founder of Pathways - considered one of the first, most widely studied, and most recognized housing first programs in the world. Dr. Tsemberis was also involved in the Mental Health Commissions At Home/Chez Soi Project – the largest housing first demonstration research project in the world that took place across Canada over 2008-2013.

The first day of training is meant for a broad audience of senior leaders from the housing stability system, as well as the health, addiction and mental health, and justice systems, funders and other interested stakeholders. The second day of training is geared towards
STEP Home, Assertive Community Treatment Teams, Addiction Supportive Housing, support coordinators, housing procurement and support workers, and team managers and directors who are interested in implementing Housing First principles and practices into their work.

A hold the date notice was sent broadly in July 2014 and to-date over 75 people have registered. The invitation will continue to be sent out over the fall. Regional Council is invited to attend the training on Thursday, December 4th.

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

Employment and Income Support

Date: September 9, 2014

Memorandum

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

Subject: 2014 Ontario Works Service Plan Addendum

File No: S08-30

Background

Ontario Works provides temporary financial assistance and employment supports to people in financial need, with a goal of helping Ontario Works participants to obtain employment and move towards increased financial independence. Eligibility for financial assistance and the amount granted are based on a financial assessment and participation in employment-related activities. In order to receive financial assistance, applicants enter into a participation agreement which includes an individualized employment plan (unless there is an approved reason to be deferred from participation).

The Region of Waterloo is one of forty-seven Consolidated Municipal Service Managers (CMSMs) in the Province of Ontario. Social Services, through Employment and Income Support, provides financial assistance under the Ontario Works Act to persons in need to cover the costs of food, shelter and clothing. Additional financial support is provided through the discretionary benefits program for such items as vision, dental and medical services for Ontario Works and Ontario Disability Support Program participants and
persons with low income. A range of services which assist people to find employment are purchased or directly delivered by Employment and Income Support. As well, staff refers to a variety of community partners that provide the services and supports required by the individual participant.

The Ontario Works Service Plan and Addendum

The Province requires that all Consolidated Municipal Service Managers submit an Ontario Works Service Plan every two years that summarizes service delivery information including service targets and strategies for the period covered by the Service Plan. The primary goal of service planning is to demonstrate how the range and type of services being provided will best serve Ontario Works participants. The intent is to link Provincial funding for Employment Assistance activities to employment outcomes. Once approved, the service plan becomes part of the service description schedule of the Ontario Works service contract between the Region and the Province.

A full service plan is required in the first year (2013) of a two-year approval cycle, and updated in the second year (2014) as part of the budget process. The 2013-2014 Ontario Works Service Plan, as described in Report SS-13-028 dated September 20, 2013, was submitted to the Ministry of Community and Social Services (MCSS) in 2013. An addendum to the full service plan, highlighting changes to the original plan, was submitted to MCSS in August 2014 and is described in this Information Memorandum.

Key Directions for 2014

Employment and Income Support reviews local labour market conditions, the demographic makeup of the caseload, and information provided by key partners such as the Employment and Income Support Community Advisory Committee, to understand the community and the population they are serving and base key directions on this information.

Employment and Income Support identified the following priorities for 2014 to better support its participants in the coming years:

- Creation of two Direct Services Branches in Waterloo and Cambridge incorporating intake, case management and Family Support services to enhance service.
- Establishment of a Quality Assurance unit including Eligibility Review, internal review and audit functions, and program/policy development and training.
- Integration of our Employment Ontario and Employment Assistance activities to realize a continuum of service for our participants and the community.
- Redesign of employment workshops in response to participant feedback.
- Initiatives that promote financial inclusion and enhance education opportunities for children.
• Piloting a social media strategy to share timely information with the public regarding the programs and services provided by E&IS, as well as key information from the Province and other sources.

Regional initiatives that Employment and Income Support will take part in over the course of this phase of its service plan include:

• The Comprehensive Approach to Poverty Reduction.
• The Region’s “core services” review.
• The Region’s corporate restructuring initiative: among other changes in structure, Housing services and programs will be added to the “Community and Social Services Department”, effective November 2014.
• The first phase of a “leadership capacity building” project to respond to the number of retirements projected for the next few years.

At the same time, there are several Provincial initiatives that will impact the work of the division, including, in particular, the implementation of the Social Assistance Management System (SAMS). This is now targeted for November 11, 2014.

The 2014 Ontario Works Service Plan Addendum supports the Region’s Corporate Strategic Focus Area 4, Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities. In addition, the proposed activities will promote Focus Area 5, Service Excellence: Deliver excellent and responsive services that inspire public trust.

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 Community Services Committee  
From: David Dirks, Director, Employment and Income Support  
Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services  
File Code: S09-80  
Subject: Burial Costs  

The Region of Waterloo provides funds to assist with the funeral costs for Ontario Works (OW) and Ontario Disability Support Program (ODSP) participants and persons with low income. The Region has approved a maximum rate for funerals of $2,974 (plus applicable taxes). Any recoveries from the Canada Pension Plan (CPP) or other sources such as an estate are assigned to the Region. The family or any interested party may wish to contribute more to the cost (beyond the Region’s maximum level of funding). This has been left as a matter between the Funeral Home and the parties involved. The detail is provided in Report SS-13-015, Funeral Rates, April 30, 2013. However, this does not include the costs for burial and/or cremation (eg., funeral plots, opening and closing).

Staff has been approached to clarify its funding for burials and/or cremation costs. Consistent with the arrangement with Funeral Directors, staff has advised that the Region will fund the least costly alternative. Any recoveries are assigned to the Region.
If a family or another interested party wishes to contribute more beyond this level, then it will be a matter between the cemetery and the interested party.

The provision of funerals to those with low income and social assistance recipients addresses the Region’s Corporate 2011-2014 Strategic Focus Area 4: Healthy and Inclusive Communities: (to) foster healthy, safe, inclusive and caring communities.

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: Tracy Jasmins, WRCPC Marketing & Communications
Subject: Hate Crime RAP Sheet
File No: C06-60

The Waterloo Region Crime Prevention Council creates “Research and Planning” sheets (or “RAP” sheets) as a tool to disseminate information related to crime and victimization to residents and community agencies within Waterloo Region. The RAP sheets are part of the WRCPC’s engagement strategy and frequently respond to current situations or trends in the community.

Hate Crime RAP Sheet:

In April 2014, WRCPC staff presented to the Immigration Partnership Council (IPC) of Waterloo Region. The presentation was requested by IPC because of concerns in the community about reported hate crimes in Waterloo Region being higher than those reported in other municipalities. Hate crime data had been shared in several community forums including in the context of comparing quality of life between urban centers. The dialogue with the IPC led to a deeper look into the hate crime data to see whether the perception about hate crime data match the reality.

Above all the analysis showed that hate crime statistics are difficult to interpret let alone contrast and compare because police can only lay hate crime charges if they can show that a crime was motivated by hate against an individual or groups as a result of their
race, ethnic origin, language, color, religion, sex, age, mental or physical disability, sexual orientation or other similar factors. This makes hate crime reporting subject to variances in classification more so than other crimes because that one police service may classify as a ‘hate crime’ another may classify as ‘mischief’ or ‘assault’ etc. So what appears as a negative statistic may in fact be a positive trend with regards to police being able to identify and report on hate crimes more in one municipality than another.

About 1/3 of hate crimes are reported to police, which is consistent with underreporting of other crime and while 1/3 of reported hate crimes are non-violent, the reverse is true for hate crimes motivated by hate against members of the LGBT community where in fact 2/3 of crime are violent. These and other trend analyses lend themselves to focused prevention efforts.

The hate crime RAP sheet follows the outline of other information sheets produced by the Crime Prevention Council and as with other RAP sheets responds to a community concern or situation that makes the information more pertinent at this time. The RAP sheet also offers suggestions for what residents and agencies can do their part in preventing hate crime.

This RAP sheet was reviewed and supported by the IPC and the Waterloo Region Rainbow Coalition. Both are identified as local supports for those seeking more information, resources and opportunities for involvement.

A copy of the Hate Crime RAP sheet is available on the WRCP Council website:

http://preventingcrime.ca/userContent/documents/RapSheet_HateCrimes0714v9.pdf
Waterloo Region Crime Prevention Council

Date: September 9, 2014

Memorandum

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

From: Anthony Piscitelli, Supervisor, Planning & Research

Subject: Fear of Crime in Waterloo Region and Beyond: Crime Prevention and Social Capital Re-Examined

File No: C06-60

Fear of Crime in Waterloo Region and Beyond: Crime Prevention and Social Capital Re-Examined reports on levels of fear of crime and social capital as well as attitudes on crime prevention in Waterloo Region. By measuring these indicators of community health and well-being, the Waterloo Region Crime Prevention Council and community partners gain a better understanding of overall perceptions of safety in Waterloo Region over time. This knowledge can be used to design and implement focused pro-active measures to further reduce fear of crime and increase community engagement in prevention.

This report is the fourth in a series that tracks levels of fear of crime in the Waterloo Region over time. Data show a continued decline in fear of crime within neighbourhoods. It also shows that Waterloo Region has a slightly higher social capital than Ontario and Canada. However there is also a statistically significant 5% drop in levels of trust (social capital) in Waterloo Region when compared to 2012.

Additionally, 57% of residents surveyed prefer crime prevention strategies over law enforcement measures or ‘both’ strategies combined. This results matches results from provincial and national surveys.

The full report is available on the WRCPC website and can be viewed by clicking on the following link: Fear of Crime and Social Capital in Waterloo Region
Region of Waterloo
Social Services
Children’s Services

To: Chair Sean Strickland and Members of the Community Services Committee
Date: September 9, 2014
File Code: S04-20
Subject: New Funding Approach for Licensed Early Learning and Child Care Operators

Recommendation:
That the Regional Municipality of Waterloo endorse the approach to distribution of operating funding to licensed Early Learning and Care programs as outlined in report SS-14-046, dated September 9, 2014.

Summary:
Nil.

Report:

1.0 Background

Since 2011, with the official transfer of responsibility for all licensed Early Learning & Child Care programs to the Ontario Ministry of Education, Early Years Division, a number of changes have been implemented with regards to funding. Provincial funding for licensed Early Learning and Child Care programs (ELCC) is provided on an annual basis to the Region of Waterloo as the Consolidated Municipal Service Manager (CMSM). The Region of Waterloo has the authority to determine eligibility for this funding, flow it to the ELCC community, and verify that funds have been used appropriately.

One of the larger funding envelopes that is administered by the Region of Waterloo is wage subsidy funding. The original purpose of this funding was to enhance the wages of Early Childhood Educators who are working in licensed ELCC settings. Calculating,
distributing, and monitoring the wage subsidy funding provided to operators has been a labour intensive process with limited ability to verify the integrity of data that is provided.

In 2012, the Province announced a change in policy direction for municipalities concerning the distribution of wage subsidy funding. Municipalities, as the CMSM, have been given flexibility to develop a new approach to distribute this funding that is responsive to local needs. All CMSM’s are required to develop a plan for implementation by the end of 2014. The current wage subsidy funding envelope totals $8.8M and is part of the annual base funding received from the Province. This funding envelope is insufficient to provide funding to all programs in Waterloo Region, primarily as a result of new ELCC programs opening or existing operators expanding. The approach being recommended allows the Region of Waterloo as the CMSM to better predict demand and allocate fiscal resources in areas of greatest need.

2.0 Community Working Group

Over the past 18 months, staff has engaged in consultation with local ELCC operators, other municipalities, and service providers to review potential funding approaches. A working group was formed with representation from licensed ELCC operators including both non-profit and for-profit operators and single-site and multi-site operators. The role of the working group was to review potential funding approaches and recommend one or two options for consideration by the whole ELCC community. Consultations with all licensed ELCC programs were conducted in Fall 2013 and again in Spring 2014.

3.0 Systems Level View

As the CMSM, it was important to consider any changes to the funding approach in the context of Provincial direction, current issues and trends in the ELCC system, and the Region of Waterloo, ELCC Service Plan 2011-2014.

Key issues identified by both ELCC operators and the ELCC Service Plan formed the foundation for the new funding approach. These include quality, cost, inclusion of all children, salaries of Registered Early Childhood Educators (RECE), recruitment and retention of RECE staff, a focus on 0-4 year olds, and allowance for growth and expansion.

Before determining a final strategy for distribution of the old wage subsidy funding envelope, staff reviewed best practices and recommendations from leading experts on funding an ELCC system. Following a review of other municipal funding approaches and feedback from licensed ELCC programs, a systems level approach to funding was developed. Viewing funding from a systems level provides a way to address some of the complexities of a multi-faceted system like ELCC. A systems level approach views funding through three funding streams: Fund the Child/Family, Fund the Program and/or Fund the System. Using this framework as a guide, a three pronged approach to all
funding for licensed ELCC was developed. The table below provides an overview of the three funding streams and current budget allocations. This approach will help to inform future planning for funding and service plans.

<table>
<thead>
<tr>
<th>Fund the Child/Family</th>
<th>Fund the Program</th>
<th>Fund the System</th>
</tr>
</thead>
<tbody>
<tr>
<td>$18 M*</td>
<td>$9M*</td>
<td>$200K*</td>
</tr>
<tr>
<td>- Fee subsidy</td>
<td>- Base Funding</td>
<td>- Capacity building</td>
</tr>
<tr>
<td>- Purchase of Service Fees/Rates</td>
<td>- Incentive Grant</td>
<td>- Shared professional learning</td>
</tr>
<tr>
<td></td>
<td>- One Time Funding</td>
<td>- Scholarships for professional development</td>
</tr>
<tr>
<td></td>
<td>- Start up/Transition Funding</td>
<td>- Centralized wait list &amp; registration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Joint marketing</td>
</tr>
</tbody>
</table>

* total annual funding for 2014

4.0 New Approach to Fund ELCC Programs

The approach presented for Committee’s consideration today focuses on the funding stream identified in the centre column: Fund the Program. The table above identifies four separate funding allocations within the Fund the Program column. Clear guidelines and approval processes are currently in place for both One Time and Start Up/Transition Funding. Of focus today is the new approach to distributing funding to licensed ELCC programs by providing a level of base funding paired with additional incentive grants.

4.1 Base Funding

To receive base funding all licensed ELCC operators will submit documentation that verifies their licensed capacity, actual enrollment, and number of staff they employ. A specific funding amount per each full time equivalent staff is used to calculate the base funding each operator will receive to support their business operations. Taking a base funding approach supports operators in their fiscal management and budget projections each year.

4.2 Incentive Grant

In addition to base funding, ELCC operators will be eligible to receive four incentive grants. The purpose of the incentive grants is to encourage all ELCC operators to work towards and maintain high quality operating standards. In the 2015 fiscal year, four benchmarks were determined for the incentive grants;
- Salaries paid to RECE staff meet a living wage of $15.00 per hour
- Program is achieving required standards in Raising the Bar on Quality
- 70% of staff working directly with children are Registered Early Childhood Educators (as opposed to untrained staff)
- Programs scoring 80% or higher during the annual licensing review under the Day Nurseries Act

These four benchmarks directly relate to the development of a high quality ELCC system. The items have been endorsed by the community and have differing weights assigned based on ELCC community input. A cap is placed on the maximum amount each program can receive in the incentive grants. Over time it is anticipated that additional incentives may be added or the criteria modified to reflect increased standards of practice that support high quality ELCC services.

5.0 Annual Budget Cycle

The annual funding cycle has been modified to allow for a more proactive approach to the annual budget process. The new cycle will allow for some projection on funding demands and redirection of funds prior to Provincial and Regional budgets being set. It is important to note that the Province has designated the $8.8M as one of the core service funding sources that does not vary year over year. A brief overview of the timing is outlined below:

June – Operators submit documentation to indicate any changes in operating capacity and staffing for the fall.

August – Staff complete preliminary estimates of funding allocations and potential pressure areas.

October/November – Preliminary estimates of funding shared with each operator. Operators verify operating capacity and staffing levels.

November/December – Operators are notified of base and incentive grant funding for the coming year using the base allocation provided by the Province.

6.0 Implementation Plan

This new approach to funding is a departure from previous funding approaches and timelines. ELCC operators have submitted documentation as of August 25, 2014. Staff are currently reviewing all submissions and completing preliminary calculations to determine each program’s base funding allocation as well as incentive grant totals. Each operator will receive preliminary notification of their anticipated new funding allocation effective January 1, 2015 by fall 2014 based on the Provincial allocation of $8.8M for this funding envelope. Final verification of the funding will be confirmed with each operator by November 2014 when the operator submits final verification of their
staffing and enrollment. It is anticipated that some operators may experience a change in their funding from previous allocations under the old model. A transition plan will be created with those operators who are impacted both positively and negatively to ensure a staged approach is taken over 2015 to help programs manage the changes.

7.0 Next Steps

The new approach to funding will require ongoing analysis and evaluation to ensure it is effective in supporting and stabilizing the ELCC system. In addition staff will be updating related policy and practice guidelines for use in administering the new funding approach. Two additional projects related to funding are anticipated to be completed prior to year end.

- Service Contracts revisions. Existing service agreements with licensed ELCC providers will expire in December 2014. A new format and template will be developed to incorporate the changes in funding approach. The Region currently has 125 service agreements with licensed ELCC operators and 3 potential new agreements pending.
- Purchase of Service Rate Structure review. The current rates paid for purchase of service on behalf of subsidy eligible children will be reviewed to identify efficiencies and streamlining opportunities. Further consultation and review with the ELCC community will be required to determine the best course of action. Information will be provided to Committee later this fall.

Corporate Strategic Plan:

This report supports the 2011-2014 Region’s Strategic Focus Area 4: Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities; including Strategic Objective 4.6: Collaborate with the community to support the development of services for children.

Financial Implications:

The current wage subsidy budget totals $8.8M and is designated by the Province as a core service funding envelope which does not vary year over year. The new funding approach allows for distribution of $7.7M for base funding and $1.1M for incentive grant funding. Under the current wage subsidy distribution approximately $2M is allocated to provide funding for the Region’s directly operated Home Child Care program and Children’s Centres. It is not anticipated that this funding allocation will be impacted under the new funding approach. $250,000 in 100% Provincial funding was allocated in the 2014 Children’s Services budget to address costs related to the new funding approach and rate structure review.
Other Department Consultations/Concurrence:
Resources in Finance and Legal services are required to support the flow of funding and administration of contracts.

Attachments:
Nil

Prepared By: Tyla Fullerton, Social Planning Associate  
Sheri Phillips, Manager Child Care Subsidy  
Nancy Dickieson, Director Children’s Services

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

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

Date: September 9, 2014

File Code: D26-20

Subject: Affordable Housing Strategy – Expression of Interest 2014-03
Recommended Priority Project

Recommendation:

That the Regional Municipality of Waterloo approve the following actions with regard to the Region of Waterloo’s Affordable Housing Strategy, as described in Report P-14-092, dated September 9, 2014:

a) Endorse the Affordable Housing Strategy – Project Updates and Expression of Interest 2014-03: Recommended Priority Projects, specifically the recommended Priority Project, namely Waterloo Regional Homes for Mental Health Inc., shown in the attached Appendix A;

b) Authorize the Commissioner of Planning, Housing and Community Services to execute and deliver all documentation required by the Province of Ontario and the Region of Waterloo for the purpose of funding the recommended Priority Project proponent as shown in Appendix A;

c) Authorize the Regional Chair and Regional Clerk to execute such agreements and documentation in a form satisfactory to the Regional Solicitor, as may be required to process the advance of funding to the recommended Priority Project proponent;

d) Authorize the Director of Housing to reallocate funding between the appropriate program components as needed to ensure full utilization of the notional allocation; and

e) Authorize the Director of Housing to finalize the funding request and conditions with the recommended Priority Project proponent as shown in Appendix A.
Summary:

On June 4, 2014, Regional Council endorsed a new Affordable Housing Strategy (AHS) 2014-2019 to help address the housing needs of at least 700 low to moderate income households (P-14-063). It is the Region’s practice to issue calls for Expressions of Interest (EOI) when senior government funding is available to identify community partners with the interest and capacity to create new affordable rental and supportive housing to address community needs.

The Region currently has $693,707 in unallocated Investment in Affordable Housing for Ontario (IAH) program funding to commit by December 31, 2014 or the funds may be reallocated by the Province to another Service Manager. On July 9, 2014, staff released the call for proposals EOI 2014-03. Two proposals, one from a public-private partnership and the other from a non-profit corporation, were received by the August 7, 2014 deadline. Given funding limitations at this time, the non-profit proponent Waterloo Regional Homes for Mental Health Inc. is recommended as a Priority Project. This project involves 3 new affordable rental and supportive housing units and up to $360,000 in IAH program funding. The $333,707 is the remaining balance to be committed by the end of the year. Should timing permit, staff recommend that the remaining funds be considered under the next call for EOIs or be reallocated to the Ontario Renovates or Affordable Home Ownership programs. The results of the call for Expressions of Interest and recommended allocations for specific proposals would be provided in a report for future consideration by Regional Council.

Report:

In November 2011, senior levels of government announced the Investment in Affordable Housing for Ontario Program (IAH), which provided $480.6 million for affordable housing in Ontario over four years. The Region of Waterloo’s notional allocation of $12.8 million was divided over the four years of the Program ending March 31, 2015. On February 8, 2012 Regional Council approved the Program Delivery and Fiscal Plan for the $12.8 million notional allocation, as described in Report P-12-017. In May 2014 it was identified that the Region had approximately $1.09 million in funding remaining to allocate from the IAH Program, of which, $400,000 was allocated to Ontario Renovates and approximately $690,000 allocated for new rental and supportive housing (P-14-063).

On June 4, 2014, Regional Council endorsed the new Affordable Housing Strategy (AHS) 2014-2019 to help address the housing needs of at least 700 low to moderate income households (P-14-063). It is the Region’s practice to issue calls for Expressions Of Interest (EOI) when senior government funding is available to identify community partners with the interest and capacity to create new affordable rental and supportive housing to address community needs.
Expression of Interest 2014-03

On July 9, 2014, the most recent call for Expressions of Interest (EOI 2014-03) was issued to the community for the purpose of identifying proponents interested in constructing more affordable rental and supportive housing in Waterloo Region. Due to the Province’s timing requirements on allocating the remaining funding prior to the end of 2014, eligible proponents were required to currently own the site or have an offer to purchase the property. Eligible proponents must also have all municipal approvals in place to be in a position to apply for a building permit by October 31, 2014.

A key component of the AHS is to foster partnerships with community groups that have demonstrated commitment and dedication towards the creation and operation of affordable housing projects in Waterloo Region. The Region’s new AHS 2014-2019 and the program objectives and priorities outlined in EOI 2014-03 are consistent with the Province’s IAH Program. Each proposal was evaluated using the following program objectives that were set out in EOI 2014-03, released by the Region:

- To build new sustainable affordable rental housing, including housing available to lower-income households;
- To create a range of supportive housing in either new or existing developments that provide support services to allow families and individuals to live independently;
- To build housing that supports existing affordable and supportive housing needs in less serviced areas of the Region;
- To build affordable housing that supports the planning and land-use policies of the Region of Waterloo and Area Municipalities, including transit-supportive development within or in immediate proximity to ION station areas;
- To build affordable housing that is sensitively integrated into the community;
- To create affordable housing that addresses economic, environmental and community sustainability;
- To build energy efficient and well-designed housing that delivers adequate unit sizes, provides for overall visibility and accessible units;
- To building affordable housing that is located on or near a Grand River Transit route and in close proximity to schools, recreational facilities, shopping and services;
- To incorporate partnerships with organizations and agencies to address other community interests; and
- To dedicate units to households currently on the Region’s centralized waiting list for Community Housing.

EOI 2014-03 also identified the following preferences that were used to assess how proposals address current housing and support need, leverage resources and are
financial viable and sustainable:

• Are proposing small to mid-sized developments (proposals over 15 units should include a mix of market rent units that would not receive IAH funding and/or rent supplements);

• Have a long-term plan to have units remain on the market as affordable housing beyond the term of the contribution agreement;

• Will provide supportive housing and have funding in place to provide support to the intended target client group;

• Propose one-bedroom units for single non-seniors;

• Propose large (4/5 bedroom) ground-oriented units for large families within Cambridge, Kitchener and Waterloo;

• Address other high-needs households on the Region’s centralized waiting list for Community Housing;

• Will make all or a majority of units available to households on the Region’s centralized waiting list for Community Housing;

• Achieve the affordability targets with a per unit funding allocation at considerably less than the maximum allocation eligible;

• Provide for unit sizes that meet the targets;

• In close proximity to Grand River Transit and ION routes, in particular within ION station areas;

• Provide equity contributions (funding, property, in-kind, etc.) greater than the minimum IAH program requirements;

• Involve partnerships with other organizations that address broader community interests and social development;

• Have a proven track record in developing and managing affordable rental housing projects and experience working with the proposed target client group(s) and/or has contracted with experienced firms and agencies; and

• Demonstrate the capacity and financial capability to undertake the proposed development.

Responses Received Under EOI 2014-03

The EOI 2014-03 review team consisted of staff from Housing, Legal Services, Finance and Social Services as required. Proponents that met the basic requirements of the EOI were also interviewed by members of the review team. This part of the process allowed an opportunity for the groups to elaborate on their proposal and for staff to seek clarification. Staff also discussed the proposed sites with Area Municipal planning staff to
determine Area Municipal interest and confirm approvals that may be required for each of the proposals.

Following the meetings with the groups, the projects were categorized and given priority based on how they addressed the program criteria and their construction readiness. The names of proponents, locations and size of projects, funding sources, and level of allocation may change given that some proponents may incorporate for the purpose of building and maintaining projects while others still have not finalized the purchase of suitable property for the project.

The Region received two proposals; one from a non-profit corporation and one from a proposed public-private sector partnership. The projects include up to 10 units with funding requests totalling approximately $1 million. Each of these projects incorporates innovative elements that complement both the range of units currently offered within the Region’s Affordable Housing Strategy, and Regional and local priorities (see Appendix A).

**Priority Projects**

One of the proposals submitted most fully meets the objectives and priorities of the EOI and is recommended for IAH funding under the Region’s AHS funding as a Priority Project at this time, namely Waterloo Regional Homes for Mental Health Inc. The individual project funding will be subject to additional refinement with the project proponent and there are several standard pre-conditions to the authorizing of the advance of funding. These include receipt of a letter of commitment from a lender confirming that the project can be financed, an undertaking from Canada Mortgage and Housing Corporation, if applicable, to insure the first mortgage, confirmation that the property and the proponent are not engaged in any litigation or legal proceedings which may impact the Region’s interest in funding the project, and that appropriate liability, planning approvals, and support service agreements, if applicable, have been secured for the project.

**Waterloo Regional Homes for Mental Health Inc.**

Waterloo Regional Homes for Mental Health Inc. (WRMH) has been serving the community since 1980 and provides housing with support services to those living with mental health concerns. WRMH is proposing to purchase 3 two-bedroom units in a recently completed condominium at 505 Margaret Avenue, Cambridge. WRMH has over 200 individuals and families on their waiting list for affordable housing with supports. WRMH is proposing that two of the units be shared by two unrelated individuals and one family unit, providing affordable housing to six or seven persons.
Early Stage Proposals

The remaining proposal address several of the EOI's objectives and priorities and may proceed subject to available funding and further project refinement, but because of required municipal approvals, limited funding at this time and/or need for additional refinements, are not recommended for funding at this time. Staff is proposing to continue to work with the remaining proponent noted below.

Setman Limited

Setman Limited submitted a proposal on behalf of 30 Duke Street Limited, and a future non-profit corporation to be formed, for seven units at 30 Duke Street W., Kitchener in the Ontario Tower. This is an existing five storey office building that the proponent is planning to convert into a total of 33 affordable one-bedroom units. The proponent indicated that they would submit a proposal to a future call for EOIs for funding to create the other 26 units. Refinements to proposed rents, unit sizes and target group are required to align this proposal with the EOI’s objectives and requirements.

Area Municipal Consultation/Coordination

Regional staff reviewed the proposed sites with all affected Area Municipal staff to determine any issues, concerns or implications relating to any potential new projects. Area Municipal staff, based on the information available, had no concerns regarding the recommended Priority Project. In EOI 2014-03, proponents were also requested to consult with the Area Municipality prior to submitting their proposal and advised that successful proponents would be required to continue to work collaboratively with the Area Municipality on an ongoing basis.

Corporate Strategic Plan:

Allocating IAH funding and assisting the recommended priority projects through development will assist in achieving Council's Strategic Objective 4.5 by increasing the supply and range of affordable housing.

Financial Implications:

The Region currently has $693,707 in unallocated IAH program funding to commit by December 31, 2014. As proposed, the one Priority Project would result in 3 units housing 6 to 7 persons and requiring up to $360,000 in IAH funding, leaving $333,707 to be committed by the end of the year. It is recommended that the Director of Housing be authorized to reallocate funding among the program components as needed, to ensure full utilization of the notional allocation. The various program components include Ontario Renovates, Affordable Home Ownership and the possibility of another EOI affordable rental and supportive housing. Should the funding be included in an EOI, the results and
recommended allocations for specific proposals will be submitted to Regional Council for approval.

This program will not impact the current tax levy for housing programs as funds from senior levels of governments are being utilized. The Region will continue its existing policy of providing limited grants to offset Regional Development Charges (RDC) for rental and supportive project priorities which proceed to building permit stage on a first come, first served basis, as contained in Council-approved Report P-03-046. There is currently an uncommitted balance of approximately $1.2 million for this purpose which is sufficient to address any RDC grants for the proposed Priority Project. Finally, the Region has also adopted the Optional Property Class for New Multi-Residential Development that provides preferential tax treatment (a tax ratio of 1.000) for new multi-residential developments relative to residential properties for 35 years (F-02-031). The Optional Property Class for New Multi-Residential Development applies to all projects involving 7 of more units developed under the new AHS.

Other Department Consultations/Concurrence:

Staff from Social Services, Finance and Legal Services has been consulted in the preparation of this report.

Attachments:

Appendix A - EOI 2014-03 Priority Summary

Prepared By: Jeffrey Schumacher, Supervisor, Housing Supply Initiatives

          Deb Schlichter, Director of Housing

Approved By: Rob Horne, Commissioner, Planning, Housing and Community Service
## Appendix A - EOI 2014-03 Priority Summary

<table>
<thead>
<tr>
<th>Recommended Priority Projects</th>
<th>Potential Priority Projects</th>
<th>Early Stage Proposals</th>
<th>Conceptual Projects</th>
<th>Not Recommended At This Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterloo Regional Homes for Mental Health Inc.</td>
<td>Setman Limited, on behalf of a new Non-Profit Corporation to be formed</td>
<td>30 Duke Street W., Ontario Tower, Kitchener</td>
<td>7 units, conversion</td>
<td>up to $91,609/unit up to $641,263 total</td>
</tr>
<tr>
<td>505 Margaret Avenue, Cambridge</td>
<td>3 units, new construction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>up to $120,000/unit up to $360,000 total</td>
<td></td>
<td>7 units, conversion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Recommended Priority Projects** - Projects proposed to be submitted to the Province when construction-ready and funding is available.
- **Potential Priority Projects** – Projects which require further refinement before submitting to the Province, as funding is available.
- **Early Stage Proposals and Conceptual Projects** - Projects which require further development before consideration by Regional Council for future funding under the AHS.
Region of Waterloo
Planning, Housing and Community Services
Housing

To: Chair Strickland and Members of the Community Services Committee
Date: September 9, 2014 File Code: D26-20
Subject: Extension of the Investment in Affordable Housing for Ontario Program

Recommendation:

That The Regional Municipality of Waterloo approve the following with regard to the Investment in Affordable Housing (IAH) for Ontario Program Extension, as described in Report P-14-093, dated September 9, 2014:

a) Agree to participate in the Investment in Affordable Housing for Ontario Program Extension;

b) Authorize the Regional Chair and Regional Clerk to execute an Administration Agreement with the Province of Ontario and other such agreements and documentation in a form satisfactory to the Regional Solicitor, as may be required to participate in Investment in Affordable Housing for Ontario Program Extension;

c) Authorize the Commissioner of Planning, Housing and Community Services to execute and deliver all documentation required by the Province of Ontario and the Region of Waterloo for the purpose accessing funding from the Investment in Affordable Housing for Ontario Program Extension; and

Summary:

On August 11, 2014, the extension of the Investment in Affordable Housing for Ontario (IAH) program was announced, which is a joint initiative between the provincial and federal governments that will provide another $800 million across the province for more affordable housing over six years (2014 – 2020). The Region of Waterloo’s Year 1 (2014-2015) allocation is $2,547,400. The annual allocations for each of the final five years of the program (2015-2020) will be based on the new census data and will be
provided once this data becomes available. The Province has set a Year 1 commitment deadline for January 30, 2015 to allocate the funds. The Region will be required to enter into an Administration Agreement with the Province to access the new funding.

The IAH Program provides greater flexibility for Service Managers to address local housing needs. Service Managers are responsible for determining which IAH components they want to deliver (Rental Housing, Homeownership, Ontario Renovates, Rent Supplement, Housing Allowance) and how much of the notional allocation will be dedicated to each of the components to be delivered.

Report:

On August 11, 2014, the extension of the Investment in Affordable Housing for Ontario (IAH) program was announced. This is a joint initiative between the provincial and federal governments that will provide another $800 million across the province to build more affordable housing and repair existing units over six years (2014 – 2020).

The IAH (2014 Extension) is a continuation of the original Investment in Affordable Housing for Ontario (IAH) program 2011-2014, outlined in Report P-11-084, where the Region of Waterloo’s notional allocation was $12,840,659 divided over the four-year period.

An August 11, 2014 letter from the Minister of Municipal Affairs and Housing (MMAH), identified the Region of Waterloo’s Year 1 (2014-2015) allocation of $2,547,400 (see Attachment 1). The annual allocations for each of the final five years of the program (2015-2020) will be provided at a later date and will be based on the new census data. The Region will be required to enter into an Administration Agreement with the Province in order to access the Year 1 funding.

The deadline for allocating Year 1 funding under IAH (2014 Extension) is January 30, 2015. Funding not committed by that date may be re-allocated by the Province to another Service Manager.

The IAH Program provides greater flexibility for Service Managers to address local housing needs. Service Managers are responsible for determining which IAH components they want to deliver (Rental Housing, Homeownership, Ontario Renovates, Rent Supplement, Housing Allowance) and how much of the notional allocation will be dedicated to each of the components and administration. The new Affordable Housing Strategy (AHS) 2014-2019, was endorsed by Regional Council on June 4, 2014, as a key approach to address affordable housing needs and will be used as the basis for the allocation of IAH (2014 Extension) funding.
Next Steps:

Regional staff will review the new IAH (2014 Extension) program guidelines once they are available and assess which components would best address local housing needs as per the goal and priorities of the new AHS 2014-2019. As with the current IAH program, staff anticipates there will need to be an approved Program Delivery and Fiscal Plan prior to the Province advancing any funds to the Region. If required, staff will draft a Program Delivery and Fiscal Plan for consideration by Regional Council once program details are available.

As funding commitments with potential recipients of IAH (2014 Extension) funding need to be in place by January 30, 2015, staff propose to issue a new call for Expressions of Interest for new affordable rental and supportive housing in the Fall of 2014. The results of the call for Expressions of Interest and recommended allocations for specific proposals would be provided in a report for consideration by Regional Council.

In addition to new affordable rental and supportive housing, staff will review the upcoming program guidelines to determine if any other components of the new AHS 2014-2019 can use Year 1 funding to ensure the full $2,547,400 is fully allocated. The other components the new AHS 2014-2019 consist of the Affordable Home Ownership program, Ontario Renovates, Revitalization of Community Housing and a new flexible housing assistance program. Staff would bring a report forward for consideration by Regional Council on any funding for these components.

While this new allocation under the IAH (2014 Extension) program is timely, given the Region’s new AHS 2014-2019, the expected funding is not sufficient to fully address all the affordable housing needs in the community and is not the long term funding commitment needed to adequately plan for affordable housing solutions. Staff will continue to collaborate with our local and sector partners (e.g. Association of Municipalities of Ontario, Federation of Canadian Municipalities, Ontario Municipal Social Services Association) to request senior levels of government to commit to long-term funding for sustainable affordable housing and supports.

Area Municipal Coordination/Consultation:

A copy of this report has been distributed to all Area Municipalities. Regional staff will continue to meet with Area Municipal staff to review proposed affordable housing projects submitted within their Municipality.

Corporate Strategic Plan:

Funding received under the IAH (2014 Extension) will help to implement the new AHS 2014-2019 which will address Regional Council’s Strategic Objective 4.5 “work
collaboratively to increase the supply and range of affordable housing and reduce homelessness."

**Financial Implications:**

The new IAH (2014 Extension) program will provide $2,547,400 in funding over the remainder of Year 1 (April 1, 2014 to March 31, 2015) to help implement the Region’s new AHS 2014-2019 and address local affordable housing needs. The notional allocation for the final five years of the new IAH (2014 Extension) program are to be based on the new census data and will be provided at a later date.

This program will not impact the current tax levy for housing programs as funds from senior levels of governments are being utilized. The Region of Waterloo’s main financial contribution is for the Rental Component through the provision of limited grants to offset Regional Development Charges, the RDC reserve fund currently has an uncommitted balance of approximately $1.2 million. The Region has also adopted the Optional Property Class for New Multi-Residential Development that provides preferential tax treatment (a ratio of 1.000) for new multi-residential developments for 35 years (F-02-031). The Optional Property Class for New Multi-Residential Development will continue to apply to projects developed under the new AHS.

The allocation of the new IAH (2014 Extension) funding and the financial implications relating to implementation would be subject to a future report for consideration by Regional Council.

**Other Department Consultations/Concurrence:**

Staff from Legal Services, Finance and Social Services have been consulted in the preparation of this report.

**Attachments:**

Attachment 1 - Letter from The Honourable Ted McMeekin, Minister of Municipal Affairs and Housing, dated August 11, 2014

**Prepared By:** Jeffrey Schumacher, Supervisor, Housing Supply Initiatives  
Deb Schlichter, Director of Housing

**Approved By:** Rob Horne, Commissioner, Planning, Housing and Community Services
August 11, 2014

Chair Ken Seiling
Chair
Regional Municipality of Waterloo
150 Frederick Street
Kitchener, ON N2G 4J3

Dear Chair Seiling:

I am pleased to inform you that the extension of the Investment in Affordable Housing for Ontario (IAH) program was announced today, August 11, 2014. The IAH (2014 Extension) is a joint initiative between our government and the federal government that will provide another $600 million for more affordable housing over six years.

With this investment, Ontario’s funding commitment is now over $4 billion since 2003. This is the largest affordable housing investment in the province’s history. Ontario is supporting the creation of over 20,000 affordable rental housing units, making more than 275,000 repairs and improvements to social and affordable housing units, and providing rental and down payment assistance to over 90,000 households in need.

The IAH (2014 Extension) will continue to provide increased flexibility and accountability for Service Managers to design strategies that meet local needs and priorities identified in their Housing and Homelessness Plans.

As with the current IAH, Service Managers will be provided with annual notional funding allocations for their area in order to assist with the planning and delivery of the new program.

I am pleased to advise that the Year 1 (2014-15) notional funding allocation under the new program for the Regional Municipality of Waterloo is $2,547,400. Allocation for the final five years of the program (2015-20) will be based on the new census data and will be provided once this data becomes available.

Each Service Manager’s annual notional funding allocation must be committed within the established deadlines of each program year. Funding that is not committed by these deadlines may be re-allocated to other Service Managers.
I recognize that there will be challenges to meet the funding commitment deadline this year. Consequently, this deadline has been extended to January 30, 2015 and ministry staff will work closely with Service Managers to ensure full program take up.

Service Managers will soon be provided with the Administration Agreement template that includes the Program Guidelines.

Our government continues to recognize the need for affordable housing across Ontario and we believe that the future of housing depends on sustained funding. While the IAH (2014 Extension) will provide funding for housing over six years, I continue to encourage you to support the province’s call for a long-term funding commitment from the federal government that is fair to Ontarians and will help meet the needs of Ontario families.

Best regards,

[Signature]

The Honourable Ted McMeekin
Minister of Municipal Affairs and Housing

c. Mr. Michael Marray, Chief Administrative Officer, Regional Municipality of Waterloo
Ms. Deb Schlichter, Housing Director, Regional Municipality of Waterloo
<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Requestor</th>
<th>Request</th>
<th>Assigned Department</th>
<th>Anticipated Response Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07-Jan-14</td>
<td>B. Halloran</td>
<td>That staff provide a report outlining the Region's advocacy efforts in relation to discretionary benefits and provide a recommendation in relation to requesting that the province increase the per case cap from $10 to $15</td>
<td>Social Services - Employment and Income Support</td>
<td>February/March 2014</td>
</tr>
<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>
<td>Social Services</td>
<td>September 2014</td>
</tr>
<tr>
<td>12-Aug-14</td>
<td>CS Committee</td>
<td>That staff provide a report on the outlining possible options for influencing the availability of unhealthy food and what other municipalities are doing in relation to this issue</td>
<td>Public Health / Planning, Housing and Community Services</td>
<td>Spring 2015</td>
</tr>
<tr>
<td>12-Aug-14</td>
<td>CS Committee</td>
<td>That staff provide an update on the outcome of the September 27th meeting with Out of the Cold</td>
<td>Social Services</td>
<td>Nov-2014</td>
</tr>
<tr>
<td>Date</td>
<td>Committee</td>
<td>Action</td>
<td>Responsible Committee</td>
<td>Date</td>
</tr>
<tr>
<td>------------</td>
<td>------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>12-Aug-14</td>
<td>CS Committee</td>
<td>That staff work with the community Harm Reduction Committee to explore concerns raised about the needle syringe programs including needle inventory, retractable needles, training of staff/volunteers at community sites and increasing disposal units</td>
<td>Public Health/Harm Reduction Coordinating Committee</td>
<td>Spring 2015</td>
</tr>
</tbody>
</table>
Quarterly Performance Report
For the Period of April – June 2014
Produced on August 25, 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 ................................. 4
   Total number and rate of calls per 1,000 population, year-to-date, by municipality and month ........................................... 5
   Total number and rate of calls per 1,000 population, year-to-date, by municipality and year .............................................. 6
   Total number of patient transports, year-to-date, by return priority code ........................................................................ 7
   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), year-to-date, 90th percentile, by municipality ............................... 14
   EMS service response time to emergency calls (code 4), 90th percentile, by year .............................................................. 15
   EMS service response time to emergency calls (code 4), 80th percentile, by population density ........................................ 16
   EMS service warning system use, by month .......................................................................................................................... 17
   Percentage of calls with crew chute adherence (meets two minute policy), by month ...................................................... 18

C. EFFICIENCY INDICATORS .................................................................................................................................................... 19
   Number of ambulance days lost to offload delay, by month ................................................................................................ 20
   Percentage of time in code yellow status, by month ............................................................................................................ 21
   Percentage of time in code red status, by month .................................................................................................................. 22

D. SERVICE AND QUALITY IMPACT INDICATORS ................................................................................................................ 23
   Percentage of stroke patients transported to a stroke facility†, by month ............................................................................. 24
   Percentage of cardiac arrest patients with return of spontaneous circulation (ROSC) .............................................................. 25
   Percentage of heart attack patients where care was provided in less than 90 minutes (STEMI protocol) ................................. 26

E. GLOSSARY ............................................................................................................................................................................ 27
### SUMMARY

#### A. VOLUME AND SERVICE LEVEL INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Quarter</th>
<th>Year-To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Calls</td>
<td>9,088</td>
<td>17,817</td>
</tr>
<tr>
<td>Rate of calls per 1,000 population</td>
<td>66.1</td>
<td>65.1</td>
</tr>
<tr>
<td>Unit Hour Utilization</td>
<td>Refer to Pages 9 – 11.</td>
<td></td>
</tr>
</tbody>
</table>

#### C. EFFICIENCY INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Quarter</th>
<th>Year-To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offload Delay (# of days)*</td>
<td>48.9 days</td>
<td>101.5</td>
</tr>
<tr>
<td>Code Yellow Time</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Code Red Time</td>
<td>Not available</td>
<td>Not available</td>
</tr>
</tbody>
</table>

#### B. COMPLIANCE AND QUALITY ASSURANCE INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Quarter</th>
<th>Year-To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Time (Code 4)*</td>
<td>11min 12sec</td>
<td>11min 44sec</td>
</tr>
<tr>
<td>EMS Warning System Use</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Chute Time Adherence</td>
<td>93.5%</td>
<td>92.4%</td>
</tr>
</tbody>
</table>

#### D. SERVICE AND QUALITY IMPACT INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Quarter</th>
<th>Year-To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Patient to Stroke Facility*</td>
<td>88.1%</td>
<td>86.6%</td>
</tr>
<tr>
<td>Return of Spontaneous Circulation*</td>
<td>18.0%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Heart attack (STEMI) protocol*</td>
<td>58.0%</td>
<td>72.0%</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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response Times</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Quarter</td>
<td>11min 14sec</td>
<td>10min 05sec</td>
<td>10min 09sec</td>
<td>15min 17sec</td>
<td>19min 19sec</td>
<td>17min 43sec</td>
<td>14min 56sec</td>
</tr>
<tr>
<td>Year-To-Date</td>
<td>11min 42sec</td>
<td>10min 35sec</td>
<td>10min 19sec</td>
<td>16min 45sec</td>
<td>22min 11sec</td>
<td>20min 13sec</td>
<td>14min 58sec</td>
</tr>
<tr>
<td><strong>Total Call Volume</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Quarter</td>
<td>2,374</td>
<td>4,391</td>
<td>1,544</td>
<td>122</td>
<td>59</td>
<td>271</td>
<td>320</td>
</tr>
<tr>
<td>Year-To-Date</td>
<td>4,483</td>
<td>8,558</td>
<td>3,200</td>
<td>293</td>
<td>129</td>
<td>500</td>
<td>654</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.
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, 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 the rate year-to-date, continuing to outpace population growth, and was likely influenced by an aging population. EMS experienced its busiest quarter ever with 9,088 calls and is on-pace to have its busiest year ever with nearly 36,000 expected by year's end. UHU tends to increase beginning around 4am, peaking between 10am and 12pm, before gradually decreasing the rest of the day. 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.

Performance Report

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Indicator Definition</th>
<th>Current Quarter</th>
<th>Year-To-Date</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>9,088</td>
<td>17,817</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>66.1</td>
<td>65.1</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. †Less than three years of data available.</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 1st to June 30th, 2009-2014**

#### Number of calls

<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>1 – Deferrable</td>
<td>335</td>
<td>404</td>
<td>377</td>
<td>392</td>
<td>329</td>
<td>256</td>
<td>238</td>
<td>238</td>
</tr>
<tr>
<td>2 – Scheduled</td>
<td>139</td>
<td>132</td>
<td>107</td>
<td>84</td>
<td>146</td>
<td>97</td>
<td>74</td>
<td>74</td>
</tr>
<tr>
<td>3 – Prompt</td>
<td>1,899</td>
<td>3,119</td>
<td>4,790</td>
<td>5,007</td>
<td>5,217</td>
<td>4,539</td>
<td>4,637</td>
<td>4,637</td>
</tr>
<tr>
<td>4 – Urgent</td>
<td>12,612</td>
<td>11,681</td>
<td>10,471</td>
<td>11,461</td>
<td>11,719</td>
<td>12,287</td>
<td>12,868</td>
<td>12,868</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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Deferrable</td>
<td>58.9</td>
<td>59.8</td>
<td>60.7</td>
<td>64.4</td>
<td>65.2</td>
<td>63.7</td>
<td>65.1</td>
<td>65.1</td>
</tr>
<tr>
<td>2 – Scheduled</td>
<td></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>
<td></td>
</tr>
<tr>
<td>4 – Urgent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Annual change (%)

<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>1 – Deferrable</td>
<td>0.1%</td>
<td>1.5%</td>
<td>1.4%</td>
<td>6.3%</td>
<td>1.2%</td>
<td>-2.4%</td>
<td>2.3%</td>
<td></td>
</tr>
<tr>
<td>2 – Scheduled</td>
<td></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>
<td></td>
</tr>
<tr>
<td>4 – Urgent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Deferrable</td>
<td>14,985</td>
<td>15,336</td>
<td>15,745</td>
<td>16,944</td>
<td>17,411</td>
<td>17,179</td>
<td>17,817</td>
<td></td>
</tr>
<tr>
<td>2 – Scheduled</td>
<td></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>
<td></td>
</tr>
<tr>
<td>4 – Urgent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Deferrable</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>35,929*</td>
<td></td>
</tr>
<tr>
<td>2 – Scheduled</td>
<td></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>
<td></td>
</tr>
<tr>
<td>4 – Urgent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Annual change (%)

<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>1 – Deferrable</td>
<td>4.5%</td>
<td>0.1%</td>
<td>1.5%</td>
<td>8.4%</td>
<td>3.4%</td>
<td>-1.2%</td>
<td>3.7%*</td>
<td></td>
</tr>
<tr>
<td>2 – Scheduled</td>
<td></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>
<td></td>
</tr>
<tr>
<td>4 – Urgent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Projected

**Source:** ADRS (August 8th, 2014)
# Total number and rate of calls per 1,000 population, year-to-date, by municipality and month

Waterloo Region, January 1st to June 30th, 2014

<table>
<thead>
<tr>
<th>Rate per 1,000 by month</th>
<th>Jan → Jun</th>
<th>Year-to-date (YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Rate per 1,000</td>
</tr>
<tr>
<td><strong>Cities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambridge</td>
<td>■ ■ ■ ■ ■</td>
<td>65.3</td>
</tr>
<tr>
<td>Kitchener</td>
<td>■ ■ ■ ■ ■</td>
<td>72.9</td>
</tr>
<tr>
<td>Waterloo</td>
<td>■ ■ ■ ■ ■</td>
<td>57.4</td>
</tr>
<tr>
<td><strong>Cities total</strong></td>
<td>■ ■ ■ ■ ■</td>
<td>67.2</td>
</tr>
<tr>
<td><strong>Townships</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Dumfries</td>
<td>■ ■ ■ ■ ■</td>
<td>56.9</td>
</tr>
<tr>
<td>Wellesley</td>
<td>■ ■ ■ ■ ■</td>
<td>23.4</td>
</tr>
<tr>
<td>Wilmot</td>
<td>■ ■ ■ ■ ■</td>
<td>51.1</td>
</tr>
<tr>
<td>Woolwich</td>
<td>■ ■ ■ ■ ■</td>
<td>58.0</td>
</tr>
<tr>
<td><strong>Townships total</strong></td>
<td>■ ■ ■ ■ ■</td>
<td>49.7</td>
</tr>
<tr>
<td><strong>Waterloo Region</strong></td>
<td>■ ■ ■ ■ ■</td>
<td>65.1</td>
</tr>
</tbody>
</table>

**Source:** ADRS (August 8th, 2014)
# Total number and rate of calls per 1,000 population, year-to-date, by municipality and year

Waterloo Region, January 1st to June 30th, 2009-2014

<table>
<thead>
<tr>
<th>Rate per 1,000 by year</th>
<th>Year-to-date</th>
<th>Min. - Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cities</strong></td>
<td>2009 → 2014</td>
<td></td>
</tr>
<tr>
<td>Cambridge</td>
<td>57.6 - 65.3</td>
<td></td>
</tr>
<tr>
<td>Kitchener</td>
<td>68.7 - 74.8</td>
<td></td>
</tr>
<tr>
<td>Waterloo</td>
<td>49.4 - 57.4</td>
<td></td>
</tr>
<tr>
<td><strong>Cities total</strong></td>
<td></td>
<td>61.1 - 67.5</td>
</tr>
<tr>
<td><strong>Townships</strong></td>
<td>2009 → 2014</td>
<td></td>
</tr>
<tr>
<td>North Dumfries</td>
<td>52.4 - 74.5</td>
<td></td>
</tr>
<tr>
<td>Wellesley</td>
<td>22.4 - 38.4</td>
<td></td>
</tr>
<tr>
<td>Wilmot</td>
<td>43.0 - 60.7</td>
<td></td>
</tr>
<tr>
<td>Woolwich</td>
<td>54.0 - 63.5</td>
<td></td>
</tr>
<tr>
<td><strong>Townships total</strong></td>
<td></td>
<td>47.3 - 60.1</td>
</tr>
<tr>
<td><strong>Waterloo Region</strong></td>
<td>59.8 - 65.2</td>
<td></td>
</tr>
</tbody>
</table>

Source: ADRS (August 8th, 2014)
Total number of patient transports, year-to-date, by return priority code

Waterloo Region, January 1st to June 30th, 2014

- (1) Deferrable: 3,055
- (2) Scheduled: 89
- (3) Prompt: 1,534
- (4) Urgent: 1
- (6) Transport deceased: 1

Proportion of patient and non-patient carry calls, year-to-date, by return priority code

Waterloo Region, January 1st to June 30th, 2014

- Patient carry calls: 82.8%
- Non-patient carry calls: 17.2%

Source: TabletPCR (August 11th, 2014)
Unit Hour Utilization (UHU), by hourly average (24 hour clock)
Waterloo Region, April 1st to April 30th, 2014

Source: ADRS (August 11th, 2014)
Unit Hour Utilization (UHU), by hourly average (24 hour clock)
Waterloo Region, May 1st to May 31st, 2014

Source: ADRS (August 11th, 2014)
Unit Hour Utilization (UHU), by hourly average (24 hour clock)
Waterloo Region, June 1st to June 30th, 2014

Source: ADRS (August 11th, 2014)
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) remains slightly above the 90th percentile’s for the same time period last year, but has improved since 2014-Q1 likely due to the improvements in weather, offload delays, the end of the influenza season, as well as resource additions in 2012 and 2013. EMS has begun monitoring response parameters observed from urban, suburban and rural perspectives, aligning with the Response Time Performance Plan, 80th percentile response time. No warning system infractions were identified through internal reviews in the last quarter. Chute time adherence remained above the historical average for the quarter as Region of Waterloo EMS continues work to improve compliance on this metric. 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>Year-To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS Service Response Time to</td>
<td>A measurement of the EMS Services’ ability to meet performance standards outlined by</td>
<td>11min 12sec</td>
<td>11min 44sec</td>
</tr>
<tr>
<td>Emergency Calls (Code 4)</td>
<td>the Ministry for Emergency Calls (Code 4). This is a historical benchmark value.</td>
<td></td>
<td></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</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td></td>
<td>(based on a review of internal audits conducted on calls flagged for review during the month).</td>
<td></td>
<td></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>93.5%</td>
<td>92.4%</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 June 30th, 2014

<table>
<thead>
<tr>
<th>Month</th>
<th>90th Percentile (2013)</th>
<th>90th Percentile (2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>11:50</td>
<td>12:33</td>
</tr>
<tr>
<td>Feb</td>
<td>11:51</td>
<td>12:16</td>
</tr>
<tr>
<td>Mar</td>
<td>11:57</td>
<td>11:26</td>
</tr>
<tr>
<td>Apr</td>
<td>11:59</td>
<td>10:52</td>
</tr>
<tr>
<td>May</td>
<td>11:10</td>
<td>11:14</td>
</tr>
<tr>
<td>Jun</td>
<td>11:20</td>
<td>11:31</td>
</tr>
<tr>
<td>Jul</td>
<td>10:44</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td>11:00</td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td>10:49</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>11:12</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>10:33</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td>11:59</td>
<td></td>
</tr>
</tbody>
</table>

Sources: ADRS (January to June, 2014) (August 11th, 2014), ADRS (January to June, 2013) (August 20th, 2013), ADRS (July to September, 2013) (November 6th, 2013), and ADRS (October to December, 2013) (January 23rd, 2014)
EMS service response time to emergency calls (code 4), year-to-date, 90th percentile, by municipality
Waterloo Region, January 1st to June 30th, 2011-2014

Source: ADRS (August 11th, 2014)
EMS service response time to emergency calls (code 4), 90th percentile, by year
Waterloo Region, January 1st to June 30th, 2009-2014

Source: ADRS (August 11th, 2014)
EMS service response time to emergency calls (code 4), 80th percentile, by population density
Waterloo Region, January 1st to June 30th, 2011-2014

Source: ADRS (August 14th, 2014)
### EMS service warning system use, by month

Waterloo Region, January 1\(^{st}\), 2013 to June 30\(^{th}\), 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>

**Source:** TabletPCR (August 12\(^{th}\), 2014)
Percentage of calls with crew chute adherence (meets two minute policy), by month

Waterloo Region, January 1st, 2013 to June 30th, 2014

Source: TabletPCR (August 12th, 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 trended down, but remain above 2013 values and significantly below previous years’ values for the same time period. The decrease seen between April and June was not unexpected following the end of 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. Due to staffing and resource issues at the CACC updated Code Yellow and Code Red indicator data were not available at the time of reporting. Updated data will be reported as it becomes available in future quarterly reports.

Performance Report

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Indicator Definition</th>
<th>Current Quarter</th>
<th>Year-To-Date</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>48.9 days</td>
<td>101.5</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>Not available</td>
<td>Not available</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>Not available</td>
<td>Not available</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 June 30th, 2014

Source: TabletPCR (August 12th, 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>% of time in code yellow (2013)</th>
<th>% of time in code yellow (2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>9.9</td>
<td>8.3</td>
</tr>
<tr>
<td>Feb</td>
<td>8.0</td>
<td>12.0</td>
</tr>
<tr>
<td>Mar</td>
<td>4.5</td>
<td>9.2</td>
</tr>
<tr>
<td>Apr</td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>4.6</td>
<td></td>
</tr>
<tr>
<td>Jun</td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td>3.1</td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td>6.6</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>5.7</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td>6.5</td>
<td></td>
</tr>
</tbody>
</table>


Note: Data for April to June (Q2) not available at time of publication.

Source: CACC (May 13th, 2014)
Percentage of time in code red status, by month
Waterloo Region, January 1st, 2013 to March 31st, 2014

Note: Data for April to June (Q2) not available at time of publication.

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 finishing the quarter slightly above the historical average. As any Return of Spontaneous Circulation (ROSC) is deemed positive, results for ROSC continued to show improvement from the historical average, 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 much lower than the historical average of providing care in less 90 minutes 77% 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>Year-To-Date</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>88.1%</td>
<td>86.6%</td>
</tr>
<tr>
<td>Return of Spontaneous Circulation (ROSC)</td>
<td>The percentage of cardiac arrest patients with the return of pulse.</td>
<td>18.0%</td>
<td>15.6%</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>58.0%</td>
<td>72.0%</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 1st, 2013 to June 30th, 2014

†Stroke facilities include: Grand River, Brantford General, Hamilton General, Stratford General, and Guelph General.

Source: TabletPCR (August 12th, 2014)
Percentage of cardiac arrest patients with return of spontaneous circulation (ROSC) by month, Waterloo Region, January 1st, 2013 to June 30th, 2014

Source: TabletPCR (August 12th, 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 June 30th, 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 (August 12th, 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 patient’s ‘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.x

**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).xi

**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.xii
**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


What is a Hate Crime?

A criminal offence against a person or property is considered a hate crime when there is evidence that the offence was motivated by hate, based on the victim’s: race, ethnic origin, language, colour, religion, sex, age, mental or physical disability, sexual orientation, or other similar factors.

Hate crime can involve “intimidation, harassment, physical force or threat of physical force against a person, a group or a property”. The victims are targeted for who they are, not because of anything they have done.

Victims of hate crimes report a greater emotional impact such as sustained anger, depression, anxiety and fear, than victims of other crimes.

In Canada

The Criminal Code of Canada recognizes four specific offences as ‘hate crime’:
- advocating genocide
- public incitement of hatred
- willful promotion of hatred
- mischief in relation to religious property

If a crime is motivated by hate this is taken into account during sentencing, which can increase the length of the sentence given to the offender.

Trends

Men commit most hate crimes. In 2012, more than 8 in 10 persons (84%) charged by police with hate crimes were male. (Statistics Canada, 2014)

Hate crimes are highest among those under 25 as both victims (40%) and offenders (57%).

Mischief accounted for half of all police reported hate crimes in 2012.

In 2012, most hate crimes were non-violent. Violence accounted for slightly less than one third (31%) of hate crimes. (Statistics Canada 2014)

However, two-thirds of hate crimes that are based on sexual orientation are violent.

Over 50% of persons who are victims or perpetrators of hate crimes based on sexual orientation are males under 25.

Victims of hate crimes based on religion tend to be older (over 35).
Understanding the Issue

Police Reported Hate Crime (Canada)

Hate crime statistics in Canada are difficult to interpret. According to the General Social Survey (GSS) on victimization only about 1/3 of hate crimes are reported to police. This is consistent with underreporting of other crimes. Most commonly, hate crimes that are reported are related to mischief.

Hate crime reports are also subject to variances in classification. What one police service may classify as a hate crime another may not. Caution should be used when comparing hate crime statistics across municipalities unless there is certainty that police services are very similar in how they classify hate crimes.

Police Reported Hate Crime (Local)

What Can You Do?

• Speak of diversity as an asset.
• Be an ally to those who might become or have been a victim of a hate crime.
• Become familiar with how the law defines hate crime.
• Don’t suffer in silence. Often victims of a hate crime have experienced discrimination in their past that make the experience of hate crime victimization even more traumatic.
• Know that there are local supports available to provide information on services and resources.
• Report it when you see it.
• If you see it on property, do not touch anything until police have examined the scene for evidence. The responding officer will inform you of further steps.
• Businesses should be familiar with local bylaws for clean up. Some municipalities have a time limit for removal.

Reporting a Hate Crime

To report a crime in progress or if there is an immediate threat to safety call 9-1-1.

If there is NOT an immediate concern for your safety, call 519-653-7700.

Waterloo Regional Police Service
www.wrps.on.ca

Local Support

Immigration Partnership Waterloo Region
www.immigrationwaterlooregion.ca

Waterloo Region Rainbow Coalition
www.yourwrrc.ca

“Hate crime not only harms the victims, it also injects fear in all those who belong to the same group as the victims and in that it has a big effect on the fabric of our societies.”

Morten Kjaerum, European Union Agency for Fundamental Rights