1. DECLARATIONS OF PECUNIARY INTEREST UNDER THE MUNICIPAL CONFLICT OF INTEREST ACT

2. DELEGATIONS
a) Shannon Freeman Re: SS-11-004, Child Care Fee Subsidy Wait List Management Process
b) Mary Ann Wasilka Re: Living Wage

3. PRESENTATIONS
a) Public Health – Overview of Major Issues and Priorities (Staff Presentation)

4. REPORTS – Public Health
a) PH-11-001, Board of Health Orientation 1
b) PH-11-002, Highlights from the Ontario Burden of Infectious Disease Study 7
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5. REPORTS – Social Services
a) SS-11-001, Waterloo Region Energy Assistance Program Update 20
b) SS-11-002, Social Assistance Review and Changes to the Special Diet Allowance 37
c) SS-11-003, Distribution of Child Care Stabilization Minor Capital Funding for 2010/11 40
d) SS-11-004, Child Care Fee Subsidy Wait List Management Process 42
e) SS-11-005, Child Care Fee Subsidy Caseload Profile 46

6. INFORMATION/CORRESPONDENCE
a) Memo: Ontario Works Caseload Report December 2010 (To be distributed at the meeting)
b) **Memo**: Provincial Long-Term Affordable Housing Strategy (LTAHS)  

c) **Memo**: Update on On-Line Application for Social Assistance  

d) Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)  
   **Position Paper** Re:: Municipal Delivery of Long Term Care Services  
   *(Distributed separately to Councillors/Senior Staff only)*  

e) Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)  
   **e-Bulletin** Re: Long Term Care Home Act (LTCHA) Implementation of New Resources and Webinars  

f) **Memo**: Influenza Activity in Waterloo Region  

7. **OTHER BUSINESS**  

a) Council Enquiries and Requests for Information **Tracking List**  

8. **NEXT MEETING** – January 25, 2011  

9. **ADJOURN**
Region of Waterloo

January 6, 2011

To Community Services Committee

I would like to request a small budget line for some staff time to review the Community Services budget as it relates to their Human Resources allocations for 2011.

For example - how many employees does the Region of Waterloo employ directly in the Community Services Department -- actual number of Full time employees. I would assume they all make more than $13.00/ hour or a living wage.

How many employees does the ROW in the community services department pay as -- part time, as a casual or contract positions?

What budget item does the ROW have for funding other groups - such as House of Friendship, or Family and Children Services, Child Care etc. which employs or contracts people to provide services for the ROW.

How many arms length agencies does community services operate?

I hope this information will not be too time consuming to gather and hopefully some of it would be available as part of the 2011 budget process.

I would like to propose that Community Services Department has an interest in supporting the concept of living wages and that they can lead the ROW by example in this process.

I would also like to suggest a recommendation for a guaranteed income supplement through federal funding for all workers who aren't earning enough to reach the GIS threshold, starting start with the Community services department.

The issue of medical benefits could be reviewed in 2012.

I appreciate you interest in assisting me with this.

Thank you,

Mary Ann Wasilko
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: January 11, 2011
FILE CODE: A09-01

SUBJECT: BOARD OF HEALTH ORIENTATION

RECOMMENDATION:

For information.

SUMMARY:

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as the Board of Health for this geographic area. The purpose of this report is to provide a brief overview of Council’s responsibilities in this regard.

The basis of this report is a 2010 orientation manual for Board of Health members in the province of Ontario, released by the Association of Local Public Health Agencies. The Region of Waterloo is a member of this organization, as are all health units in the province. The manual provides useful background information for Regional Councillors in their role as Board of Health members.

The Health Protection and Promotion Act and its companion Ontario Public Health Standards are relevant only for public health programs. Emergency Medical Services is covered by different legislation.

The Health Protection and Promotion Act is the most important piece of legislation for a board of health, as it prescribes the existence, structures, governance and functions of boards of health, as well as the activities of medical officers of health and certain public health functions of the Minister. It is also the enabling statute for the regulations and guidelines that prescribe the more detailed requirements that serve the purpose of the Act, which is to “provide for the organization and delivery of public health programs and services, prevention of the spread of disease and the promotion and protection of the health of the people of Ontario”

Some Boards of Health are independent organizations, while others are integrated into municipal government structures, as is the case in the Region of Waterloo. This report highlights the sections of the manual that are more relevant to municipally integrated Boards of Health. The entire document is available in the Councillors’ library, and is posted on the Public Health internet site.

In addition, new Ontario Public Health Organizational Standards are anticipated as a performance management framework for public health units in Ontario. The Organizational Standards will outline the requirements for Boards of Health and the management practices of each public health unit. Implementation of the Organizational Standards are anticipated to start in 2011 with formal measurement to begin in 2012 as part of the 2011 Accountability Agreements between Boards of Health and the Ministry of Health and Long Term Care. There will be a follow up Community Services Committee report when the Organizational Standards and Accountability Agreement are finalized by the Ministry of Health and Long Term Care.
REPORT:

Health Protection and Promotion Act and Regulations
The Health Protection and Promotion Act is the most important piece of legislation for a board of health, as it prescribes the existence, structures, governance and functions of boards of health. In addition, there are currently 21 different Regulations made under the Health Protection and Promotion Act, including those that govern food safety, swimming pool health and safety, rabies control, school health, board of health composition and communicable disease control.

Ontario Public Health Standards
The Act empowers the Minister of Health to publish guidelines for the provision of mandatory programs and services, providing minimum province-wide standards for programs and services aimed at reducing chronic and infectious diseases and improving family health. These were revised into the Ontario Public Health Standards (OPHS) that came into effect on January 1, 2009. The full set of documents that comprise the OPHS include a set of 15 standards, protocols for each standard, and guidance documents that provide information on evidence and best practices.

Because the Ontario Public Health Standards are broad in scope and not restrictive, they allow boards of health to tailor them and to deliver additional ones according to local needs.

The Ontario Public Health Standards outline the expectations for boards of health, describing how programs are to be implemented. Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a variety of public health programs and services that address multiple health needs, as well as the contexts in which these needs occur. The Program Standards include a Foundational Standard (see Appendix B for summary).

Ontario Public Health Organizational Standards
The Organizational Standards are complementary to the Ontario Public Health Standards and contain expectations of both the Board of Health as the governing body and the public health unit as the administrative arm of the organization. The Organizational Standards support organizational accountability and capacity and the framework is based on a continuous quality improvement model with a goal of improved performance and measurable outcomes.

Board of Health and Medical Officer of Health Roles and Responsibilities

The Board of Health:
The Health Protection and Promotion Act authorizes the board of health and its staff to control communicable disease and other health hazards in the community. It also mandates the health unit to perform proactive functions in the areas of health promotion and disease prevention. All programs and services are approved by the board of health.

The board of health ensures that the health programs and services required by the Act are provided. It may also provide other services that are necessary in the opinion of the board of health based on local needs. It is accountable for ensuring that public health needs are addressed and that the health unit is meeting objectives and priorities established by the board.

The Medical Officer of Health:
The medical officer of health reports to the board of health on matters related to upholding the Health Protection and Promotion Act. The medical officer of health is responsible for the management of public health programs and services.

Mechanisms used in the Region of Waterloo to assist Regional Council in meeting its obligation as
the board of health include regular reporting through Community Services Committee of health assessment data, surveillance, program impacts and program modifications needed to improve the health of the population. Public Health also reports annually to Community Services Committee with an annual report outlining the activities of the previous year. This report will be available in late spring.

Public Health also fully participates in the Regional budget process and the Corporate Strategic planning process. It produces a Departmental strategic plan as part of the Corporate Strategic planning work.

CORPORATE STRATEGIC PLAN:

Public Health addresses a number of Strategic Focus Areas including

- Environmental Sustainability: Protect and enhance the environment
- Healthy and Safe Communities: Support safe and caring communities that enhance all aspects of health
- Human Services: Promote quality of life and create opportunities for residents to develop to their full potential
- Service Excellence: Foster a culture of citizen/customer service that is responsive to community needs

FINANCIAL IMPLICATIONS:

No new implications.

In 2010, Public Health programs (excluding EMS) operated with an annual budget of $30,410,573 and 275.4 FTEs. The majority of mandated programs have provincial cost sharing of 75%. Currently, the province funds 100% the following programs:

- Healthy Babies, Healthy Children - through the Ministry of Children and Youth Services
- Small Drinking Water Systems (SDWS) - until 31 Dec 2011
- Infection Control (following SARS)
- Infection Control Nurse Position
- Healthy Smiles Ontario
- Smoke Free Ontario (SFO) - through the Ministry of Health Promotion and Sport

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

None.

ATTACHMENTS

Appendix A Background information- Public Health
Appendix B Summary of Ontario Public Health Standards

PREPARED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
Appendix A

Background Information - Public Health

Public Health:
- **protects** health by controlling infectious diseases through regulatory inspections and enforcement, and by preventing or reducing exposure to environmental hazards;
- **promotes** health by educating the public on healthy lifestyles, working with community partners, and advocating for public policy that promotes a healthy population; and
- **prevents** disease and injury by the surveillance of outbreaks, screening for cancer, immunization to control infectious disease, and conducting research on injury prevention.

In Ontario, public health programs and services are delivered in communities by the 36 local health units, each of which is governed by a board.

History:
The pattern of local public health services administration for Ontario was established in 1833 when the Legislature of Upper Canada passed an Act allowing local municipalities “to establish Boards of Health to guard against the introduction of malignant, contagious and infectious disease in this province.” This delegation of public health responsibility to the local level established 150 years ago has persisted to the present day.

There are currently 36 health units in Ontario: 22 independent of local municipal government; 7 regional health departments; and 7 health units tied in to single-tier or other municipal administration.

Selected Key Milestones:
1873 The first *Public Health Act* was passed.
1882 The first board of health was established.
1983 The *Health Protection and Promotion Act* (HPPA) was proclaimed, replacing the Public Health Act. The Act was amended in 1990 making slight changes to its contents.
2004 Following SARS, the government of Ontario announces *Operation Health Protection: an Action Plan to Prevent Threats to our Health and to Promote a Healthy Ontario*.
2005 The government of Ontario announces the creation of the new Ministry of Health Promotion, which will focus on programs dedicated to healthy lifestyles
2006 The *Smoke-Free Ontario Act* is introduced, which bans smoking in all enclosed public places
2006 The government of Ontario introduces the *Health System Improvements Bill* (#171) that will include enabling legislation for an Ontario Agency for Health Protection and Promotion, Ontario’s “CDC of the North”.
2007 The Ministry of Health and Long-Term Care to increase its grant to boards of health to 75% of the budgeted amount.
2007 The Ontario Agency for Health Protection and Promotion is established in Toronto.
2008 The *Ontario Public Health Standards* are completed in collaboration with boards of
health and Ontario public health professionals. They came into effect on January 1, 2009.

2009 The Initial Report on Public Health is released by the Ministry of Health and Long-Term Care as the first step in developing an accountability framework for boards of health.

Legislation:

Some key pieces of legislation that are most significant to the work of health units (but not an exhaustive list) are:

1. The Health Protection and Promotion Act
2. Emergency Management and Civil Protection Act
3. Fluoridation Act
4. Immunization of School Pupils Act
5. Municipal Freedom of Information and Protection of Privacy Act
6. Personal Health Information Protection Act
7. Smoke Free Ontario Act
8. Day Nurseries Act
9. Safe Drinking Water Act
10. Mandatory Blood Testing Act
Appendix B
Summary of Ontario Public Health Standards

Foundational Standard
Public health programs and services that are informed by evidence are the foundation for effective public health practice. Evidence-informed practice is responsive to the needs and emerging issues of the health unit and uses the best available evidence to address them. Population health assessment, surveillance, research, and program evaluation generate evidence that contributes to the public health knowledge base and ultimately improves public health programs and services.

Program Standards are published for the following areas:

Chronic Diseases and Injuries
Programs whose collective goal is to increase length and quality of life by preventing chronic disease (e.g., through healthy eating, tobacco use reduction, promotion of physical activity, etc.), early detection of cancer, and injury and substance abuse prevention.

Family Health
This category focuses on the health of children, youth and families. Its components are child health, which focuses on healthy development through parenting and supportive environments; and reproductive health, whose focus is promoting behaviours and environments conducive to healthy pregnancies.

Examples of some specific programs include the promotion of breastfeeding and ensuring the availability of educational services for pregnant women.

Infectious Diseases
Where the above two areas make best use of the educational capacities of public health providers, this area deals specifically with the management of more immediate risks to health. The strategy applied here is a combination of risk assessment, surveillance, case-finding, contact tracing, immunization, and infection control, whose goal is to reduce or eliminate infectious diseases.

The programs required by this category include Infection Control (e.g., in hospitals, day cares and long-term care facilities); Rabies Control; Sexually Transmitted infections and Blood Borne infections including HIV/AIDS; Tuberculosis (TB) Control; Sexual Health, which deals with healthy sexual relationships and personal responsibility; and Vaccine Preventable Diseases.

Environmental Health
The programs in this area encompass Food Safety, Safe Water, and Health Hazard prevention and management. The standards seek to prevent or reduce the burden of food- and water-borne illness, injury related to recreational water use, and the burden of illness created by health hazards in the physical environment.

Emergency Preparedness
This program requires the existence of emergency response protocols to enable and ensure a consistent and effective response to public health emergencies and emergencies with public health impacts.
TO:        Chair Sean Strickland and Members of the Community Services Committee

DATE:     January 11, 2011               FILE CODE:  P03-80

SUBJECT: HIGHLIGHTS FROM THE ONTARIO BURDEN OF INFECTIOUS DISEASE STUDY

RECOMMENDATION:

For information.

SUMMARY:

The recently released Ontario Burden of Infectious Disease Study is the most comprehensive examination of the burden of infectious diseases in Ontario to date. Knowledge of the impact of specific infectious diseases on the life and health of Ontarians is important for priority setting, planning and decision-making in this area. Region of Waterloo Public Health plays a key role in many infectious diseases with the greatest population-level impacts. This report aims to provide some key highlights from this recent study as well as illustrate the contribution of Public Health to the prevention and control of these illnesses.

The top ten infectious diseases in Ontario are ranked, based on burden of illness. The total burden of infectious diseases is equal to 25% of the burden of all cancers. The top 5 infectious diseases account for 50% of the total burden of infectious diseases. This burden could be substantially reduced by better uptake of existing interventions- especially immunization. The top ten are:

- Hepatitis C
- Streptococcus pneumoniae
- Human Papillomavirus
- E coli
- HIV/AIDS
- Staphylococcus aureus
- Influenza
- Clostridium difficile
- Rhinoviruses

REPORT:

Introduction to the Ontario Burden of Disease Study

Very little research has previously been conducted in Ontario or Canada to quantify the burden of infectious disease. The Ontario Burden of Infectious Diseases Study, a joint initiative of the Ontario Agency for Health Protection and Promotion\(^1\) and the Institute for Clinical Evaluative Sciences\(^2\), was released in December 2010. It is the most comprehensive examination of the impact of infectious diseases in Ontario.

\(^1\) The Ontario Agency for Health Protection and Promotion is an arm’s length government agency which provides expert scientific and technical support to health providers, the public health system and partner ministries.

\(^2\) The Institute for Clinical Evaluative Sciences provides evidence-based knowledge and recommendations to guide decision-making and inform changes in health care delivery.
diseases in Ontario to date. The study looked at 51 distinct pathogens (agents causing infection) to estimate their impact on the life and health of Ontarians. It focused on infections that are severe enough to require medical attention or which are reportable.

In order to measure and compare the burdens of different diseases, the investigators quantified the impact for each disease using the health-adjusted life year (HALY). The health-adjusted life year (HALY) is a measure that incorporates both premature death (mortality) and the reduced functioning associated with a disease or condition (morbidity). It quantifies the amount of "healthy" life lost.

Some Highlights from the Ontario Burden of Disease Study
The Ontario Burden of Infectious Disease Study found that, each year in Ontario, there are over 7,000,000 infectious disease episodes and nearly 4,900 deaths from infectious diseases.

Figure 1 below illustrates the top ten infectious agents and their associated burdens, expressed as health-adjusted life years (HALYs). As the graph illustrates, health-adjusted life years (HALYs) are the sum of the years of potential life lost due to premature mortality (YLL) and the years-equivalents of reduced functioning as a result of a disease or condition (YERF). The 10 most burdensome infectious agents were: hepatitis C virus (HCV), *Streptococcus pneumoniae*, human papillomavirus (HPV), hepatitis B virus (HBV), *Escherichia coli* (excluding *E. coli* O157:H7), human immunodeficiency virus (HIV/AIDS), *Staphylococcus aureus*, influenza, *Clostridium difficile* and rhinovirus. Almost 50% of the total burden of infectious diseases could be attributed to the top five infectious disease agents.

In total, infectious diseases accounted for 82,881 health-adjusted life years (HALYs) annually, with 68,213 years of life lost due to premature mortality and 14,668 year-equivalents of reduced functioning. This is equivalent to roughly 25% of the burden of all cancers.

**Figure 1**: The Top 10 Most Burdensome Infectious Agents and their Health-adjusted life years (HALYs)

<table>
<thead>
<tr>
<th>Agent Name</th>
<th>Years of life lost due to premature mortality (YLL)</th>
<th>Year-equivalents of reduced functioning (YERF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis C virus</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Streptococcus pneumoniae</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B virus</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Escherichia coli</em> (excluding <em>E. coli</em> O157:H7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Staphylococcus aureus</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Clostridium difficile</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhinoviruses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Health-adjusted life years (HALYs) 0 2,000 4,000 6,000 8,000 10,000

Graph reproduced from the Ontario Burden of Infectious Disease Study

Link between Public Health and the Most Burdensome Infectious Agents
Region of Waterloo Public Health plays a key role in many infectious diseases with the greatest
population-level impacts. Table 1 (on the next two pages) lists the top ten most burdensome pathogens according to the Ontario Burden of Infectious Disease Study and outlines the contributions of Public Health actions to their prevention and control.

**Some Implications of the Ontario Burden of Infectious Disease Study**

An interesting observation to note is that the burden of specific infectious diseases does not always correlate proportionately with media attention and public perception. Some of the top ranked infectious pathogens receive little recognition as important contributors to disease burden in the population. Although the impact of a disease is not the only consideration in priority setting (others include the effectiveness of available interventions, as well as economical and ethical considerations), the results of this study provide information available for the first time in Ontario to inform decisions in the field of infectious diseases.

Another finding is that a significant number of infections occur in health care settings. This emphasizes the ongoing need to strengthen infection prevention programs in health care settings. Public Health will continue to work with local health care facilities to promote best practices in infection prevention and control.

The study also highlights that a large amount of the burden of illness is associated with a small number of infectious agents for which highly effective interventions (e.g., pneumococcal, hepatitis B virus and human papillomavirus (HPV) vaccines) already exist. While the development of novel approaches to combating infectious diseases is important (e.g. new vaccines and antibiotics), a substantial amount of the infectious disease burden in Ontario could be reduced through greater uptake of existing interventions.

Finally, Public Health actions play a key role in the prevention and control efforts of the most burdensome infectious diseases in Ontario today. In addition, it would be important to avoid complacency about illnesses currently well controlled by effective public health interventions. For example, incidents of death and disability associated with illnesses that can be prevented by childhood immunization (e.g., measles, mumps, rubella, tetanus, polio and diphtheria) have been largely eliminated as a result of the success of childhood immunization programs. These remain as relevant to ensure that control is sustained.

**CORPORATE STRATEGIC PLAN:**

This report relates to Strategic Focus Area 3: Healthy and Safe Communities.

**FINANCIAL IMPLICATIONS:**

NIL

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

NIL
Table 1: Top 10 Most Burdensome Infectious Agents, Examples of Their Impact\(^3\), and Public Health Contributions to Their Prevention and Control

<table>
<thead>
<tr>
<th>No.</th>
<th>Infectious Agents</th>
<th>Examples of Impact (in Ontario)</th>
<th>Public Health Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hepatitis C virus</td>
<td>Each year, there are about 3,469 new cases of Hepatitis C virus and an estimated 369 deaths.</td>
<td>- Harm reduction strategies, e.g. needle exchange programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Case management</td>
</tr>
<tr>
<td>2.</td>
<td><em>Streptococcus pneumonia</em></td>
<td><em>Streptococcus pneumonia</em> accounts for an average of 632 deaths each year and 518,703 illnesses requiring medical attention.</td>
<td>- Routine childhood immunization and immunization of high-risk groups and individuals ≥65 years of age</td>
</tr>
<tr>
<td>3.</td>
<td>Human papillomavirus (HPV)</td>
<td>Human papillomavirus is estimated to cause 254 deaths each year and 1,090 new cases of cancer.</td>
<td>- School-based immunization program (Grade 8 females)</td>
</tr>
<tr>
<td>4.</td>
<td>Hepatitis B virus</td>
<td>There are an estimated 213 new Hepatitis B virus infections each year and an estimated 346 deaths from the virus.</td>
<td>- School-based immunization program (Grade 7 students)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Case and contact management</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Harm reduction strategies, e.g. needle exchange programs</td>
</tr>
<tr>
<td>5.</td>
<td><em>Escherichia coli</em> (E. coli) (excluding E. coli O157:H7)</td>
<td><em>E. coli</em> is estimated to cause an average of 600 deaths per year and 451,268 cases of illness requiring medical attention (in large part due to urinary tract infections in those ≥65 years of age).</td>
<td>- Partnerships with health care facilities in their infection prevention and control programs</td>
</tr>
</tbody>
</table>

\(^3\) Taken from the Ontario Burden of Infectious Disease Study.

\(^4\) Note: E. coli infections other than verotoxin-producing ones such as *E. coli* O157:H7 are not reportable to Public Health. The reportable *E. coli* O157:H7 strain that causes gastroenteritis (inflammation of the gastrointestinal tract) and for which Public Health follows up individual cases is classified as a separate entity in the Ontario Burden of Infectious Disease Study.
6. **Human immunodeficiency virus (HIV/AIDS)**
   - There are an estimated 1,659 new cases of HIV, 306 new cases of AIDS and 133 deaths due to HIV/AIDS each year.
   - Case and contact management
   - Harm reduction strategies, e.g. needle exchange programs
   - Promotion of safer sexual practices
   - Promotion of pre-natal HIV testing in pregnant women

7. **Staphylococcus aureus**
   - *Staphylococcus aureus* is estimated to cause an average of 268 deaths and 158,443 illnesses requiring medical attention each year.
   - Partnerships with health care facilities in their infection prevention and control programs
   - Supporting health care facilities in managing methicillin-resistant *Staphylococcus aureus* (MRSA) outbreaks

8. **Influenza**
   - Seasonal influenza causes an estimated 272 deaths, as well as 621,151 illnesses requiring medical attention each year.
   - Annual influenza immunization campaigns and clinics
   - Supporting acute and long-term care facilities in managing outbreaks

9. **Clostridium difficile**
   - Annually, there are an estimated 5,364 new cases of *Clostridium difficile* and 167 deaths.
   - Partnerships with health care facilities in their infection prevention and control programs
   - Supporting health care facilities in managing *Clostridium difficile* outbreaks

10. **Rhinoviruses (common cold)**
    - Each year, rhinoviruses account for an estimated 1,615,561 illnesses requiring medical attention.
    - Promotion of infection prevention and control practices in institutional settings (e.g. hospitals, long-term care homes) and daycares
ATTACHMENTS

Web links to the Ontario Burden of Infectious Disease Study:
http://www.ices.on.ca/file/ONBOIDS_ExecSummary_intra.pdf (Executive Summary)
http://www.ices.on.ca/file/ONBOIDS_FullReport_intra.pdf (Full Report)

PREPARED BY: Dr. Hsiu-Li Wang, Associate Medical Officer of Health

APPROVED BY: Dr. Liana Nolan, Commissioner and Medical Officer of Health
TO: Chair Sean Strickland and Members of the Community Services Committee  
DATE: January 11, 2011  
FILE CODE: P05-80  
SUBJECT: EMS CERTIFICATION REVIEW RESULTS  

RECOMMENDATION:  
For Information  

SUMMARY:  
On November 25, 2010, the Ministry of Health and Long Term Care (MOHLTC) advised that following its triennial review, Region of Waterloo EMS successfully met the requirements of the mandated Certification Review program and has been issued an Operating Certificate as a licensed ambulance service. The certificate is valid through September 24, 2013.  

REPORT:  
All of Ontario’s ambulance services are required to participate in a mandatory Certification Review program, operated by the Ministry of Health and Long Term Care. Following the April 13-15, 2010 inspection and follow up visit October 13th, Region of Waterloo EMS successfully met the requirements of the review program and has since been issued an operating certificate.  

15 mandatory and 4 best practice recommendations were provided in the Review final report, and these can be separated into 6 general areas:  

- 1 recommendation regarding the ongoing requirement to maintain emergency response times at the 1996 level of 10 minutes 30 seconds (Response Time Standard);  
- 6 recommendations regarding ongoing efforts to maintain employee files in a fashion acceptable to both the Region and the Ministry (Human Resources Inventory);  
- 6 recommendations regarding minimum requirements for cleanliness, accessory and patient care equipment availability, preventative maintenance of equipment and vehicles (Vehicles and Patient Care Equipment);  
- 3 recommendations regarding patient care, charting and comparing audit results (Patient Care and Documentation);  
- 2 recommendations regarding securing passengers and equipment during transport (Vehicle Restraints); and  
- 1 recommendation regarding patients being transported as directed by a Communicator (Crew Direction).  

Following clarification, three of the specific recommendations have since been deemed fully compliant (One under Human Resources Inventory and two under Vehicles and Equipment), and EMS continues to work towards full compliance in all review categories.  

Overall, the number of recommendations generated reflect a 32% decrease from the findings of the 2006 site visit. Of the 15 general audit areas reviewed, Region of Waterloo was better than the
provincial review average in 9 categories. Most importantly, patient care issues were identified in only 2.33% of calls reviewed vs. the provincial average of 9.64%.

Staff have provided the following commentary regarding issues identified during the Review:

**Response Time Standard:**
The service continues to make strides in improving response times through implementation of the EMS Master Plan recommendations. The MOHLTC has recently approved a move away from the 1996 Standard, to a Municipally-set Standard based on the different levels of patient acuity. During 2011, a revised response time standard will be presented to Council for approval.

**Human Resources Inventory:**
The service continues to work towards maintaining records in a manner that meets both Regional and Ministry requirements. Specific issues relate to a change in requirements requiring blood testing to confirm exposure to Chicken Pox, and to confirm other vaccination and health status through physician-signed documents. Aggressive efforts last year to deal with H1N1 vaccination, precluded routine influenza vaccination for EMS staff, and this was identified as a concern.

**Vehicles and Patient Care Equipment:**
Reviewers identified a number of minor deficiencies during their visit. For example, a vehicle safety sticker had worn off the exterior of one vehicle even though a valid safety certificate was in situ within the vehicle. An incident where ECG electrode packaging had missed the trash pail on a call was also identified, as were streaks on windows and an ambulance ceiling due to the wrong cleaning product being used. A number of miscommunications regarding supplies required and available, were clarified during the review.

**Patient Care and Documentation:**
One particular call was identified during a ride-along, where the reviewer felt the patient could have benefited from administration of oxygen. The service appealed this opinion unsuccessfully, but continues to believe the care provided was appropriate. Documentation concerns revolved primarily around postal code and kilometer recording omissions. In addition, the reviewer felt our computer generated Ambulance Call Reports were printing with too small a font. Finally, although the service aggressively audits all Ambulance Call Reports, the transition to a new Base Hospital program last year, and their inability to compare audit results against our own, was identified as a deficiency.

**Vehicle Restraints:**
During the ride-along phase, instances were identified where response bags were not always returned to their secure storage sites, and where paramedics did not always use seat belts while providing patient care. These are local policy infractions and reminders have been provided to those employees involved.

**Crew Direction:**
One call was identified where the reviewer questioned the destination hospital as being contrary to the Ministry communicator’s direction. Upon review, the destination hospital was deemed appropriate as per the Patient Priority System in place locally.

**CORPORATE STRATEGIC PLAN:**

Focus Area 6: Service Excellence addresses the need to ensure that our programs and services are responsive, efficient, effective and that they meet the needs and expectations of the community. The Certification Review Process ensures that Emergency Medical Services operations meet all required provincial standards.
FINANCIAL IMPLICATIONS:

No deficiencies were identified during the Review that would require a financial outlay to correct.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Human Resources, Facilities and Fleet Services staff contributed greatly to this successful Certification Review.

ATTACHMENTS

Appendix I – Final Report Letter

PREPARED BY:  John Prno, Director, Emergency Medical Services

APPROVED BY:  Dr. Liana Nolan, Commissioner and Medical Officer of Health
November 25, 2010

Mr. John Prno
Director, Emergency Medical Services
Regional Municipality of Waterloo
120 Maple Grove Road,
Cambridge, ON N3H 4R6

Dear Mr. Prno:

Enclosed is the Ambulance Service Review Final Report that is the result of the follow-up conducted at your ambulance service October 13, 2010.

You are aware that it is necessary that your ambulance service meet the requirements of the Ambulance Service Review Certification process.

The Review found that overall; the Region of Waterloo EMS meets the certification criteria and the legislated requirements. Accordingly, the Region of Waterloo EMS will be issued a renewed Certificate to operate an ambulance service.

Sincerely,

Michael Bay
Manager,
Inspection, Certification and Regulatory Compliance

Cc: Mr. Mike Murray, Chief Administrative Officer, Region of Waterloo
    Mr. Malcolm Bates, Director, Emergency Health Services Branch
    Mr. Dennis Brown, Senior Manager (A), Operations & Quality Management, EHSB
    Dr. Tony Campeau, Manager (A), Land Ambulance Programs, EHSB
    Ms. Jill Ackerman, Senior Field Manager, Southwest Field Office, EHSB
    Dr. David Reeleder, Manager, Performance Improvement, EHSB
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: January 11, 2011

FILE CODE: P10-80

SUBJECT: QUARTERLY CHARGED/CLOSED FOOD PREMISES REPORT

RECOMMENDATION:
For information

SUMMARY:
This report is a summary of food premises enforcement activities conducted by Public Health Inspectors in the Health Protection and Investigation Division for the fourth quarter of 2010.

REPORT:
During the fourth quarter of 2010, five establishments were charged and three establishments were ordered closed under the Health Protection and Promotion Act, Ontario Food Premises Regulation 562 (See Table 1: Food Safety Enforcement Activity).

Food premises charges and closures can be viewed on the Food Premises Inspection Reports website Enforcement Actions Page for a period up to 6 months from the date of the charge or closure. Every food premises charged has the right to a trial and every food premises ordered closed, under the Health Protection and Promotion Act, has the right to an appeal to the Health Services Appeal and Review Board.

CORPORATE STRATEGIC PLAN:
Healthy and Safe Communities: Support safe and caring communities that enhance all aspects of health.

FINANCIAL IMPLICATIONS: NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE: NIL

ATTACHMENTS
Table 1: Food Safety Enforcement Activity

PREPARED BY: Chris Komorowski, Manager, Health Protection and Investigation

APPROVED BY: Dr. Liana Nolan, Commissioner/ Medical Officer of Health
<table>
<thead>
<tr>
<th>Name of establishment</th>
<th>Date of Charges or Closure</th>
<th>Charges or Closure</th>
<th>Total Charge</th>
</tr>
</thead>
</table>
| Checkerboard Restaurant 705 Belmont Avenue West Kitchener | Three Provincial Offences Notices issued for infractions observed on October 18, 2010 | Operate food premise maintained in manner adversely affecting sanitary condition ($115)  
Use basin other than for handwashing of employees ($115)  
Operator fail to wash hands before resuming work ($295) | $525         |
| Dragon City Chinese Restaurant 130 Cedar Street Suite 11 Cambridge | Provincial Offences Notice issued for an infraction observed on October 27, 2010 | Fail to maintain hazardous food at an internal temperature between 5 Celsius and 60 Celsius ($455) | $455         |
| China Fried Rice Restaurant 210 – 265 King Street East Kitchener | Establishment was ordered closed on October 28, 2010 | The inspection revealed the following conditions which in the Public Health Inspectors opinion, upon reasonable and probable grounds constituted a health hazard, namely:  
Evidence of cockroaches and insanitary conditions in the food premise resulted in an order to close on October 28, 2010. A re-inspection on October 29, 2010 revealed that the conditions that led to the closure order were rectified and the premise reopened | Closure order |
| New Chinese Delight 2480 Homer Watson Boulevard Kitchener | Two Provincial Offences Notices issued for infractions observed on November 1, 2010 | Fail to protect food from contamination or adulteration ($295)  
Operate food premise maintained in manner adversely affecting sanitary condition ($115) | $410         |
| Preston Towne Cinema (Cafeteria) 606 King Street East Cambridge | Establishment was ordered closed on November 9, 2010 | The inspection revealed the following conditions which in the Public Health Inspectors opinion, upon reasonable and probable grounds constituted a health hazard, namely:  
An inspection conducted on November 9, 2010 revealed that the cafeteria food preparation area did not have a hand sink or dishwashing sinks or mechanical equipment for cleaning and sanitizing multi-use equipment and utensils. The premise was ordered closed. A re-inspection on November 10, 2010 revealed that the owner no longer wished to operate as a food premise and had removed all food and related equipment and was not operating as a food premise. | Closure order |
### Table 1: Food Safety Enforcement Activity continued

<table>
<thead>
<tr>
<th>Name of establishment</th>
<th>Date of Charges or Closure</th>
<th>Charges or Closure</th>
<th>Total Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buy Best Makkah Halal</td>
<td>Establishment was ordered</td>
<td>The inspection revealed the following conditions which in the Public Health Inspectors opinion, upon reasonable and probable grounds constituted a health hazard, namely:</td>
<td>Closure order</td>
</tr>
<tr>
<td>Meat 10A – 175 Beverly</td>
<td>closed on November 10, 2010</td>
<td>An inspection conducted on November 10, 2010 revealed major unsanitary conditions which included the accumulation of dirt and grime on floors and food processing equipment. The premise was ordered closed. A re-inspection on November 12, 2010 revealed that the conditions that led to the closure order were rectified and the premise reopened</td>
<td></td>
</tr>
<tr>
<td>Street Cambridge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viet Sun 17 Erb Street</td>
<td>Provincial Offences Notice</td>
<td>Fail to sanitize multi-service articles after use ($295)</td>
<td>$295</td>
</tr>
<tr>
<td>East Waterloo</td>
<td>issued for an infraction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>observed on November 10, 2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operate food premise maintained in manner adversely affecting sanitary condition ($115)</td>
<td>$115</td>
</tr>
</tbody>
</table>
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: January 11, 2011

FILE CODE: S13-30

SUBJECT: WATERLOO REGION ENERGY ASSISTANCE PROGRAM UPDATE

RECOMMENDATION:

For information

SUMMARY:

There have been several significant changes recently within the energy sector that directly impact low-income energy consumers, including: the Ontario Energy Board’s (OEB) implementation of the new Low-income Energy Assistance Program (LEAP), the availability of additional funds as a result of settlements involving utility companies, and the province-wide implementation of smart meters. The Waterloo Region Energy Assistance Program Final Report for 2010 (attached as Appendix A) provides information on these policy and program updates, as well as, trends in electricity and natural gas prices, statistical data on the distribution of energy assistance funds in 2010 and recommendations for 2011. Below is a summary of the information contained in the report.

REPORT:

1.0 Background

An inability to pay utility bills is one of the indicators of housing instability. In Waterloo Region, several energy assistance programs have operated in a partnership model since the 2002/2003 heating season, ensuring that services are working together to respond to community need. The program is referred to as the Waterloo Region Energy Assistance Program (WREAP), which offers energy assistance to prevent housing instability and homelessness in Waterloo Region (Report SS-07-009).

For the 2010 heating season, WREAP partnerships included:

I. Waterloo Region Social Services Energy Assistance – Assistance is administered through the Region’s Employment and Income Support Division and is funded on an 80/20 cost-sharing basis between the Province and the Region. Assistance is available year-round for Ontario Works recipients as well as people not receiving Ontario Works.

II. Provincial Emergency Energy Fund: Funding is provided 100% from the Province through the Ministry of Community and Social Services and is available from January 1st until funds are exhausted.

III. Corporate Partners: Funding is provided by local utility companies (Cambridge and North Dumfries Hydro, Waterloo North Hydro, Kitchener-Wilmot Hydro and Kitchener Utilities) and is available until funds are exhausted.
IV. **Winter Warmth:** Funding is provided by Union Gas in partnership with the United Way of Cambridge and North Dumfries and the United Way of Kitchener-Waterloo for low-income Union Gas customers and is available from December 1st to June 30th (for 2011, these funds will be available December 1st to December 31st).

The purpose of the *Waterloo Region Energy Assistance Program Final Report for 2010* (attached as Appendix A) is to highlight policy and program changes affecting low-income energy consumers, review the outcomes of the 2010 WREAP, and make plans for the next heating season.

2.0 Policy and Program Updates

**Low-income Energy Assistance Program**

On March 10, 2009 the OEB issued its “Report of the Board: Low-income Energy Assistance Program (LEAP)”, which describes policies and measures for electricity and natural gas distributors to assist low-income energy consumers. LEAP has three components: emergency financial assistance for customers in need; access to more flexible customer service rules on matters such as bill payment and disconnection notice periods; and targeted conservation and demand management programs. While LEAP initiatives were planned to begin in November 2009, it was put on hold at the request of the Ministry of Energy and Infrastructure. On July 5, 2010, the OEB was given notice to resume its work on the LEAP.

Implementation details of the LEAP emergency financial assistance component, to begin January 1, 2011, were not released until November 2010. Despite the tight timeline, local hydro companies (Cambridge and North Dumfries Hydro, Waterloo North Hydro, Kitchener-Wilmot Hydro and Kitchener Utilities) and the Region of Waterloo responded quickly to ensure a seamless transition and continued service to residents in the region requiring assistance with paying their utility bills. Given the existing strong partnerships with the local utility companies and past experience, Region of Waterloo Social Services is well positioned to deliver the requirements of LEAP, under the umbrella of WREAP.

Since utility companies are now mandated\(^1\) to allocate 0.12% of their revenues to LEAP, they will no longer be providing voluntary contributions as they have in the past. While this means a significant increase in the amount of funds available for assisting households with energy arrears, it also means less flexibility in terms of how the funds are managed and distributed. In addition to completing the required reporting, Regional staff will be closely monitoring LEAP in 2011 as it relates to:

- the impact of the new eligibility criteria and maximum cap for assistance
- the increase in number of households applying for assistance
- the number of households eligible and ineligible for assistance
- the increase and changes to workload demands
- any unforeseen issues that may arise

This information will support the assessment of LEAP’s overall impact and will also assist in preparing for the roll-out of the additional settlement funds (described below) anticipated in July of 2011.

**Settlement Funds**

Additional funds will be available to assist low-income households across Ontario as a result of court settlements involving utility companies charging late payment penalties of 5 to 7 per cent a month up until the early 2000s; while the Criminal Code prohibits charging interest of more than 60 percent a year. While the settlements are similar in nature, it is important to note that the settlement

---

\(^1\) Kitchener Utilities is not mandated, but have chosen to participate in LEAP.
for Union Gas and Enbridge Gas is separate and different from the settlement for the hydro companies. Announcement of the roll out of the settlement funds is anticipated in July, 2011 and no further details have been provided.

**Smart Meters**
The Ministry of Energy and Infrastructure has legislated that by 2010, every home and small business in Ontario will have a Smart Meter. Smart Meters record total electricity consumption hour by hour and sends that information to utility companies through either a wireless or another form of technology. Electricity rates will be based on time of use.

**3.0 Trends in electricity and natural gas prices**

The report provides a summary of trends in electricity and natural gas prices from 2008 to 2010. Regulated electricity prices (tiered and time-of-use pricing) have increased approximately 29% since 2008. Natural gas rates for Union Gas, Enbridge Consumers Gas, Natural Resource Gas, and Kitchener Utilities have decreased an average of 45% since 2008. Union Gas had the highest price decrease overall, from 37.8 cents/m³ meter in 2008 to 13.1 cents/m³ in 2010. While there are clear trends, it is difficult to predict future costs as prices are driven by a number of factors including, but not limited to: weather, economic activity, generation, supply, demand, and government initiatives.

**4.0 Statistical Data²**

**Funds Distributed**
For the 2010 heating season, $135,252 was distributed to low-income households in the region to assist with energy arrears. Fifty percent of funding was through the Provincial Emergency Energy Fund ($67,689), and the other 50% was through corporate partner donations (16% from Union Gas and 34% from other local utility companies). On average, $430 in assistance was provided per household.

**Households Served**
A total of 283 households in the region received assistance through the WREAP in 2010. Two-parent families represented the greatest proportion (44%) of energy assistance recipients, followed by single-parent families (27%), singles (19%) and couples (10%).

**5.0 Next Steps**
Several significant trends, program and policy changes were noted in the report. To keep apprised of the recent changes and ensuring continued effectiveness of the WREAP in assisting low-income households with energy arrears, the following next steps were recommended in the report and have been implemented in preparation for 2011:

- Bring the *Waterloo Region Energy Assistance Program: Final Report for 2010* to Council for information;
- Region of Waterloo Social Services request increased flexibility in the distribution of Winter Warmth funds (e.g. increasing maximum assistance amount, offering it year-round, making it available for all types of energy);
- Update Social Services staff working directly with the WREAP on new policies, program/procedural issues, and data collection methods to streamline and improve reporting; and
- Region of Waterloo Social Services meet with Corporate Partners and local United Ways to discuss policy changes and potential impacts to WREAP for the 2011 heating season.

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² Data from Waterloo Region Social Services for Ontario Works recipients and Ontario Works discretionary benefits is not included as it is not accessible in the format required for the report through the current database technology.
A further report will be brought to Council once 2011 funding allocations have been received for the Low-Income Energy Assistance Program (LEAP) and the Settlement Funds.

CORPORATE STRATEGIC PLAN:

Energy assistance programs support housing stability. Working to strengthen the housing stability system and build the community’s capacity to address issues of homelessness is consistent with the Region’s Corporate Strategic Plan, Focus Area 4: Human Services: to “promote quality of life and create opportunities for residents to develop to their full potential”; and specifically, Strategic Objective 4.2 to “enhance services to people experiencing or at-risk of homelessness”.

FINANCIAL IMPLICATIONS:

The Region’s Provincial Emergency Energy Fund annualized allocation of $75,210 is provided through 100% Provincial dollars. Ten percent (10%) of this funding or $7,521 is available for administration and is directed towards the homelessness to housing stability program area.

The Region’s 2011 allocation for Winter Warmth is $32,500 through 100% corporate partner dollars. Total corporate partner funds for the Low-Income Energy Assistance Program (LEAP) and Settlement Funds for 2011 are yet to be determined. Fifteen percent (15%) of corporate partner funds will be available for administration.

The Region will provide administrative support and coordination to deliver these funds using existing resources and/or new resources as they become available. Funding for WREAP is provided by the Province of Ontario and corporate partners and does not impact the Region’s property tax levy.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Legal Services will be consulted in the establishment of agreements.

ATTACHMENTS

Appendix A Waterloo Region Energy Assistance Program: Final Report for 2010

PREPARED BY: Van Vilaysinh, Social Planning Associate Marie Morrison, Manager, Social Planning

APPROVED BY: Michael Schuster, Commissioner, Social Services
Appendix A

WATERLOO REGION ENERGY ASSISTANCE PROGRAM:
FINAL REPORT FOR 2010

Regional Municipality of Waterloo
Social Planning, Policy and Program Administration

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5.0 SUMMARY AND NEXT STEPS ................................................................................................. 17
1.0 INTRODUCTION

The purpose of this report is to review the outcomes of the 2010 Waterloo Region Energy Assistance Program (WREAP), highlight policy changes, and to make plans for the next heating season. Since the 2002/2003 heating season, Waterloo Region has been working in partnership with government, not-for-profit and for-profit organizations to respond to community need. There are three main goals of the partnership model:

a) To prevent housing instability and homelessness due to an inability to pay energy costs.

b) To avoid duplication and coordinate services among energy assistance programs.

c) To fill gaps in energy assistance and respond to individual/family need when all other sources of assistance have been exhausted.

For the 2010 heating season, the partnerships included:

I. Waterloo Region Social Services Energy Assistance:
   • For Ontario Works recipients: Assistance is administered through the Region’s Employment and Income Support Division and funded on an 80/20 cost-sharing basis between the Province and the Region. This assistance is available year-round.
   • For individuals not receiving Ontario Works: Assistance is administered through the Region’s Employment and Income Support Intake Services and funded on an 80/20 cost-sharing basis between the Province and the Region. This assistance is available year-round.

II. Provincial Emergency Energy Fund:

Funding is provided 100% from the Province through the Ministry of Community and Social Services and is available from January 1st until funds are exhausted.

III. Corporate Partners:

Funding is provided by local utility companies and gas companies and is available from January 1st until funds are exhausted.

IV. Winter Warmth:

Funding is provided by Union Gas in partnership with the United Way of Cambridge and North Dumfries and the United Way of Kitchener-Waterloo for low-income Union Gas customers and is available from December 1st to June 30th.

Data from Waterloo Region Social Services Energy Assistance (#1 above) is not accessible in the format required for this report through the current database technology (note that it is the largest source of energy assistance).

2.0 POLICY AND PROGRAM UPDATES

The Government of Ontario, through the Minister of Energy and Infrastructure, sets the legal and policy framework, passing legislation and regulations that govern the energy sector. The Ontario Energy Board (OEB) implements and oversees this framework, ensuring that market participants in the natural gas and electricity sectors comply with their regulatory obligations. The following provides an overview of the recent changes and trends in the energy sector that directly affect low-income consumers.

2.1 Assistance for Low-Income Energy Consumers

Low-income Energy Assistance Program (LEAP)

On July 2, 2008, the OEB initiated a consultation process to examine issues associated with low-income energy consumers in relation to their use of natural gas and electricity. A stakeholder conference was held between September 22 to 25, 2008 with over 20 organizations and agencies to discuss the impact of rising energy costs on low-income customers. Furthermore, research was conducted by Concentric Energy Advisors to look at additional information that came out of the stakeholder conference.
On March 10, 2009, the OEB issued its “Report of the Board: Low-income Energy Assistance Program (LEAP)”, which describes policies and measures for electricity and natural gas distributors to assist low-income energy consumers. LEAP initiatives were planned to begin in November 2009. Under the request of the Minister of Energy and Infrastructure, they were put on hold until further information of the government’s plan to develop a province-wide integrated program for low-income energy consumers was received. On July 5, 2010, the Minister of Energy and Infrastructure issued a letter requesting the OEB to resume its work with the LEAP.

LEAP has three components: emergency financial assistance for customers in need; access to more flexible customer service rules on matters such as bill payment and disconnection notice periods; and targeted conservation and demand management programs. Below is a summary of the three components as they relate to electricity utilities, with the intention that they will be standardized and implemented for natural gas utilities as well.

The LEAP emergency financial assistance component will begin January 2011. The three local hydro companies (Cambridge and North Dumfries Hydro, Waterloo North Hydro, and Kitchener-Wilmot Hydro) and Kitchener Utilities3 have connected with Region of Waterloo Social Services to confirm the continued partnership to deliver energy assistance to low-income households under the LEAP mandate.

Several new customer service rules for electricity companies have already taken effect and others are planned for 2011. Some of these include4:

- Suspending disconnection action for a period of 21 days after receiving notification from agency or charity making an assessment for bill payment assistance.
- Making arrears management programs available to residents unable to pay their electricity bill.
- Providing the option to join an equal monthly payment plan.

In 2011, an electricity conservation program for low-income households delivered by electricity utilities and funded through the Ontario Power Authority will be available broadly across the province. This program will offer free direct-installation of energy efficiency measures and conservation education to low-income residential electricity consumers and will be coordinated with natural gas conservation programs offered by natural gas utilities wherever possible.

**Settlement funds for gas and hydro**

Additional funds will be available to assist low-income households across Ontario as a result of court settlements involving utility companies charging late payment penalties of 5 to 7 per cent a month up until the early 2000s; but the Criminal Code prohibits charging interest of more than 60 per cent a year. While the settlements are similar in nature, it is important to note that the settlement for Union Gas and Enbridge Gas is separate and different from the settlement for the hydro companies.

**Union Gas and Enbridge Gas settlement funds**

Settlement funds from this lawsuit are managed through the Winter Warmth program and are separate from LEAP. It is anticipated that the Winter Warmth program will continue until these funds are fully expended, at which point Winter Warmth will move to become LEAP.

**Hydro settlement funds**

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3 Kitchener Utilities is not mandated at this time to participate in LEAP; however, they have chosen to participate.
4 Full list and details of the new rules can be found on the OEB’s website: [www.oeb.gov.on.ca](http://www.oeb.gov.on.ca)
It is estimated that $12 million\(^5\) in settlement funds will be available to assist low-income hydro customers over the next 10 years. The United way of Greater Toronto will administer the money for all parts of Ontario, except Ottawa. The estimated amount for Waterloo Region is $500,000, which includes funds from the three local hydro companies. These settlement funds are separate from LEAP and Winter Warmth.

**Implementation of LEAP and settlement funds**

Full details in regards to program criteria and distribution of LEAP emergency financial assistance were not received until November, 2010. Despite the tight timeline, local hydro companies, Kitchener Utilities, and the Region of Waterloo responded quickly by setting up a meeting to discuss continued partnerships and implementation details to meet LEAP mandates for January 1\(^{st}\), 2011. Given past experience and existing strong partnerships, Region of Waterloo Social Services is well positioned to deliver the requirements of LEAP, under the umbrella of WREAP.

Since utility companies are now mandated to allocate funds to LEAP, they will no longer be providing voluntary contributions as they have in the past. While this means a significant increase in the amount of funds available for assisting households with energy arrears, it also means less flexibility in terms of how the funds are managed and distributed. In addition to completing the required reporting, Regional staff will also be closely monitoring LEAP over the 2011 season as it relates to:

- the impact of the new eligibility criteria and maximum cap for assistance
- the increase in number of households applying for assistance
- the increase in number of households eligible/ineligible for assistance
- the increase and changes to workload demands
- any unforeseen issues that may arise

This information will help in preparing for the roll out of the settlement funds anticipated in July, 2011. There are no further details provided at this time in regards to the settlement funds.

**2.2 Regulated versus Contract Prices**

The OEB sets natural gas and electricity prices which may change several times over the course of a year based on short and long-term market prices which are reviewed regularly. By default, consumers pay the regulated prices set by the OEB; however, consumers may opt out and sign a contract with an electricity retailer or gas marketer and pay the commodity price set out in their contract, which are usually fixed for a number of years. The OEB licenses these companies but does not regulate the prices they offer.

Issues may arise when consumers sign a contract without fully understanding the conditions of the contract – particularly with respect to the price offered and exit conditions. The fixed price is only for the commodity portion, which is about 50% of the total cost. All other charges for delivery, regulatory charges and debt retirement are in addition to the rate specified in the contract. Typically, consumers who sign a contract will experience an increase in their electricity and/or gas bill, at least in the short term. Furthermore, the ability to cancel out of a contract without penalty is very limited.

**2.3 Implementation of Smart Meters**

The Ministry of Energy and Infrastructure has legislated that by the end of 2010, every home and small business in Ontario is to have a Smart Meter. Smart Meters record total electricity consumption hour by hour and sends that information to utility companies through either a wireless or another form of technology. Electricity rates will be based on time of use.

\(^5\) The total settlement was $17 million; however, if legal costs are recovered, approximately $12 million will be available. Source: The Toronto Star, July 28, 2010. Website: [http://www.thestar.com/article/841563--toronto-hydro-users-may-have-to-pay-8-million-in-class-action-settlement](http://www.thestar.com/article/841563--toronto-hydro-users-may-have-to-pay-8-million-in-class-action-settlement)
The OEB sets time of use pricing that is dependent on the time of the day, day of week (weekdays versus weekend), and by season (winter or summer). There are three periods of energy consumption defined as “On-Peak” (high total consumption), “Mid-Peak” and “Off-Peak” (low total consumption).

2.4 Energy Prices and Trends
The tables below show electricity and gas prices and trends. Over the past three years, electricity rates have consistently increased. Electricity prices are driven by weather, economic activity and generation available. Other factors that will affect the increasing electricity price are the government’s movement towards greener, cleaner power generation and the introduction of the Harmonized Sales Tax (HST) in July 2010. On the other hand, the government recently announced a 10% hydro rate cut beginning January 1, 2011\(^6\). Taking all these factors into consideration, the net affect of hydro prices in the coming years is difficult to predict.

Natural gas rates have decreased over the past three years. Natural gas is publicly traded and any significant event that impacts either supply or demand such as the discovery of new supplies or weather can impact the trading price of natural gas on the North American market. Natural gas rates may change quarterly, making it difficult to budget. From a survey of its customers, Kitchener Utilities has announced a freeze in natural gas rates until spring 2011 in response to customer desire for rate stability.

Electricity
The following are electricity prices effective November 1, 2010 for consumers who pay a Regulated Price Plan\(^7\):

- Tiered prices for electricity are: 6.4 cents per kilowatt hour (kWh) up to and including 600 kWh per month and 7.4 cents per kilowatt hour (kWh) above that.
- Time of use prices are: 9.9 cents per kWh On-Peak, 8.1 cents per kWh Mid-Peak, and 5.1 cents per kWh Off-Peak.

The two charts below show electricity price trends over the past three years for tiered pricing and time of use pricing.

\(^7\) These rates are set by the OEB. Rates for electricity purchased from a retailer are different, dependent on the contract.
**Tiered:**
There was an average increase in tiered electricity prices of 11% from 2008 to 2009 and 14% from 2009 to 2010. Over the past three years, (2008 to 2010) there has been an average increase of 29% for consumers on tiered pricing.

<table>
<thead>
<tr>
<th>Cents per kWh</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below threshold</td>
<td>5.0</td>
<td>5.6</td>
<td>6.4</td>
</tr>
<tr>
<td>Above threshold</td>
<td>5.9</td>
<td>6.5</td>
<td>7.4</td>
</tr>
</tbody>
</table>

*Thresholds may vary from year to year.

**Time of Use:**
There was an average increase in Time of Use electricity prices of 12% from 2008 to 2009 and 18% from 2009 to 2010. Over the past three years (2008 to 2010), there has been an average increase of 29% for consumers paying time of use pricing.

<table>
<thead>
<tr>
<th>Cents per kWh</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFF</td>
<td>3.0</td>
<td>4.0</td>
<td>5.1</td>
</tr>
<tr>
<td>MID</td>
<td>7.0</td>
<td>7.2</td>
<td>8.1</td>
</tr>
<tr>
<td>ON</td>
<td>8.7</td>
<td>8.8</td>
<td>9.9</td>
</tr>
</tbody>
</table>
Natural Gas
The OEB sets the rates that Union Gas, Enbridge Consumers Gas, and Natural Resource Gas can charge for selling, distributing, transporting and storing gas. Quarterly rate adjustments are made to reflect the difference between forecasted price for natural gas in the next 12 months and actual costs.

The graph below shows natural gas rates for the past three years, using rates adjusted in the month of July, with the exception of Kitchener Utilities 8.

There has been an overall average rate decrease of 45% across the natural gas companies (summarized below) since 2008. The chart below shows percentage decreases in price of gas between 2008 and 2010.

<table>
<thead>
<tr>
<th>% increase/decrease</th>
<th>2008 to 2009</th>
<th>2009 to 2010</th>
<th>2008 to 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union Gas Limited</td>
<td>-45.60%</td>
<td>-36.39%</td>
<td>-65.40%</td>
</tr>
<tr>
<td>Enbridge Gas Distribution Inc.</td>
<td>-47.63%</td>
<td>-20.66%</td>
<td>-58.45%</td>
</tr>
<tr>
<td>Natural Resource Gas Limited</td>
<td>-34.62%</td>
<td>-1.60%</td>
<td>-35.66%</td>
</tr>
<tr>
<td>Kitchener Utilities</td>
<td>0.00%</td>
<td>-20.89%</td>
<td>-20.89%</td>
</tr>
</tbody>
</table>

8 The OEB does not set rates for Kitchener Utilities. Kitchener Utility rates shown are for the months of November 2008, May 2009 and July 2010.
3.0 COORDINATION AND PROMOTION
Several measures were taken to facilitate effective coordination and promotion of the WREAP in 2010 as outlined below:

- More than 11,000 energy assistance flyers were distributed across the region and the flyer is posted to the Region’s website.
- Bi-monthly activity reports were distributed to the United Way of Cambridge and North Dumfries and the United Way of Kitchener-Waterloo regarding the Winter Warmth program.
- The Region’s webpage regarding the Waterloo Region Energy Assistance Program was updated.
- Utility companies continued to promote the program to their customers through the internet, brochures (e.g., at service counters, with customer care representatives) and staff members (e.g., over the phone, in person at the service counter).

4.0 FUNDING SOURCES AND DISTRIBUTION OF FUNDS
The WREAP reflects a mix of financing arrangements as identified in Table 1 and described earlier in the introduction. For 2010, the total energy funding available for assistance was $145,537, of which, $135,252 was distributed in the 2010 heating season (see Winter Warmth below for explanation).

Table 1: Dollars Contributed 2010

<table>
<thead>
<tr>
<th></th>
<th>Region</th>
<th>United Way C-ND &amp; K-W</th>
<th>Cambridge &amp; ND Hydro</th>
<th>Kitchener-Wilmot Hydro</th>
<th>Kitchener Utilities</th>
<th>Waterloo North Hydro</th>
<th>Union Gas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Partners</td>
<td>Y</td>
<td>9,000</td>
<td>18,000</td>
<td>10,000</td>
<td>9,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provincial Emergency Energy Fund</td>
<td>67,689</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winter Warmth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>21,563*</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>67,689</strong></td>
<td><strong>9,000</strong></td>
<td><strong>18,000</strong></td>
<td><strong>10,000</strong></td>
<td><strong>9,000</strong></td>
<td><strong>21,563</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Includes in-kind allocation of staff time and resources.

*In addition to the carry-over from 2009, the total amount available was $31,848 in 2010; however, only $21,563 was distributed as assistance with the remaining to be distributed in the 2011 heating season.

Corporate Partner Funding
Total funding from the corporate partners increased from $44,000 in 2009 to $46,000 in 2010. The funding has flexible guidelines, used for all forms of energy, and is available January 1 to December 31, 2010 (or until funds are exhausted). This funding is used when Provincial Emergency Energy Fund and Winter Warmth funds are not available (e.g., after these funds are depleted or when top-up of funds is required) to ensure that no one falls through the cracks.

Provincial Emergency Energy Fund
The Region’s Provincial Emergency Energy Fund annualized allocation of $75,210 was received, of which ten percent ($7,521) is available for administrative costs, leaving $67,689 total Provincial dollars available for the program to be distributed January 1 to December 31, 2010 (or until funds are exhausted). This fund has flexible guidelines and is utilized first, along with Winter Warmth funds for Union Gas customers, prior to drawing on Corporate Partner funding.
**Winter Warmth**

As a result of settlement funds discussed above, there has been a significant increase in funding from Union Gas for the Winter Warmth program over the past two years. In 2009, an initial allocation of $13,000 was received and an additional in-year allocation of $20,000 was received in June. Due to the time limitations, a total of $13,848 in unspent funds was carried over to the 2010 season. For the 2010 season, a total of $31,848 was available through Winter Warmth, of which, $21,563 was distributed leaving $10,285 in unspent funds to be carried over to the 2011 season.

It is important to note that the carry-over in funds is not an indication of lower need in the community for energy assistance, but a result of more stringent guidelines for the distribution of these funds. Specifically, funds through Winter Warmth are only available from November to June each year, only Union Gas customers qualify, and there is a maximum cap of $450 per household per season. Given that funds through the Province and Corporate partners were fully expended at the end of May and that requests for energy assistance continue throughout the year indicates that the need for energy assistance in Waterloo Region remains high. Furthermore, a total of $9,772 was provided to Union Gas customers through the other sources of funding due to Winter Warmth’s maximum cap and households requiring additional assistance.

**Table 2: Total Funds Distributed**

Table 2 shows the overall growth in levels of funding compared to previous years. The following trends in funding should be noted:

- Corporate Partner funds accounted for 34% of WREAP funds to assist residents with energy assistance in 2010.
- Provincial one-time funding began in 2004/2005. This funding was annualized at $75,210 in 2007 and remains at the same level. Provincial funds accounted for 50% of WREAP funds to assist residents with energy assistance in 2010.
- Share the Warmth ceased operations after the 2008/09 heating season.
- Winter Warmth began operating in 2006. The allocation for Winter Warmth funds has hovered around $13,000 until 2009, when additional funding was provided. Winter Warmth funds accounted for 16% of WREAP funds to assist residents with energy assistance in 2010.

**Table 2: Funds Distributed from 2002 to 2010**

<table>
<thead>
<tr>
<th></th>
<th>2002/03</th>
<th>2003/04</th>
<th>2004/05</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Partner Fund</td>
<td>10,000</td>
<td>20,000</td>
<td>20,000</td>
<td>34,000</td>
<td>36,500</td>
<td>41,000</td>
<td>44,000</td>
<td>46,000</td>
</tr>
<tr>
<td>Provincial Emergency Energy Fund</td>
<td>N/A</td>
<td>N/A</td>
<td>62,672</td>
<td>151,602</td>
<td>77,071</td>
<td>62,689</td>
<td>62,689</td>
<td>67,689</td>
</tr>
<tr>
<td>Share the Warmth</td>
<td>21,062</td>
<td>9,859</td>
<td>14,826</td>
<td>11,121</td>
<td>8,837</td>
<td>6,100</td>
<td>4,500</td>
<td>N/A</td>
</tr>
<tr>
<td>Winter Warmth</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>12,500</td>
<td>14,800</td>
<td>13,038</td>
<td>19,152</td>
<td>21,563</td>
</tr>
<tr>
<td>Total</td>
<td>31,062</td>
<td>29,859</td>
<td>97,498</td>
<td>209,223</td>
<td>137,208</td>
<td>122,827</td>
<td>130,341</td>
<td>135,252</td>
</tr>
</tbody>
</table>

---

9 There was an additional one-time allotment in 2007, however, it was not provided in the years following.
Table 3: Fund Distribution by Energy Source
Table 3 outlines where the funding for energy assistance was distributed. In 2010, 23% of funding was directed to Union Gas, 21% to Cambridge and North Dumfries Hydro, 21% to Kitchener-Wilmot Hydro and 14% to Waterloo North Hydro, 19% to Kitchener Utilities, and 2% to other energy sources.

Table 3: Fund Distribution by Energy Source in 2010*

<table>
<thead>
<tr>
<th></th>
<th>Kit Utilities</th>
<th>Union Gas</th>
<th>Camb/ND Hydro</th>
<th>Wat/North Hydro</th>
<th>Kit/Wilmot Hydro</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blended Corporate</td>
<td>25,840</td>
<td>9,772</td>
<td>28,549</td>
<td>18,470</td>
<td>28,305</td>
<td>2,753</td>
<td>46,000</td>
</tr>
<tr>
<td>Partners/Provincial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>67,689</td>
</tr>
<tr>
<td>Emergency Energy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>113,689</td>
</tr>
<tr>
<td>Fund</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winter Warmth</td>
<td>N/A</td>
<td>21,563</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>21,563</td>
</tr>
<tr>
<td>Total</td>
<td>25,840</td>
<td>31,335</td>
<td>28,549</td>
<td>18,470</td>
<td>28,305</td>
<td>2,753</td>
<td>135,252</td>
</tr>
</tbody>
</table>

* Some households were helped with more than one energy payment through various energy assistance programs. Numbers are rounded to the nearest dollar figure.

Table 4: Average Assistance
Table 4 outlines the average amount of energy assistance per household from the various funding sources. Across the programs, an average of $448 was provided per household, this is a 4% increase to the average for 2009 at $430.

Table 4: Average Assistance 2002 – 2010*

<table>
<thead>
<tr>
<th></th>
<th>2002/03</th>
<th>2003/04</th>
<th>2004/05</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Partners</td>
<td>313</td>
<td>370</td>
<td>403</td>
<td>466</td>
<td>487</td>
<td>538</td>
<td>536</td>
<td>496</td>
</tr>
<tr>
<td>Provincial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Energy</td>
<td>N/A</td>
<td>N/A</td>
<td>485</td>
<td>472</td>
<td>315</td>
<td>339</td>
<td>346</td>
<td>N/A</td>
</tr>
<tr>
<td>Fund</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share the Warmth</td>
<td>191</td>
<td>183</td>
<td>267</td>
<td>293</td>
<td>315</td>
<td>339</td>
<td>346</td>
<td>N/A</td>
</tr>
<tr>
<td>Winter Warmth</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>417</td>
<td>423</td>
<td>395</td>
<td>407</td>
<td>399</td>
</tr>
<tr>
<td>Average Across</td>
<td>252</td>
<td>277</td>
<td>385</td>
<td>412</td>
<td>408</td>
<td>424</td>
<td>430</td>
<td>448</td>
</tr>
<tr>
<td>Funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Note that 2007 and on, figures for Corporate Partners and PEEF have been blended into one figure.
Table 5: Households Served
In 2010, a total of 283 households were served through all sources of funding (unduplicated within types of assistance but not between). This is a 9% increase from 2009 to 2010.

Table 5: Households Served from 2002 to 2010

<table>
<thead>
<tr>
<th></th>
<th>2002/03</th>
<th>2003/04</th>
<th>2004/05</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Partners</td>
<td>32</td>
<td>54</td>
<td>53</td>
<td>73</td>
<td>201</td>
<td>197</td>
<td>219</td>
<td>229</td>
</tr>
<tr>
<td>Provincial Emergency Energy Fund</td>
<td>N/A</td>
<td>N/A</td>
<td>121</td>
<td>321</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share the Warmth</td>
<td>106</td>
<td>56+</td>
<td>52</td>
<td>38</td>
<td>28</td>
<td>18</td>
<td>13</td>
<td>N/A</td>
</tr>
<tr>
<td>Winter Warmth</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>30</td>
<td>35</td>
<td>33</td>
<td>47</td>
<td>54</td>
</tr>
<tr>
<td>Total</td>
<td>138</td>
<td>110</td>
<td>226</td>
<td>462</td>
<td>264</td>
<td>246</td>
<td>259</td>
<td>283</td>
</tr>
</tbody>
</table>

Table 6: Household Type
Two-parent families represent the greatest proportion of energy assistance recipients.

Table 6: Household Type 2010

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Couple</th>
<th>One-Parent Family</th>
<th>Two-Parent Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blended CP/PEEF</td>
<td>21%</td>
<td>9%</td>
<td>27%</td>
<td>43%</td>
</tr>
<tr>
<td>Winter Warmth</td>
<td>11%</td>
<td>17%</td>
<td>26%</td>
<td>46%</td>
</tr>
<tr>
<td>Average across all</td>
<td>19%</td>
<td>10%</td>
<td>27%</td>
<td>44%</td>
</tr>
<tr>
<td>households served</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 7: Recipients’ Source of Income
Of all households that accessed the WREAP, most are employed or receive other sources of income (84%). This is because those on OW or ODSP can typically access energy assistance directly from those programs via their caseworker.

Table 7: Recipients’ Source of Income 2010

<table>
<thead>
<tr>
<th></th>
<th>OW</th>
<th>ODSP</th>
<th>Employed/Other*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blended Corporate Partners/Provincial Emergency Energy Fund</td>
<td>2%</td>
<td>15%</td>
<td>82%</td>
</tr>
<tr>
<td>Winter Warmth</td>
<td>0%</td>
<td>7%</td>
<td>93%</td>
</tr>
<tr>
<td>Average across all households served</td>
<td>2%</td>
<td>14%</td>
<td>84%</td>
</tr>
</tbody>
</table>

* May include one or a combination of income sources from employment, pensions, child support, Employment Insurance etc.
Table 8: Recipients’ Location Across the Region
Table 8 shows where energy assistance recipients were located across the region.

<table>
<thead>
<tr>
<th>Blended Corporate Partners/Provincial Emergency Energy Fund</th>
<th>Kitchener</th>
<th>Waterloo</th>
<th>Cambridge</th>
<th>Townships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter Warmth</td>
<td>N/A*</td>
<td>21%</td>
<td>73%</td>
<td>6%</td>
</tr>
<tr>
<td>Average across all households served</td>
<td>39%</td>
<td>16%</td>
<td>40%</td>
<td>5%</td>
</tr>
</tbody>
</table>

*Winter Warmth is not open to Kitchener residents as it is only available to Union Gas customers.

5.0 SUMMARY AND NEXT STEPS
An inability to pay utility bills is one of four indicators\(^{10}\) of households at-risk of housing instability. The WREAP has operated successfully in a partnership model over the past seven years offering energy assistance to prevent housing instability and homelessness in Waterloo Region. In the 2010 heating season, a total of 283 households in the region received assistance through the WREAP.

Several significant trends, program and policy changes were noted in this report. To keep apprised of the recent changes and ensuring continued effectiveness of the WREAP in assisting low-income households with energy arrears, the following next steps are recommended in preparation for 2011:

- Bring the *Waterloo Region Energy Assistance Program: Final Report for 2010* to Council for information;
- Region of Waterloo Social Services request increased flexibility in the distribution of Winter Warmth funds (e.g. increasing maximum assistance amount, offering it year-round, making it available for all types of energy);
- Update Social Services staff working directly with the WREAP on new policies, program/procedural issues, and data collection methods to streamline and improve reporting; and
- Region of Waterloo Social Services meet with Corporate Partners and local United Ways to discuss policy changes and potential impacts to WREAP for the 2011 heating season.

\(^{10}\) Other indicators are: household dedicating more than 30% of their income to shelter, family falls into the low-income category as defined by Statistics Canada, and use of food banks. Source: Assessing Economic-based Homelessness: A Report for the Housing Stability System. Website: [www.region.waterloo.on.ca](http://www.region.waterloo.on.ca).
TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: January 11, 2011
FILE CODE: S09-80
SUBJECT: SOCIAL ASSISTANCE REVIEW AND CHANGES TO THE SPECIAL DIET ALLOWANCE

RECOMMENDATION:
For Information.

SUMMARY:
The Ontario government’s poverty reduction strategy, entitled Breaking the Cycle, outlined a directive to “undertake a review of social assistance with the goal of removing barriers and increasing opportunity – with a particular focus on people trying to move into employment from social assistance. In January 2010, the Social Assistance Review Advisory Council (SARAC) was formally appointed by the government of Ontario with a mandate to submit recommendations to the Minister of Community and Social Services regarding the scope and terms of reference for a review of Ontario’s social assistance system”. On June 14, 2010 the SARAC released its recommendations for consideration by the province (SS-10-045). On November 30, 2010 the province announced the largest review of social assistance programs in over 20 years. This report is a summary of this review and the changes to the Special Diet Allowance.

REPORT:
1.0 The Review
In the 2008 Poverty Reduction Strategy, the province committed to reviewing social assistance with a focus on removing barriers and increasing opportunities for people to work. The subsequent Social Assistance Review Advisory Council’s (SARAC) report in June 2010 recommended a review of the whole income security system, including but not limited to social assistance e.g. income security, employment supports and other services. Building on the recommendations of the SARAC report, the province announced on November 30, 2010 that it will undertake a review of social assistance that will:
- Recommend ways to improved people’s ability to find and keep jobs and guarantee security for people who cannot work
- Examine and determine the effectiveness of social assistance and its role in relation to other parts of the income security system and
- Define the province’s position regarding the federal government’s responsibility for income security in Ontario.

The province will establish a Commission to develop specific recommendations and a concrete
action plan for reforming the social assistance system to improve client outcomes. Frances Lankin, and Dr. Munir Sheikh have been appointed as commissioners. The other 9 members of the Secretariat have not yet been named. The review will begin January 2011 and finish June 2012.

The review will have the following objectives:

- help get people back to work
- be part of a larger income security system that includes municipal, provincial and federal programs
- share responsibility for improving the outcomes of low-income Ontarians with municipal and federal governments as well as the people who rely on social assistance
- be simple to understand and access, and provide people in need with basic income support in a fair and equitable way
- work well with other municipal, provincial, and federal programs outside of social assistance – including education, training, housing, child care and health benefits – to support employment
- respect the autonomy, responsibility and dignity of individuals and recognize that clients are best placed to decide how to spend their money to meet their needs
- be efficient, financially sustainable and accountable to taxpayers, and
- meet its intended purpose of a system of last resort

Building on the successful Ontario Child Benefit, the review will have the following outcomes:

- establish an appropriate benefit structure that reduces barriers and support people's transition into, and attachment within, the labour market
- place reasonable expectations on, and provide supports for, people who rely on social assistance with respect to active engagement in the labour market and participating in treatment and rehabilitation
- Simplify income and asset rules to improve equity and make it easier to understand and administer social assistance
- Ensure the long-term viability of the social assistance system
- Define the province’s position vis-à-vis the federal and municipal governments as it related to income security for Ontarians.

The action plan will also include outcomes for each of the actions, including performance measures. Also in response to the SARAC recommendations, the review will also include research of best practices, improving sustainability of the system, methodologies for determining benefit structures, asset limits and exemptions, special purpose benefits applications, support to families with children who have severe disabilities and appropriate supports and services to connect people who cannot work to their communities.

There will be opportunity for public input into the action plan, however the details of the process, the appointment of the remaining members and the specifics of the planning will be revealed in January, 2011.

Impact on the Region as the CMSM for Social Assistance

The direction of the review is very much in line with the Ontario Municipal Social Services Association (OMSSA) position that social assistance must be transformed to an employment-oriented system and away from its income support focus. OMSSA’s recently released report: Climbing the ladder of self-sufficiency: How Ontario can use local workforce development to transform social assistance, province economic security and create community prosperity supports the direction that the province will be taking.
What is not clear from the announcement what is meant by “share responsibility for improving outcomes … with municipal and federal governments as well as the people who rely on social assistance”. Also the municipal role in the new social assistance system has not yet been clearly defined. Concurrent with this review is the uploading of the cost of OW to the province. OMSSA has indicated that it will continue to work with the province and the Review Commission to understand our future financial and service system role.

2.0 Changes to the Special Diet

The province has announced changes to the Special Diet Allowance, based in part on the recommendations of the 2008 report of the Special Diets Expert Review Committee. These changes include:

- Removing conditions that the Committee found to not require a special diet from the schedule;
- Requiring that recipient’s consent to the release of relevant medial information to support their application; and
- Putting much stronger tracking methods in place, so that questionable trends can be identified earlier and appropriate action can be taken.

With these changes, some Special Diet Allowance recipients will no longer be eligible for the program. There will still be a $250 per month maximum cap for people with multiple medical conditions who qualify for more than one allowance. This announcement reverses the earlier announcement in the provincial budget speech that the program would be eliminated and that a nutritional supplement program would be created under the Ministry of Health and Long Term Care. The Program, as revised, will remain with the Ministry of Community and Social Services.

There are 1,029 recipients of the Special Diet Allowance on our current caseload. The impact of the changes will be determined on a case by case basis.

CORPORATE STRATEGIC PLAN:

Support for the SARAC report and its recommendations will address the Corporate Strategic Plan in two Focus Areas. Focus Area Three - Healthy and Safe Communities; Strategic Objective One: (to) improve health by reducing or preventing the environmental and social conditions or behaviours that lead to poor health and/or disparity. Focus Area Four – Human Services: (to) promote quality of life and create opportunities for residents to develop to their full potential.

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

NIL

PREPARED BY: Lynn Randall, Director Social Planning, Policy and Program Administration

APPROVED BY: Michael Schuster, Commissioner, Social Services
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: January 11, 2011

FILE CODE: A16-40

SUBJECT: DISTRIBUTION OF CHILD CARE STABILIZATION MINOR CAPITAL FUNDING FOR 2010/11

RECOMMENDATION:

For information

REPORT:

In April 2010, the Province announced funding for stabilization of the licensed early learning and child care sector to mitigate the impact of phase one full day kindergarten schools. In addition, the Province requested an annual service plan be submitted by June 30th. Report SS-10-034, dated June 22, 2010 provides an overview of the 2010 Children’s Services Plan and a plan of action for allocation of the Provincial stabilization funding for the early learning and child care community.

The Region received $35,100 in one time Child Care Stabilization Minor Capital funding from the province (MCYS). This funding is intended to address the impact of phase one of the Early Learning Full Day Kindergarten Program (ELFDKP).

The Provincial Child Care Stabilization Guidelines provides some basic requirements in the allocation of funding to the community. MCYS identified that these funds were to help offset the cost of minor renovations of existing child care centres to serve younger children as four and five year olds enter the full day kindergarten system at phase one schools. Minor capital funds were only available to non-profit child care operators who could demonstrate that they were financially viable and operationally sound. In addition, the Region stipulated that funding applicants must be participating in Raising the Bar on Quality, have a purchase of service agreement for fee subsidy and enrol children with special needs in their programs.

A process for the allocating the funds was determined in consultation with the Early Learning and Care Community Advisory Committee. The funding for minor capital was distributed in two rounds, a first call for requests closed in May 2010. It was decided to hold the remaining portion of the funding for a second round application process in the Fall of 2010 when the impact of the ELFDKP could be more accurately projected.

A second call for requests went out to the phase one impacted child care operators in October 2010. Three operators met the eligibility criteria for the stabilization funding as set out by the province and Region. The distribution of funds was reviewed with the Early Learning and Child Care Community Advisory Committee in December 2010. A total of $34,847 was allocated as outlined below.
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<thead>
<tr>
<th>Name of Child Care Operator</th>
<th>Description</th>
<th>Amount Requested</th>
<th>Amount Funded</th>
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<td><strong>Total:</strong></td>
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<td><strong>$34,847.12</strong></td>
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</tr>
</tbody>
</table>

**CORPORATE STRATEGIC PLAN:**

This report relates to two Corporate Strategic Plan Focus Areas. Focus Area 3: Healthy and Safe Communities – Support safe and caring communities that enhance all aspects of health. As well as Focus Area 4: Human Services – Promote quality of life and create opportunities for residents to develop to their full potential.

**FINANCIAL IMPLICATIONS:**

As the Child Care Stabilization Minor Capital Funding is 100% one-time Provincial dollars, there are no financial implications for the Region. The funds must be expended prior to March 31, 2011.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

The administration of the provincial funding will require the assistance of the Finance department.

**ATTACHMENTS**

Nil

**PREPARED BY:** Judi Neufeld, Manager, Early Learning Program

**APPROVED BY:** Michael Schuster, Commissioner, Social Services
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: January 11, 2011

FILE CODE: S02-80

SUBJECT: CHILD CARE FEE SUBSIDY WAIT LIST MANAGEMENT PROCESS

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve a change to the child care fee subsidy waiting list management strategy effective February 1, 2011 as outlined in Option C in report SS-11-004, dated January 11, 2011.

SUMMARY:

This report provides an overview of the current Child Care Fee Subsidy wait list policy. Effective August 23, 2010, Regional Council approved the implementation of a placement freeze in Child Care Fee Subsidy until expenditures had reduced sufficiently to begin to place children from the wait list on an attrition basis. In November 2010, Community Services Committee directed staff to review the Priority Wait List. Following a review of the current practice this report details three options with a staff recommendation of Option C for Committee’s consideration.

REPORT:

1.0 Background

In August 2010, a staff report outlined the funding pressures in the Child Care Fee Subsidy program and recommended implementation of a waiting list. Implementation of a waiting list was necessary to reduce expenditures to within appropriate budget levels. On August 23, 2010 all new placements for child care fee subsidy families were stopped and the wait list management strategy implemented. In November, Committee heard from delegations regarding the impact of the current waiting list priority format on graduate students.

The current wait list policy was originally developed and endorsed by Council with a view to prioritizing families based on composition and activity. For example, single parent families working are rated higher than two parent families engaged in educational activities.

Municipalities manage the demand for fee subsidy, where resources are limited, through a wait list strategy. The Provincial Fee Subsidy Guidelines requires municipalities to develop local wait list management strategies that use a “modified first come/first served approach” which “allow for flexibility at the local level.”

A waiting list for fee subsidy has not been in place since 1989 in Waterloo Region. The current waiting list system places families into one of six priority rankings. Use of a priority system provides a means to determine how limited resources will be allocated; the current priority system was developed to place those who may be considered most vulnerable by nature of having fewer resources and supports available to them, as a higher priority for service.
Enabling these families to maintain employment or attend school has long term positive effects for both the family and the community.

Due to high demand for fee subsidy, placements for subsidy eligible families in licensed child care programs has been restricted until the number of active children in the program was reduced and monthly expenditures fell within the budget levels. As of November 2010, the target levels were achieved and placements of children from priority one began on an attrition basis. As of December 31, 2010, approximately 300 children from the waiting list have been placed in licensed child care settings.

2.0 Determining Eligibility for Fee Subsidy

Families apply for fee subsidy and are determined eligible for partial or full subsidy through the administration of the Provincial Income Test. Eligibility is based upon the parent/guardian net income. Families with an income of $20,000 or less per year are fully eligible for fee subsidy if they are working, attending school or have a child with special needs. Families with a net income above $20,000 are eligible for partial subsidies based on a sliding scale. Subsidy eligible families are able to choose a placement in a licensed child care centre, home child care agency caregiver home or an early learning kindergarten extended day program.

3.0 Potential Options or Changes to Wait List Policy

An informal survey of other municipalities found a number of differing approaches existed with regards to wait list management. Some municipalities use income as the sole basis for determining priority for placement and others use modified versions of the current practice in Waterloo Region. Staff also consulted with the Early Learning and Child Care Community Advisory Committee on several options for wait list management.

Using this information and a review of the current fee subsidy caseload outlined in report SS-11-005, staff developed three potential options which are presented below for Committee's consideration.

Option A

Use of a master waiting list: placement from the waiting list would be based on the date of determination of eligibility or a first come first served basis. Once determined eligible, families would be placed on a waiting list and until their date of eligibility moves to the top of the waiting list.

Potential Impact

- Vulnerable children (special needs/social needs) may wait a significant time for a placement or may not receive early intervention services prior to school entry.
- Ontario Works participants may be unable to meet legislated participation requirements for ongoing eligibility.
- Vulnerable families may not be able to participate in employment or attend school.
- Date of eligibility only determination; factors such as family composition, sources of income and timely access to child care to support employment are not considered.
- Would negatively impact current priority one and two families on the current waiting list.
Option B

Manage the wait list using three categories: condense the current six priority rankings to three categories for subsidy eligible families. Families would be placed from the waiting list based on their category and date of eligibility.

- **Category One** – vulnerable children (special/social needs) requiring placement for early intervention support;
- **Category Two** - single parent working or attending school to complete a diploma or degree; Ontario Works recipients engaged in mandatory activities; and/or single parent who is ill or disabled or attending a day treatment program and unable to care for their children;
- **Category Three** - two parent family working or attending school to complete a diploma or degree; and or/ parents who are ill, disabled or attending a day treatment program and unable to care for their children.

**Potential Impact**

- More equitable consideration for student applicants regardless of level of education activity.
- Most vulnerable population of children placed first to ensure timely access to early intervention services.
- Positively impacts some families currently in a lower priority ranking on the waiting list.
- Potential loss of employment, inability to attend school for two parent families.

Placements for subsidy eligible families would begin with Category One and once exhausted move to Category Two. Placement would be based on date of eligibility.

Option C

Use current income test levels to determine category for placement with the exception of children with special needs, who would be considered Category One. Placements for subsidy eligible families would begin with Category One and once exhausted move to Category Two. Placement would be based on date of eligibility.

- **Category One** - Families with a special needs child
- **Category Two** - Families with income of $0 - $20,000
- **Category Three** - Families with Income of $20,001 - $40,000
- **Category Four** - Families with an income of $40,001 - $60,000
- **Category Five** - Families with an income of $60,001+

**Potential Impact**

- Most vulnerable population of children placed first to ensure timely access to early intervention services.
- Aligns with Income Test to determine eligibility.
- Easily understood.
- Family composition not considered as a factor beyond financial need.

4.0 Summary & Recommendation

The three options presented approach the waiting list from differing perspectives. Staff are recommending Option C – using income levels as a way to prioritize who accesses services
This new approach does not have implications for families currently on the waiting list. To manage the transition, a plan has been developed to place all families currently on the waiting list before implementing the new wait list management. As of February 1, 2011 all new subsidy eligible families will be placed on the waiting list using the wait list categories outlined in Option C. Placing families into “categories” rather than “priorities” provides an opportunity for more positive messaging around the waiting list and reduces the implication that one need is greater than another.

During periods of high demand for a limited resource, subsidy eligible families will not have as timely an access to licensed child care as might be needed. Option C provides avenues for managing the intake of subsidy clients should the waiting list continue for a long period of time. Communication on changes to the waiting list policy would be shared with all families currently on the waiting list as well as all new clients calling in for appointments.

CORPORATE STRATEGIC PLAN:

Focus Area 3: Healthy and Safe Communities: Support safe and caring communities that enhance all aspects of health. Support initiatives that foster early learning and care for children

Focus Area 4: Human Services: Promote quality of life and create opportunities for residents to develop to their full potential.

FINANCIAL IMPLICATIONS:

The 2010 Children’s Services division budget totals approximately $35 million, of this total approximately $27 million is cost shared on a 80/20 basis with the Provincial government (80% Provincial) and $8 million funded through the 100% Provincial Best Start/ELCD funding. The fee subsidy budget totals $14,765,979 ($4.6 M 100% Provincial, $10.1M cost shared 80/20).

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The ongoing assistance of Finance and Information Systems to monitor monthly expenditures and placement of children will be required.

ATTACHMENTS

Nil
TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: January 11, 2011
FILE CODE: S02-80
SUBJECT: CHILD CARE FEE SUBSIDY CASELOAD PROFILE

RECOMMENDATION:
For information

SUMMARY:
This report provides an overview of the Child Care Fee Subsidy program and provides a profile of the current client caseload and waiting list.

REPORT:
1.0 Background

Child Care Fee Subsidy provides financial assistance with the cost of child care to families who are working, attending school or training, have a child with special or social needs or who are ill, disabled or attending a day treatment program. A Provincial Income Test is used to determine eligibility for child care fee subsidies. Financial eligibility is based on the parent/guardian adjusted net income from their most recent Federal Notice of Assessment. Families with a net income of $20,000 or less per year are eligible for full subsidy and families whose income is above $20,000 pay a portion of their income, called a parent contribution, towards the cost of child care. Families are determined ineligible for Child Care Fee Subsidy when their parent contribution is more than the cost of child care.

Children of subsidy eligible parents can be placed in a licensed child care centre, licensed home child care agency home, an approved summer camp program or a full day kindergarten extended day program in the Region of Waterloo. There are currently 123 licensed child care centres, 4 home child care agencies, 3 summer camps and 4 full day kindergarten extended day programs.

The 2010 Provincial funding allocation for the fee subsidy program was approximately $14M, roughly 35% of the Children’s Services total budget. This funding allows for placement of an average of approximately 2,700 children per month. In 2010 high demand for fee subsidy required the implementation of a fee subsidy waiting list and temporary freeze on all placements until numbers reduced to within budget levels. The waiting list has been in place since August 23, 2010 and has resulted in significant impacts for some families to receive timely financial assistance with their child care costs.
2.0 Child Care Fee Subsidy Service Demand

Over the past three years, demand for fee subsidy has steadily increased. From January to August 2010, there was an average of approximately 2900 children in receipt of fee subsidy each month. The current funding allows for an average of 2700 children on a monthly basis with average monthly expenditures of around $1.1M.

Some factors that have contributed to this increased demand are:
- Higher cost of child care and greater financial need in families;
- Families are eligible for longer periods due to the income test;
- Child care spaces in the community have increased since 2005 as a result of Best Start funding;
- Increased awareness of the fee subsidy program in the community.

The implementation of a freeze on placements and use of a waiting list has resulted in a reduction in the number of children to an average of approximately 2800 by the end of October with an average monthly cost of $1.1M. As of November 1, 2010, expenditures and numbers of active children had dropped sufficiently to allow for placement of children from the waiting list on an attrition basis. An additional 200 children were placed from the waiting list in December 2010.

2.2 Reason for Service

Full-time or part-time employment continues to be the main reason families require assistance with the cost of child care. Table 2 provides an overview of the types of activities that current eligible families are engaged in. Approximately 66% of families are working and 19% are attending school, followed by 11% with a special needs child.

Table 2 - Reason for Service
2.3 **Income Levels**

The majority of families receiving Child Care Fee Subsidy have an income $20,000 or less per year, followed by families with an income of $40,000 or less. Forty-seven percent of families are eligible for full subsidy and 53% pay a portion of their child care costs as determined by the income test.

Table 3 shows the income distribution of families in receipt of child care fee subsidy in 2010.

Table 3 - Income Distribution of Families in Receipt of Child Care Fee Subsidy

2.4 **Family Composition**

Single or sole support parent families make up the largest part of the fee subsidy caseload at seventy nine percent. Of those, ninety-eight percent are female. The Subsidy caseload also shows that 57% of families have 1 child and 43% have 2 or more children.

2.5 **Age Distribution of Children**

Child Care Fee Subsidy is provided to families with children from birth up to 12 years of age. The chart provides a breakdown by age category of children who are currently on the fee subsidy caseload. Approximately 70% of the children of subsidy eligible families are five years of age or younger.

Table 4 – Age Distribution of Children

3.0 **Child Care Fee Subsidy Wait List Management**

Once parents/guardians are determined eligible using the income test, they are placed on the fee subsidy wait list. The current practice uses the priority rating system and this determines who will move off the waiting list when funding is available. The current priority system was originally developed in 1989 and focused on supporting access to employment as one of the top priorities. The six priority categories are:

- **Priority 1** - Special needs children; Ontario works recipient; Single parent working
- **Priority 2** - Single parent attending school to achieve up to first diploma or undergraduate degree
- **Priority 3** - Two parents both working
- **Priority 4** - Two parents, one working and one attending school to achieve up to first diploma or undergraduate degree
- **Priority 5** - Single parent ill, disabled or attending day treatment program; Two parents, one working or attending school to achieve up to first diploma or undergraduate degree and one ill, disabled or attending a day treatment program
- **Priority 6** - Single parent pursuing a graduate degree, additional diploma or undergraduate degree; Two parents, one working and one attending school to achieve a graduate degree,
additional diploma or undergraduate degree.

4.0 Current Waiting List

A waiting list for fee subsidy has been in place since August 23, 2010. No new placements for subsidy eligible families occurred from September to October. As of November 1, 2010, expenditures and numbers of subsidized children had reduced sufficiently to begin placement of approximately 100 children. At that time only children from the priority one category were placed. In December, an additional 200 children were placed from the waiting list into licensed early learning and child care programs. At the time of writing of this report there were still approximately 200 children on the waiting list. Table 5 shows the breakdown of the waiting list as of November 2010, into the six priority groups.

Monitoring and management of a fee subsidy waiting list is a relatively new phenomenon in Waterloo Region. The last time a waiting list was in place was over fifteen years ago. Client reason for service, eligibility criteria and family composition have all changed since that time.

5.0 Summary

Access to high quality early learning and child care services plays an important role in allowing residents to work, attend school and retrain, which contributes to economic recovery and growth. Given the high demand for fee subsidies and uncertainty on Provincial funding allocations for 2011, staff are proceeding with a cautious approach to ensure fiscal responsibility.

CORPORATE STRATEGIC PLAN:

Focus Area 3: Healthy and Safe Communities: Support safe and caring communities that enhance all aspects of health. Support initiatives that foster early learning and care for children

Focus Area 4: Human Services: Promote quality of life and create opportunities for residents to develop to their full potential.

FINANCIAL IMPLICATIONS:
The 2010 Children’s Services division budget totals approximately $35 million; approximately $14 million of this total is dedicated to the fee subsidy budget.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
The implementation and monitoring of a wait list requires the assistance of Finance and Information Systems staff.
ATTACHMENTS

NIL

PREPARED BY:  Sheri Phillips, Manager Child Care Subsidy
               Nancy Dickieson, Director Children’s Services

APPROVED BY:  Michael Schuster, Commissioner Social Services
MEMORANDUM

To: Chair Sean Strickland and Members of the Community Services Committee
From: Deb Schlichter, Director of Housing
       Lynn Randall, Director of Social Planning, Policy & Program Administration
Copies: Rob Horne, Commissioner, Planning, Housing and Community Services
        Michael Schuster, Commissioner, Social Services
File No: D27-80
Subject: PROVINCIAL LONG-TERM AFFORDABLE HOUSING STRATEGY (LTAHS)

The Province of Ontario launched their Long-Term Affordable Housing Strategy (LTAHS) and introduced Bill 140, Strong Communities through Affordable Housing Act, 2010 on November 29, 2010. This long-awaited announcement signals the most significant change for housing in Ontario since the Province transferred Community Housing responsibilities to municipal Service Managers ten years ago.

The LTAHS is one of the commitments stated in the Province’s platform document Moving Forward Together, 2007, and the result of a lengthy consultative process with municipal partners and key stakeholders starting in 2009. It offers a high-level vision for housing, with an emphasis on local flexibility and service system management, people-centred services and human services integration.

Key elements of the proposed LTAHS are, as follows:
- Replacing the restrictive Social Housing Reform Act (SHRA) with a more enabling Housing Services Act (HSA)
- Consolidating provincially funded housing and homelessness programs
- Expanding Service Manager roles and responsibilities, and the creation of local consolidated housing and homelessness plans
- Creating a Minister’s Housing Policy Statement
- Restructuring the Rent-Geared-to-Income program
- Substantively modifying the Ministerial Consent process
- Providing local flexibility to determine waitlist processes
- Amending the Planning Act to allow secondary units in new and existing developments
- Amending some processes in the Residential Tenancies Act, 2006
- Engaging the Federal Government to create a housing framework for Canada
- Promoting energy efficiency in the housing sector
Unfortunately, the LTAHS does not provide for any new funding for housing or homeless to housing stability programs at this time. This is of serious concern, as there will be negative long-term impacts of not investing these additional resources. This could also impact on the ability for Waterloo Region to meet its Affordable Housing Strategy goal of creating at least 500 new units of affordable housing by the end of 2013 and the ability to sustain existing actions under the Homelessness to Housing Stability Strategy or to fund any new initiatives.

While the LTAHS is groundbreaking in terms of its process and outcomes, there are still many unanswered questions. The details of the LTAHS will be worked out through working groups, with a commitment from Ministry of Municipal Affairs and Housing (MMAH) to partner with Service Managers. Regional staff and our sector associations such as Association of Municipalities of Ontario (AMO), Ontario Municipal Social Services Association (OMSSA), Ontario Non-Profit Housing Association (ONPHA), Co-operative Housing Federation (CHF) - Ontario, and Social Housing Services Corporation (SHSC) will be involved in the consultative process to help shape the regulations that will accompany this legislation.

A future report on the LTAHS’s opportunities and challenges will be brought to Regional Community Services Committee and Council, as more details become known.

Bill 140 is now being reviewed in second reading in the legislature, and will likely be referred to a Standing or Select Committee, or a Committee of the Whole House, for debate and public deputations with an expectation of reaching third reading by mid-2011. Enactment of Bill 140 could be as early as January 2012.

For more information, see the Ministry of Municipal Affairs and Housing’s website www.mah.gov.on.ca for a copy of the LTAHS.
MEMORANDUM

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

From: David Dirks, Director, Employment & Income Support

Copies: Michael Schuster, Commissioner, Social Services

File No.: S09-01

Subject: UPDATE ON ON-LINE APPLICATION FOR SOCIAL ASSISTANCE

In an Information Memorandum dated September 28, 2010 staff advised that the Province has undertaken to replace the Service Delivery Model Technology (SDMT), which supports the delivery of social assistance (Ontario Works, Ontario Disability Support Program and Assistance for Children with Severe Disabilities). This initiative is part of a broader modernization effort within the Ontario Public Service. Full replacement of the SDMT is targeted for Spring 2013. As an interim step, the Province will introduce the ability for citizens to apply on-line for social assistance in the Spring of 2011.

Five pilot sites have been identified to test the technology, beginning January 1, 2011. These include the District of Algoma, Region of Halton, Region of Niagara, City of London and City of Ottawa. Algoma will be a test site effective January 2011; the remaining four sites as of February 2011. Any citizen in Ontario will be able to access the on-line application; however, only these sites will be able to process the application. A person from another community, who enters information, will receive a message to contact their local Ontario Works office. There is no change to the application process in Waterloo at this time.

Staff are developing a Site Readiness Plan for submission to the Province by January 31, 2011. Information concerning the five pilot sites has been provided to community agencies, to enable them to respond to questions from their program participants, who may be applying on-line in this period.

The delivery of social assistance addresses Focus Area 3 from Council’s Strategic Plan, Healthy and Safe Communities; Strategic Objective 1: (to) improve health by reducing or preventing the environmental and social conditions or behaviours that lead to poor health and disparity.

For further information please contact David Dirks, Director, Employment & Income Support at 519-883-2179; or ddirks@region.waterloo.on.ca
Municipal Delivery of Long Term Care Services
Understanding the Context and the Challenges

Municipalities have long played a unique and essential role in the province’s long term care system with the first homes having roots dating back over 130 years. There are currently 103 municipal long term care homes in communities across the province, operating over 16,493 beds. This history of caring, collaboration and connection with their communities has established municipal homes as a valued player in Ontario’s long term care home system. Ensuring that municipal homes continue to thrive as an integral component of the range of services delivered locally by municipalities requires recognition of the unique environment in which these homes operate and their distinct role within the broader long term care system.

Legislation Supports Municipal Operation of Long Term Care Homes

Legislation currently governing municipalities requires each municipality to establish and maintain a long term care home directly, jointly or through an agreement with another municipality. A sub-group of municipal providers are the homes operated in territorial districts by committees of management established jointly by the participating municipalities.

The value of municipal involvement in long term care to the provincial health system was formally reconfirmed when the Long-Term Care Homes Act was passed in June 2007. The Act maintains their role as the only players in Ontario that are mandated to deliver this service. The Legislature took this decision in recognition of their long record, to maintain diversity in the sector and in response to supportive public comments that came out of the consultation on the legislation.

Specific government support for not-for-profit delivery is embedded in both the LHIN legislation and more specifically in the Long-Term Care Homes Act:

*The people of Ontario and their Government are committed to the promotion of the delivery of long-term care home services by not-for-profit organizations.*

Not-for-Profit Difference

In Ontario, long term care services are provided by not-for-profit organizations as well as for-profit operators. Both are funded by the provincial government. Municipal homes, like other not-for-profit homes, stand apart in several important ways:

- **RE-INVESTMENT IN CARE** – surplus funds stay within the organization. Taxpayer dollars are not taken out of the long term care system as profit for investors.
- **STRONG COMMUNITY SUPPORT** – professional caregivers are supported by thousands of people who volunteer their time.
- **INNOVATION AND EXCELLENCE** – not-for-profits have been at the forefront of innovation in service delivery.
- **CHOICE FOR ONTARIANS** – research shows that a majority of Ontarians want to maintain a balance between not-for-profit and for-profit delivery of long term care services.
Municipalities are Community Builders

Communities have general expectations about the range of municipal services that should be available to meet local needs. These expectations extend well beyond infrastructure such as bridges, roads and sewers. Citizens also look to their local governments to respond to their social, health and human service needs. In this way, services such as those for the elderly, the needy and the disadvantaged have become a cornerstone of the municipal mandate.

Long term care is one such service that communities expect to be available. In many areas of the province the municipality is recognized as the primary provider of long term care. With the acknowledgement that the municipality is the owner and operator of the long term care home, comes the recognition that the home is an integral part of the community. Municipal long term care home services are established based on an understanding of local needs and managed and delivered with local involvement, giving residents in the community assurance that appropriate and accessible services are available.

Experience has shown that if municipalities try to withdraw from their long term care role, the citizens will object. It is the community’s understanding that this is an area of responsibility to which municipalities should be committed.

Municipal homes are anchored in their communities. They make a significant contribution to the local economy and in many parts of the province the home is a major employer. As such it is a very visible symbol of an active municipal role as a service provider.

In a new health care environment that has seen the establishment of Local Health Integration Networks (LHINs) and an emphasis on efficiency in health service delivery, municipalities and municipal homes in particular, are models of integration and collaboration. Many homes have expanded their operations to offer a continuum of integrated services to local seniors. They are also reaching out and supporting their communities through effective partnerships with other health care providers, community service agencies, schools and universities, churches, service clubs and other groups.

Accountability to the Community

Municipal homes are publicly owned and operated. They serve local people through local people.

The involvement of elected officials in overseeing the homes is a key element in the accountability process that ensures the appropriateness and effectiveness of the program. This accountability is strengthened by greater transparency including open council meetings, community advisory committees and opportunities for public input.

Municipal Edge

Many municipalities provide their own voluntary financial contribution to the operation of their homes raising both the quality of care and the quality of the home as a workplace. Current estimates suggest that in 2008, OANHSS member municipalities contributed well over $225M to home operations over and above provincial long term care funding. On top of this is the funding that municipalities contribute to capital projects. These contributions are reflected in higher levels of care in municipal long term care homes (see chart below).

In addition to direct care, this enhanced funding goes toward restorative care and other support services such as social work and volunteer coordination.

Given their mandate to serve the broader community, municipal homes are often more responsive to the harder to serve and lower income segments of the seniors’ population.

Municipalities have very diverse service mandates. The long term care home services that they provide represent only a small portion of their overall responsibilities. This makes them very distinct from almost all other large long term care providers with diversification limited to the provision of services along the care continuum.

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<td>Nursing Home (for-profit)</td>
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*Source: Ontario Health Coalition, Violence, Insufficient Care, and Downloading of Heavy Care Patients, May 2008.
Provincial Long Term Care Initiatives

Several new and complex initiatives will come into play starting in 2010. Senior management in municipal long term care homes are taking steps to ensure that the necessary attention and oversight are being given to these changes.

1. Long-Term Care Homes Act (LTCHA) – New Act and regulatory framework
2. Long-Term Care Service Accountability Agreement (L-SAA) – Service accountability agreement with Local Health Integration Networks (LHINs)
3. Compliance – Transformed accountability inspection program
4. Minimum Data Set (MDS) – Assessment and care planning tool – drives case mix index (CMI) funding
5. Management Information System (MIS) – Statistical and financial reporting requirements
6. Staffing Template – Sharkey staffing reporting guidelines
7. Public Reporting – Compliance inspections and Ontario Health Quality Council indicator reporting
8. Local Health Integration Networks (LHINs) – Working in a decentralized LHIN environment
9. LTC Home Funding Review – Revising current funding system to support a performance-based approach
10. Capital Redevelopment – Redevelopment of 35,000 B and C category long term care beds over the next ten years

Pay Equity and Long Term Care

The Pay Equity Act and certain of its provisions unintentionally created unfairness. The methods of comparison contained within the Act resulted in an imbalance in the salary levels between job-to-job and proxy employers. Although the Act applies to all long term care providers, its provisions affect homes differently.

Nursing homes were generally able to use the proxy method of comparison because they typically had an insufficient number of male comparators in their workplace. The proxy method allowed employers to select another organization of their choosing to compare wages and salaries. Also, under the Act, proxy employers have no enforceable obligation to maintain their pay equity plans, resulting in a smaller, one time increase in salary and benefit costs for these employers. Municipal long term care homes, on the other hand, typically had a sufficient number of male comparators within the municipality to complete the job-to-job method. Invariably, the internal job-to-job method resulted in higher salary levels than those faced by proxy employers.

The Pay Equity Act not only resulted in wage or cost difference between long term care homes but the province’s funding provisions affected municipal homes differently as well. Proxy employers received 100 percent of their proxy obligations up to 1998 and additional funding has been provided in recent years following litigation whereas job-to-job employers receive funding only for a fraction of their pay equity obligations. The proxy method has tended to result in lower salary costs and offered those operators higher subsidy levels than provided to municipalities. Municipalities pay the difference in pay equity related cost increases.

Major System Transformation in Long Term Care

A significant change agenda is impacting the long term care sector. Its overall intent is to improve quality of care and create a culture that is focused on resident outcomes. Homes are feeling the impact of the multiple initiatives and limited funding certainty. OANHSS and its partners have pointed to the need for coordination and prioritization of the various initiatives hitting homes to allow for successful implementation of the critical changes resulting from the new regulatory environment and the many system changes being undertaken at the same time. That message is being heard within various levels of the Ministry of Health and Long-Term Care.

A three-year “road map” is the first critical step to create a continuous quality improvement framework for the sector. The focus of this work is to build change capacity and conserve the time and resources of homes to focus on their core mandate, their residents.
The Long-Term Care Homes Act and Regulations

Each home must undergo a major review of its operation ensuring compliance with a new Act and regulations. The Ministry of Health and Long-Term Care and OANHSS will be working to support homes through the transition, delivering sector education, identifying the major gaps that will require change management and supporting homes with their reengineering of policies and procedures. This is a huge endeavour and one that will require attention and support from boards and committees of management and the engagement of staff at all levels.

The government recognizes that there are new requirements under the Act that will need resourcing. OANHSS is working closely with its partners and the Ministry of Health and Long-Term Care to identify these added costs.

Bed capacities

- Total beds: 76,000
- Municipal beds: 16,493
- Beds in long-term care homes: 622

OANHSS represents 94 per cent of municipal beds and 92 per cent of municipal homes.

About OANHSS

OANHSS is the provincial association representing not-for-profit providers of long term care, services and housing for seniors. Members include municipal and charitable long term care homes, non-profit nursing homes, seniors’ housing projects and community service agencies. Member organizations operate over 27,000 long term care beds and over 5,000 seniors’ housing units across the province. A copy of OANHSS’s June 2008 submission to the Provincial-Municipal Fiscal and Service Delivery Review on the role of municipalities in the provision of long term care services is available on our website at www.oanhss.org.
LONG TERM CARE HOME ACT IMPLEMENTATION

LTCHA Implementation - Webinar for Boards and New Resources
eBulletin released: December 20, 2010

The next webinar is scheduled for January 20, 2011 from 4 p.m. to 6 p.m. and will be of particular interest for the members of governing bodies (boards and municipal committees of management). The latter timeframe was selected to allow for maximum participation.

This webinar will include two presentations:

- LTHCA Overview – Key Aspects of Change, Duties and New Liabilities
- LTCHA 2007: Quality and Compliance Monitoring by Boards

There will also be time allotted for Q&A. To register contact Sue Lantz, Project Manager, at slantz@oanhss.org.

2. New Materials Posted
The following new resources were recently posted to assist homes in planning and implementing policy and operational changes to meet the requirements of the LTCHA and Regulation:

- The Long-Term Care Quality Inspection Program (LQIP) - Orientation for Volunteers Training Presentation
- The Restorative Care Policy, Procedure and Training Package

Please feel free to customize the materials as appropriate to your home’s setting, staff roles and processes. Continue to watch the LTC Homes Act Central area for weekly postings and updates.

Margaret Ringland
Director of Member Relations and Professional Services

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905-851-0744
The 2010-11 influenza season has begun in Waterloo Region. As of January 5, 2011, 45 laboratory confirmed cases of influenza have been reported to Region of Waterloo Public Health. Flu activity continues to be widespread across the province.

Immunization offers the best protection for persons over the age of six months and is available free of charge to all residents of Ontario. Region of Waterloo Public Health offered public clinics in November and 9279 people were immunized. In addition, immunizations have been available through family physicians, urgent care and walk-in clinics and select workplaces across the Region since late October 2010.

Even though the first cases of influenza have been detected, it is not too late to be immunized. Influenza vaccine continues to be available through family physicians and area urgent care and walk-in clinics. In addition, Region of Waterloo Public Health had two additional drop-in influenza clinics for January 2011 on Friday January 7th from 8:45 a.m. – 4 p.m. and Monday January 10th from 1 p.m. – 7 p.m.

One additional clinic is scheduled at Public Health's Waterloo Clinic, 99 Regina Street South, 2nd floor, on Friday January 14th from 8:45 a.m. – 4 p.m.
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<td>S. Strickland</td>
<td>Staff report regarding the impact of the Public Health Needle Exchange Program on the incidence of blood-borne infections</td>
<td>Public Health</td>
<td>As part of Harm Reduction program report due in March 2011</td>
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<tr>
<td>28-Sep-10</td>
<td>Committee</td>
<td>Staff report regarding the impact of revised technology for Delivery of Social Assistance on applicants.</td>
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