MEDIA RELEASE: Friday, September 23, 2011, 4:30 p.m.

REGIONAL MUNICIPALITY OF WATERLOO
COMMUNITY SERVICES COMMITTEE
AGENDA

Tuesday, September 27, 2011
9:00 a.m.
Regional Council Chamber
150 Frederick Street, Kitchener, Ontario

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

2. DELEGATIONS

   Memo: Revised Motion on Lyme Disease

   i) Christine Heffer, Corunna, Ont.
   ii) Wendy Woodhall, Waterloo Region Lyme Disease Group

3. PRESENTATIONS

   a) Fanis Juma Radstake, African Community Wellness Initiative Re: Diggable Communities Collaborative

      - PH-11-044, Diggable Communities Collaborative

4. REPORTS – Public Health

   a) PH-11-039, MTE GlobalTox Agreement
   b) PH-11-040, Public Health Breastfeeding Support Activities and Future Plans Toward Achievement of Baby Friendly Accreditation
   c) PH-11-041, 2011 Public Health Budget Approval & Accountability Agreement
   d) PH-11-042, Chief Nursing Officer Initiative
   e) PH-11-043, Cost of Nutritious Food Basket in Waterloo Region 2011
   f) PH-11-045, Project Health – Supporting Healthy Workplaces in Waterloo Region

   REPORTS – Social Services

   g) SS-11-034, Request for Funding Agreements – Supportive Housing of Waterloo
   h) SS-11-035, Domiciliary Hostel Program Funding to Meet Compliance Standards
   i) SS-11-036, Waterloo Region Energy Assistance Program Update
5. INFORMATION/CORRESPONDENCE

a) Memo: Association for Municipal Employment Services Annual Conference

b) Memo: STEP Home Video and Updated Brochure

c) Memo: New Provincial Website for Early Learning Framework

d) Ministry of Education Re: Transfer of Child Care from the Ministry of Children and Youth Services to the Ministry of Education

e) Memo: Waterloo Region Museum Steering Committee

f) Memo: Waterloo Region Museum Public Art Dedication

6. OTHER BUSINESS

a) Council Enquiries and Requests for Information Tracking List

7. NEXT MEETING – October 18, 2011

8. MOTION TO GO INTO CLOSED SESSION

THAT a closed meeting of the Community Services and Administration & Finance Committees be held on Tuesday, September 27, 2011, immediately following the Community Services Committee meeting, in the Waterloo County Room, in accordance with Section 239 of the Municipal Act, 2001, for the purposes of considering the following subject matters:

a) receiving of legal advice and opinion that is subject to solicitor-client privilege related to a contract
b) receiving of legal advice and opinion that is subject to solicitor-client privilege related to a legal agreement
c) receiving of legal advice and opinion that is subject to solicitor-client privilege related to legal agreement

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

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

Subject: REVISED MOTION ON LYME DISEASE

File No: P21-80

Council of the Regional Municipality of Waterloo requested that the Region of Waterloo Public Health revise the motion on Lyme disease from Report PH-11-038 with respect to urging the provincial government to improve the treatment and testing of Lyme disease. Public Health is seeking the approval of Council for the revised motion, which now reads:

REVISED MOTION:

THAT the Regional Municipality of Waterloo request that the Office of the Chief Medical Officer of Health of Ontario continue to stay abreast of the evolving science related to Lyme disease, with particular emphasis on the most effective, validated laboratory testing methods and treatment, as well as continue providing Public Health Units with the latest evidence-based information and guidance to continuously improve provincial and local Lyme Disease Programs, pursuant to information previously presented in Report PH-11-038, dated August 16, 2011;

AND THAT a copy of Report PH-11-038 together with this revised recommendation be sent to the Chief Medical Officer of Health of Ontario.

ATTACHMENTS:

Appendix A: PH-11-038 Lyme Disease in Waterloo Region
APPENDIX A: CSC REPORT PH-11-038 LYME DISEASE IN WATERLOO REGION

REGION OF WATERLOO
PUBLIC HEALTH
Health Protection and Investigation

TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: August 16, 2011
FILE CODE: P21-80
SUBJECT: LYME DISEASE IN WATERLOO REGION

RECOMMENDATION:

THAT the Regional Municipality of Waterloo request that the Office of the Chief Medical Officer of Health of Ontario continue to stay abreast of the evolving science related to Lyme disease and continue providing Public Health Units with the latest evidence-based information and guidance to continuously improve provincial and local Lyme Disease Programs, pursuant to Report PH-11-038, dated August 16, 2011;

AND THAT a copy of this report be sent to the Chief Medical Officer of Health of Ontario.

SUMMARY:

This report provides background information on Lyme disease and the roles and activities of Region of Waterloo Public Health with respect to Lyme disease. It also provides information on Public Health’s communications with the Waterloo Lyme Disease Group. Region of Waterloo Public Health maintains a commitment to monitoring local health trends and reviewing new guidance on Lyme disease from provincial and federal public health authorities. Based on scientific guidance from these sources and taking into consideration feedback from our citizens, we strive to make on-going improvements to our Lyme Disease Program so that it continues to match our community’s needs and level of risk. Specific actions Public Health has undertaken at this time include increased communication and surveillance.

REPORT:

Background

Lyme Disease

Lyme disease is a bacterial infection transmitted to humans and animals when they are bitten by an infected blacklegged tick, also known as a deer tick. The Centers for Disease Control (CDC) in the USA reported in 2009 that there were 29,959 confirmed cases of Lyme disease and 8,509 probable cases, confined mainly to 12 northwestern states.\(^1\) Lyme disease is considerably less prevalent in Canada. For example, over a nine year period (between 2002 and 2010) there were 431 confirmed cases in Ontario and in Waterloo Region there are very few cases reported per year (mostly acquired during travel outside the region).\(^2\)

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Diagnosing Lyme Disease

In Ontario, all physicians in Waterloo Region who confirm diagnoses of Lyme disease are required by legislation to report these cases to Region of Waterloo Public Health. Lyme disease can be difficult to diagnose as the symptoms are often similar to other diseases. Lyme disease is primarily a clinical diagnosis made by a physician. The physician uses the patient's symptoms, their potential exposure to ticks and the outcome of diagnostic testing to determine the diagnosis.

Blood testing for Lyme disease in Canada follows a two-step procedure, recommended by the Ministry of Health and Long-Term Care, the Public Health Agency of Canada, the Canadian Public Health Laboratory Network and consistent with recommendations developed by the US Centers for Disease Control (CDC). The sensitive ELISA test is used first to screen the blood sample; then, if results are positive, it is followed up with the Western Blot Test. Although other types of testing for Lyme disease may be available to members of the public through private medical laboratory facilities such as those in the United States, both the CDC and the Public Health Agency of Canada caution against the use of these tests because their reliability and accuracy have not been scientifically validated.

Role of the Public Health Unit

Region of Waterloo Public Health's primary role as a local Public Health Unit, outlined by the Ontario Public Health Standards, is to better equip residents to protect themselves against Lyme disease through surveillance and health promotion activities. To achieve this, we monitor the number of human cases of Lyme disease, conduct active and passive surveillance of the blacklegged tick which can carry Lyme disease, and undertake public education and awareness activities throughout the Region.

The Ontario Agency for Health Protection and Promotion Public Health Laboratories (Ontario Public Health Lab) conducts serological (blood) testing for Lyme disease and is the provincial expert body for information related to laboratory testing. The College of Physicians and Surgeons of Ontario, the Ontario Medical Association, and medical schools across Ontario are bodies through which physicians are provided education about Lyme disease prevention, diagnosis and treatment. Region of Waterloo Public Health assists with facilitating receipt by local physicians of the latest information and guidelines about Lyme disease from the Ministry of Health and Long-Term Care.

Lyme Disease in Waterloo Region

Overall, Ontario is seeing an increase in human cases of Lyme disease and an increase in the numbers and range of blacklegged ticks. However, in Waterloo Region the number of Lyme disease cases currently remains relatively low at approximately a few cases per year. Our cases are usually acquired through travel to other areas where the blacklegged tick is more prevalent. So far in 2011, there have been 2 confirmed cases of Lyme disease in Waterloo Region, both of which were acquired during travel outside Waterloo Region. Of the 9 ticks submitted by the public to Public Health, only one was a blacklegged tick and it was not positive for Lyme disease.

2011 Lyme Disease Activities in Waterloo Region

Public Health's Lyme Disease Program is focused on minimizing risk of human exposure to Lyme disease. In 2011, Public Health has: (1) enhanced the Lyme disease section of our
website; (2) released the 2010 Vector-Borne Disease Program Summary which describes surveillance and prevention activities for Lyme Disease; (3) raised awareness among physicians and health practitioners about Lyme disease through a newsletter; (4) raised public awareness about how to protect oneself from Lyme disease through our "Fight the Bite!" Campaign; (5) conducted tick dragging (a surveillance method) in the Waterloo Region in partnership with the Ministry of Health and Long-Term Care; (6) and is monitoring the incidence of Lyme disease in Waterloo Region (ongoing).

Communications with the Waterloo Lyme Disease Group

Since April, 2011 Region of Waterloo Public Health has heard from a group of concerned citizens in the region, called "Waterloo Lyme Disease Group". We have listened to their concerns and communicated with them through e-mails, telephone calls and a face-to-face meeting. The Group also delivered a letter to Public Health during a rally conducted on May 11, 2011. For concerns this Group raised that were outside our capabilities, we arranged for and facilitated a teleconference between members of this Group and experts from the Ontario Ministry of Health and Long-Term Care and the Ontario Public Health Lab around Lyme disease testing, diagnosis and treatment as well as the provincial Lyme disease public awareness campaign. Roles and responsibilities were also discussed including those of Public Health Units, the Ontario Ministry of Health and Long-Term Care, the Ontario Public Health Lab, and the College of Physicians and Surgeons of Ontario. For issues that fell outside Public Health, we referred Group members to the appropriate bodies to discuss their concerns.

Public Health appreciates this community interest and support for improving our Lyme disease strategies. Public Health recognizes that education of the public around ways to protect themselves against Lyme disease especially if travelling to high risk areas could be enhanced. Taking into consideration the feedback from this Group, Waterloo Region Public Health has moved ahead with and enhanced its 2011 Lyme disease plans. Public Health has: (a) delivered "Fight the Bite!" campaign brochures to every home in Waterloo Region, (b) provided information to physicians throughout Waterloo Region on Lyme disease via our June 2011 "Physician’s Update" newsletter, and (c) stepped up blacklegged tick surveillance by partnering with experts from the Province to conduct "tick dragging" throughout the region. Public Health is also encouraging anyone who has an encounter with a tick to submit it to Public Health for species identification and potentially Lyme disease testing (if it is a blacklegged tick). In addition, we are looking at ways to enhance our communication to the public surrounding tick submission.

Conclusion

Region of Waterloo Public Health is committed to monitoring local health trends and reviewing new guidance on Lyme disease from provincial and federal public health authorities. Based on new information from these sources and taking into consideration feedback from our citizens, we will strive to make on-going improvements to our Lyme Disease Program so that it continues matching our community’s needs and level of risk. Public Health will also continue to inform and update the Board of Health of any new evidence-based information that could improve our Lyme Disease Program.

CORPORATE STRATEGIC PLAN:

Supports: Focus Area 3 - Healthy and Safe Communities and Focus Area 6 - Service Excellence.
FINANCIAL IMPLICATIONS:
NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS:
NIL

PREPARED BY: Paige Schell, Public Health Planner,
              David Young, Director, Health Protection and Investigation
              Dr. Hsiu-Li Wang, Associate Medical Officer of Health

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
Dear Brenda Miller,

On behalf of the Lyme patients and their families and supporters in Waterloo Region we would like to ask for some changes to be made in the way Lyme Disease is handled by your office.

We insist that a tick drag and proper tick testing be done at various places throughout Waterloo Region to establish a database of possible tick infected areas. Wherever infected ticks are found, there should be signs placed there to warn the public.

A full awareness campaign needs to be done to bring information to residents about Lyme Disease in our Region and to teach people how to prevent it. It should also include information that Lyme mimics other illnesses such as, Multiple Sclerosis, Alzheimer’s, ALS, Lupus, Fibromyalgia and Parkinson’s.

Doctors in our Region need to be better educated about Lyme Disease so they are aware that the ELISA test, from 1982, is old, out of date and unreliable. It should not be used. Doctors should also be aware that the Western Blot coming back negative does not necessarily mean that a patient does not have Lyme Disease. Doctors also need to know that most patients do not remember a bite, nor do they get a Bulls Eye rash. If a patient does have a rash, however, immediate antibiotics need to be administered.

Infectious Diseases doctors in our area need to be told that they should not be refusing Lyme patient referrals but instead should be asked to learn how to treat Lyme Disease so patients don’t have to go to the U.S. for diagnosis or treatment. There is an International Lyme and Associated Diseases Society conference being held in Toronto the last weekend in October, 2011. They should all be there to hear doctors from all over the world present current research on Lyme Disease.
The experience of Lyme patients in our region is unacceptable and we would like a task force formed with members of the Waterloo Region Lyme Disease group involved at every step in order to insure that progress is being made for patients in various areas. It is time that patients in Waterloo Region are given a fighting chance for proper diagnosis and treatment.

Please have answers for on us on these points on May 11th at 4:15-4:30 p.m. when our group and supporters will be rallying outside the Public Health building to demand change.

We will be asking you to come outside to accept a copy of this letter and the people will want to know what you will do to help the situation at that time. This will of course be a peaceful rally and media will be in attendance.

Thank you for meeting with us and I hope this issue will begin to have some movement towards better patient care, which is what we all want.

Sincerely,

Wendy Woodhall
Founder of Waterloo Region Lyme Disease group
www.waterlooregionlymedisease.org
waterlooregionlymedisease@hotmail.com
519-747-8191
Will you be doing the tick drag? When?

Will you create an information group to look into how Lyme is being handled in Waterloo Region?

Will members of the Lyme group be invited to take part?

What education will doctors be receiving in this region to be better able to diagnose and treat Lyme patients properly?

What information regarding tests and treatment will doctors be receiving in order to treat patients adequately?

Will the Waterloo Region Lyme Disease members be invited to be a part of that process? If not, why not?

If Public Health feels they cannot help us, what steps will they take to insure that patients in Waterloo Region will get some help from whomever can make changes
August 5, 2011

Wendy Woodhall
Founder, Waterloo Region Lyme Disease Group

Dear Ms. Woodhall,

Thank you for your letter dated May 11, 2011 where you shared your questions and concerns about Lyme disease in Waterloo Region. I would like to take this opportunity to clarify Region of Waterloo Public Health’s role with respect to Lyme disease and explain what we are doing to inform residents about it.

Region of Waterloo Public Health’s role as a local Public Health Unit, outlined by the Ontario Public Health Standards, is to better equip residents to protect themselves against Lyme disease through surveillance and health promotion activities. To achieve this, we monitor the number of human cases of Lyme disease, conduct active and passive surveillance of the blacklegged tick which can carry Lyme disease, and undertake public education and awareness activities throughout the Region.

The Ontario Agency for Health Protection and Promotion Public Health Laboratories (Ontario Public Health Lab) conducts serological (blood) testing for Lyme disease and are the provincial expert body for information related to laboratory testing.

The College of Physicians and Surgeons of Ontario, the Ontario Medical Association, and medical schools across Ontario are bodies through which physicians are provided education about Lyme disease prevention, diagnosis and treatment. Region of Waterloo Public Health assists with facilitating receipt by local physicians of the latest information and guidelines about Lyme disease from the Ministry of Health and Long-Term Care.

Public Health’s Lyme Disease Program is focused on minimizing risk of human exposure to Lyme disease. In 2011, Waterloo Public Health has: (1) enhanced the Lyme disease section of our website; (2) released the 2010 Vector-Borne Disease Program Summary which describes surveillance and prevention activities for Lyme Disease; (3) raised awareness among physicians and health practitioners about Lyme disease through a newsletter; (4) raised public awareness about how to protect oneself from Lyme disease through our “Fight the Bite!” Campaign; (5) conducted tick dragging in the Waterloo Region in partnership with tick experts from the Ministry of Health and Long-Term Care; (6) and is monitoring the incidence of Lyme disease in Waterloo Region (ongoing).

Region of Waterloo Public Health is committed to continuing to monitor local data and keeping abreast of the latest guidance on Lyme disease from provincial and federal public health authorities. Based on this information, we will make continuous improvements to our Lyme Disease Program so that it matches our community’s needs.

Thank you for your interest in this issue, and for giving me the opportunity to share our strategy with you.

Kind regards,

Brenda Miller
Manager, Infection Control, Rabies, Vector-Borne Diseases, Tobacco Enforcement and Kitchener and Area Team
Region of Waterloo Public Health
Health Protection and Investigation
99 Regina St S Waterloo, On N2J 4V3
August 22, 2011

Brenda Miller  
Manager, Infection Control, Rabies, Vector-Borne Diseases, Tobacco Enforcement and Kitchener and Area Team  
Region of Waterloo Public Health  
Health Protection and Investigation  
99 Regina St S Waterloo, On N2J 4V3

Dear Ms. Miller,

Thank you for your letter dated August 5, 2011 regarding your clarification of Public Health’s role with respect to Lyme disease. Thank you also for listing all the action you have taken to date to educate and protect the public in Waterloo Region against this insidious and dangerous disease.

I will answer each of your points in the chronological order to which they were given me.

You stated that your role, as laid out by the Ontario Public Health Standards, is to better equip residents to protect themselves against Lyme disease through surveillance and health promotion activities. You monitor the number of human cases of Lyme disease, conduct passive and active surveillance of the tick and do public awareness.

When I called your office and asked exactly how you monitor the number of cases in our region, the answer was, through doctor reporting and positive tests from the provincial labs.

I take issue with these monitoring devices since doctors do not report clinical diagnoses because they don’t know enough about Lyme disease. They are only allowed to treat for one or two months and they will not report without a positive test and some of them won’t report even with a positive test.

I take issue with using positive tests as a monitoring device because the tests are unreliable. Brenda, you were sitting right there in your office with myself and two others when the doctor from the Provincial lab admitted that the tests are problematic, and that he was more than willing to use better tests or to improve the testing should he ever be asked to. He has not yet been asked.

This would be one of the reasons that Public Health is claiming we only have one person with Lyme disease in our region. That claim is simply not true and misleads the public into thinking they are not at risk. If your role is to protect and educate the public then I suggest that your methods are having the opposite effect in the area of reporting.

The ‘Fight the bite’ pamphlet put out by Public Health is problematic and misleading in this area also. The pamphlet asks: ‘Are there ticks in Waterloo Region?’ Public Health’s answer – ‘ticks that carry Lyme disease are not commonly found in Waterloo Region at this time’.

Let’s look at surveillance since that is one of the ways in which that claim could be measured. Public Health postulates they do active and passive surveillance to monitor the blacklegged tick in Waterloo Region.

When I phoned your office and asked where exactly your office had done active surveillance tick drags, I was told that one trail in St. Jacobs and one trail in Laurel Creek were dragged. I find it very hard to stomach the claim that blacklegged ticks are not common in Waterloo Region when no drags were done anywhere in Kitchener, Cambridge or rural areas, and in Waterloo only two northern trails were done. That is hardly enough to make the claim to the public that we are safe. What about the rest of the region? What about known deer runs? We have acres of forested area all over the
region, with people picking multiple ticks off of their dogs near Chicopee and finding them in their
backyards all over the area as well.

This brings me to the passive part of surveillance that you do.

You rely on the public to bring you ticks to test. This is not a reliable way of gathering information in
order to make claims of tick dispersal in the region.

Further, if a member of the public pulls a tick off of their animal or from their backyard and it was not
actually attached, Public Health will not test it. I find it disgusting that Public Health waits until a person has a tick from their backyard attach to
them before they decide they will test it. How many people have ticks attached and have no idea they
were even bitten? How many children playing in parks or backyards in these areas have been or will
be bitten? How many people actually know what to do because of one pamphlet?

Since the direction in the pamphlet is to wash it with soap and water, but there is no mention of
visiting a doctor or emergency room for antibiotics before a test is given, under ‘Action’, I shudder to
think how many people contract Lyme disease in our area because they are following the directions
in your ‘Fight the bite’ pamphlet put out by the very people who are supposed to protect them.

Let’s look now at your assertion that you undertake public education and awareness activities
throughout the region.

I ask anyone on Regional Council what activities they have been to where Public Health was focusing
on Lyme disease, because I certainly didn’t hear of any and I was looking for them. Perhaps they
mean that they allowed the Waterloo Region Lyme Disease group to educate the public through
screenings, fundraisers and rallies. We did raise awareness when we marched down King Street to
the Public Health building to request answers to our questions about why our public portal to health
care was not doing more about this issue. Perhaps Public Health was counting their involvement at
that rally as an awareness activity.

The ‘Fight the bite’ pamphlet was very appreciated by Lyme patients as we worry constantly about
people getting bitten and not having access to health care once they are bitten. So for us, prevention
is paramount. Unfortunately, the pamphlet is full of misinformation.

Under ‘What are the Symptoms’, the pamphlet states “the first sign of infection with Lyme disease is
usually a circular rash at the site of the bite called _erthema migrans_ which looks like a red bull’s-eye.”
This is frankly not true. Less than half of people bitten with an infected tick develop the rash. Variations
from global Lyme specialists have put the number as low as 30% for the number of people
who develop the rash. I myself never had a rash. Most people do not even realize they have been bitten.
If they do develop a rash, it might not look anything like a Bull’s eye. We have pictures of Lyme rashes
on our website and I urge you to take a look. There is no mention of other tick borne diseases such
as Bartonella that can produce rashes either.

In the next paragraph the pamphlet states that it’s important to seek medical attention quickly and to
tell your doctor when and where you were bitten. Again, most people have no idea they were bitten.
If they go to a doctor suspecting Lyme disease, the doctor will order the ELISA test instead of
immediately giving the recommended treatment of two months of Doxycycline. If the patient
advocates hard enough to get a test, chances are that it will come back negative. If it comes back
positive by some fluke, the Western Blot will be done. In order to get a positive, antibodies must
show up in enough abundance to be noted on specific bands of the Western Blot to be counted as a
positive by the standards that Ontario uses. Therefore, many people receive a negative and go on to
become chronic.
Public Health needs to let people know of the problems patients face within the Health Care system if they are bitten. Telling the truth is one effective way to ensure that the public understands that it's not just the bite that is the problem, it's the health care system's response to it that will give them the most difficulty. Public Health should be letting people know that when they seek medical attention, they cannot rely on the testing, or the diagnosis of doctors in our area, nor will the treatment be at all sufficient to cure them. They will have to seek help in the United States for all that.

I understand the Ontario Agency for Health Protection and Promotion Public Health Laboratories does the blood testing for Lyme disease and they are the experts for information related to the testing. I remind you again of the conference call where we all heard the doctor say that the tests were problematic. If Public Health’s mandate is to protect the public, then why are they not questioning why these tests are even being used and what the labs can be doing instead? Why are you just saying it has nothing to do with you? It has everything to do with you if you know that information and are not doing anything to change it for the public's good.

As for Public Health’s role in facilitating receipt of the latest information and guidelines to local doctors from the Ministry, I understand that the College must follow the guidelines set by the Ministry of Health and Long Term Care. We have continually tried to get meetings with the Health Minister, we have sent over 1210 letters asking her to change those guidelines, we have also gotten thousands of signatures in support of MPP Bob Bailey's petition to look at those guidelines; the same petition that our Regional Council did not endorse. Public Health is our portal to the Minister and I would ask what information Public Health has asked the College or the Minister to look at, at the request of the citizens and patients. Maybe I’m expecting too much.

You go on to list all the wonderful things you have done to protect the public like updating your website and putting out programs describing surveillance and awareness activities, giving a newsletter to doctors (that was probably full of the same misinformation that was in the ‘Fight the bite’ pamphlet you also gave out). You have helped so much by monitoring the incidence of Lyme disease in Waterloo Region that you have come up with the number of one person so, excuse me if I find all the things you’ve done to be not impressive in the least.

In my presentation package I will include your letter and this reply to the committee at the region regarding the updating of the memo Public Health is supposed to write. I will point out to the council that Public Health is the exact wrong body to be writing up anything to do with Lyme disease and I will also ask them to reconsider the decision not to endorse Bob Bailey’s petition.

We patients will be asking for our Regional Council to go to bat for us at the Provincial level and ask for changes to the testing, diagnosis, and treatment of Lyme disease in Canada. We are embarrassingly behind so many other countries and our system which was once upheld by many as the best in the world is now so rife with politics that patients are having to go to the United States, for private health care for goodness sake, just to survive. It is a preposterous, unacceptable situation and when Public Health sends me a letter telling me how wonderful they are for all the things they've done to protect the public yet my children and I are still going to the States and I am still fielding calls from all over from terrified people who cannot get help, I shake my head in shame for you.

Stop defending yourselves and start protecting the public more actively and more honestly. We need you to play less politics and start to fight harder for us Brenda.

Kind Regards,

Wendy Woodhall
Founder of the Waterloo Region Lyme Disease group
www.waterlooregionlymedisease.org
waterlooregionlymedisease@hotmail.com
519-747-8191
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 27, 2011

FILE CODE: P02-20

SUBJECT: DIGGABLE COMMUNITIES COLLABORATIVE

RECOMMENDATION:

For Information

SUMMARY:

The Diggable Communities Collaborative (Collaborative) was formed in May 2008 as a partnership among Region of Waterloo Public Health, Opportunities Waterloo Region, and the Community Garden Council/Network of Waterloo Region. It provides support to existing community gardens through resources and training. As well, the Collaborative raises awareness of the benefits of community gardens, secures financial resources and encourages a supportive policy environment to increase the number of community gardens in the Region. This report serves as an update on the successes of the Collaborative since October, 2009. (Report PH-09-049),

REPORT:

Currently, there are forty-three community gardens throughout Waterloo Region with approximately 900 garden plots and interest in starting new gardens continues. (This represents an increase of 143 individual plots since October, 2009) People come together in community gardens to grow their own food and build community. Gardeners are expected to donate volunteer hours to the general up-keep of their individual plots and the community garden as a whole. Most gardens are sustained financially through a nominal fee paid by each gardener each garden season. Some gardens waive the fee for individuals on a limited income.

Garden coordinators volunteer to manage their respective community gardens. These volunteer coordinators donate approximately 308 hours per garden per year collectively representing over 13,000 volunteer hours each year. Most of the gardens rely on the wider community for their sustainability. They receive land, materials, and financial support through faith communities, businesses (e.g. Home Depot, Home Hardware), charitable foundations and municipal governments.

Despite the benefits of community gardening, many challenges remain. These challenges include: securing suitable long-term suitable community garden sites, providing training, recruiting volunteer co-coordinators, securing water and supplies, ensuring community gardens are welcoming and accessible to all and ensuring a supportive policy environment. The Collaborative has devoted significant effort to these last two challenges since October 2009.

Since its inception the Collaborative has made creating inclusive community gardens a priority. One way to do this is to create gardens that are more accessible for those with physical challenges. Dr. Luna Khirfan of the School of Planning, Faculty of the Environment, University of Waterloo organized and facilitated a design charrette around accessible gardens in October, 2009. This charrette brought together forty students from the Design Specialization within the School of Planning.
Planning, community gardeners from Chandler Mowat, Trinity Village, The Good Earth Garden, Preston Heights Community Group, and members of the Collaborative. This unique community-university partnership resulted in concept designs for barrier-free gardens to provide ease of use for those with limited physical mobility. (The University of Waterloo also donated over $17,500 in financial and in-kind support to the design charrette.)

The design charrette proved effective in raising public awareness of the benefits of accessible community gardens and helped secure a $140,400 capital grant from the Ontario Trillium Foundation in the summer of 2011 for the redesign or construction of four gardens as welcoming, accessible spaces. An additional $5,000.00 was also awarded this year to The Good Earth Garden from the new TD Canada Trust Bank located on Ira Needles Blvd. to support this redesign. In addition, an accessibility guide to creating physically inclusive gardens is nearly complete.

Inclusive gardens also mean creating welcoming places for newcomers and all cultures. In the fall of 2010, the Collaborative partnered with the Council of Agencies Serving South Asians (CASSA) to hire an outreach worker. An asset-needs assessment was conducted with 40 community representatives to identify their capacity/interest in supporting culturally inclusive community gardens. Fifty community members took part in two workshops co-sponsored by the Collaborative, Kitchener Downtown Health Centre and the KW Multicultural Centre. This outreach project was featured at a Smart Settlement Practice forum sponsored by CASSA earlier this year. It led to the Multicultural Gardening Project - a partnership between the African-Canadian Association of the Waterloo Region, “The Branches” and the KW Multicultural Centre which, in turn, led to the start-up of three culturally inclusive gardens in 2011. Two “Patchwork Gardens” were launched at the Waterloo EMS site (90 Westmount Road) on City of Waterloo land and the Wilfrid Laurier University Northdale Campus respectively. A third garden was launched at Ecole l’Harmonie in association with the Vermont Park Neighbourhood Association. $ 8, 293.53 was obtained through TD Friends of the Environment for these garden start-ups.

The Collaborative worked to create a supportive policy environment by hiring a community garden assistant via sponsorship from the Ontario Trillium foundation to assist the Community Garden Council in its advocacy work. Workshops were held in Kitchener and Cambridge to learn more about creating supportive community garden policies. The Community Garden Council then advocated for supportive community garden policies within three municipalities by attending public forums; forwarding policy submissions and meeting with land use planners from those municipalities.

In addition to the University of Waterloo School of Planning, the Collaborative has partnered with other post secondary institutions to provide practical learning experiences for students and for the students to contribute to community garden related projects. Two Wilfrid Laurier Masters of Social Work students provided tremendous background support for the accessible gardens project; another Wilfrid Laurier MSW student and a McMaster University Nursing student contributed to the formation of the Multicultural Community Gardening project; and a University of Waterloo Masters of Environmental Studies student helped identify features of physically and culturally accessible designs of community gardens in Waterloo Region.

Region of Waterloo Public Health has provided support to community gardens since 1996. This allows it to meet Ontario Public Health Standards related to chronic disease prevention as community gardens promote both healthy eating and physical activity. The creation of the Collaborative has also allowed Public Health to reach out to priority populations by concentrating efforts on promoting inclusive and welcoming gardens. Public Health is now also mandated to help community partners to advocate for supportive policy environments as demonstrated above. The Collaborative has significantly enhanced Public Health’s ability to do this work due to enriched links with community members, funders, universities, provincial agencies, religious organizations, private businesses, and local municipalities etc. Public Health is appreciative of this wide community support and it is hoped that this work will continue to flourish in the coming years.
CORPORATE STRATEGIC PLAN:

Focus Area 1: Environmental Sustainability: Protect and enhance the environment.
Focus Area 2: Growth Management and Prosperity: Manage growth to foster thriving and productive urban and rural communities
Focus Area 4: Healthy and Inclusive Communities: Foster healthy, safe, inclusive, and caring communities

FINANCIAL IMPLICATIONS:
NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS
NIL

PREPARED BY: Carol Popovic, Public Health Nurse, Healthy Eating and Active Communities

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

Background

The Board of Health is now required by the new Ontario Public Health Standards (OPHS) to develop and implement a health hazard management system to identify, assess, manage, and report on environmental health hazards in the Waterloo Region.

A health hazard is defined by the Ontario Health Protection and Promotion Act as: “(a) a condition of a premise, (b) a substance, thing, plant or animal other than man, or (c) a solid, liquid, gas or combination of any of them, that has or that is likely to have an adverse effect on the health of any person.”

Public Health intends to strengthen our health hazard program, enabling us to better respond to any industrial chemical spills or releases, and other soil, air and water contamination threats in the region, when they may have human health implications. According to the new Ontario Public Health Standards, the Board of Health is required to identify and review relevant evidence-
based information for local environmental exposures and their relationship with potential adverse health outcomes for residents of Waterloo Region. The Board of Health must develop a system that enables proactive mitigation of threats whenever possible, as well as prompt responses to any emerging hazards in the region.

Public Health has some existing capacity for risk assessment and risk communication (i.e. the Medical Officer of Health, Associate Medical Officer of Health, and Director Health Protection & Investigation). For some environmental health hazards in the past, this basic capacity for risk assessment and communication has been sufficient. However, in other cases, Public Health has required more advanced technical support for risk assessment and risk communication.

One experience, as an example, is the trichloroethylene situation in the Bishop Street Community in Cambridge. Public Health started out by collaborating with other local government agencies to assess, manage, and communicate health risks to the public; however, it eventually became necessary to source additional expertise from the Province (e.g. Ministry of the Environment, Ministry of Health, the Agency for Health Protection or Promotion or Public Health Ontario). Support from the Province however is dependent on provincial priorities and may not always be delivered in a timely fashion for local needs. In the meantime, given the high profile nature and the level of public concern, such files can necessitate significant access and reliance on advanced technical skills to manage effectively. The key to effective health protection and risk communication is the ability to promptly provide an expert assessment and response.

The Health Protection & Investigation Division of Region of Waterloo Public Health has attempted to recruit specialized staff to perform and advise on advanced toxicology, risk assessment, and risk communication functions. These capacities are an integral part of the requirements laid out in the new Ontario Public Health Standards, to which the Board of Health will be held accountable. However, candidates with comprehensive and integrated skills in the required fields are extremely rare across the Province. This finding was echoed in our consultations with several health units and provincial agencies in Ontario who have in-house staff or contracts with external consultants for these specialized services The Region's recruitment efforts have not been successful.

**Required Services**

The services of a toxicologist are required to provide advice and assessment on toxicology, risk management, risk communication and related services with respect to environmental health issues.

These types of services will be required on an ad-hoc but semi-regular basis for health hazard program development. This will include proactively undertaking a comprehensive “Community Threats Assessment” to identify which potential air, water and soil health hazards in the Region are of highest risk to human health in the community, thus enabling the Region to refine what its priorities should be for hazard prevention and management.

Given the past and present industrial realities of the region, it is also likely that advice and assessment on toxicology, risk management and risk communication services will be required on an ad-hoc basis for environmental issues that require an immediate assessment and response from Public Health (e.g. a chemical spill which affects a residential neighbourhood). In such instances it would be valuable for the Region to have immediate access to local expertise in order to respond to identified tasks and requirements pertaining to the specific issue.
MTE GlobalTox, led by Dr. Ron Brecher, is recognized in Canada and internationally for its toxicology and risk communication expertise, and is a local firm. In the past, Region of Waterloo Public Health has worked with MTE GlobalTox on a contract basis to support initial efforts to strengthen our health hazard program. Public Health has found their response times and quality of work to be excellent. MTE GlobalTox has a solid understanding of the needs of both Public Health and the local community, developed through their many years of experience working with government and industry stakeholders in Waterloo Region, including Region of Waterloo Water Services. We have been satisfied with their work to date, based on their flexibility and demonstrated technical expertise. MTE GlobalTox is the only firm we are aware of that offers services in toxicology, risk assessment, risk management, and risk communication, in an integrated fashion under one umbrella. Contracting with a company that provides integration of the multiple required services is more cost-efficient than individually contracting with separate firms for each needed service. The work to be completed will be organized by specific tasks and requirements as identified by Public Health; services provided by MTE Global Tox will be paid for on the basis of an hourly rate.

CORPORATE STRATEGIC PLAN:

- Focus Area 1: Environmental Sustainability: Protect and enhance the environment
- Focus Area 2: Growth Management and Prosperity: Manage growth to foster thriving and productive urban and rural communities (i.e. Brownfield development)
- Focus Area 4: Health and Inclusive Communities: Foster healthy, safe, inclusive and caring communities
- Focus Area 5: Service Excellence: Deliver excellent and responsive services that inspire public trust

FINANCIAL IMPLICATIONS:

Region of Waterloo Public Health is recommending that the Medical Officer of Health be authorized to enter into a one year service agreement with MTE GlobalTox, commencing January 1, 2012, with an option of annual renewal for a maximum of two additional years with a maximum total expenditure over three years of up to $300,000 including all applicable taxes. This would amount to approximately $100,000 per year. The funds would be committed and expended on a per service basis as identified by Public Health; fees from MTE Global Tox will be based on hourly rates. Depending on the number of tasks and the requirement for specific services requested by Public Health, the expenditures in any given year may be less than $100,000. The proposed expenditures can be accommodated within the Public Health Department’s approved base budget which is cost shared 75/25 with Province of Ontario.

It is expected that costs can be saved both directly and indirectly by retaining one firm who can provide all the required services under one umbrella, instead of developing agreements with multiple companies. It is anticipated that retention of a local firm will be less expensive because of reduced travel costs of a local service provided.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Staff from Procurement & Supply Services of the Finance Department have been consulted and were involved in the preparation of this report.
ATTACHMENTS:
NIL

PREPARED BY:  
Ashley Raeside, Public Health Planner
Dave Young, Director Health Protection and Investigation
Dr. Hsiu-Li Wang, Associate Medical Officer of Health

APPROVED BY:  
Dr. Liana Nolan, Commissioner/Medical Officer of Health
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 27, 2011

FILE CODE: P29-20

SUBJECT: PUBLIC HEALTH BREASTFEEDING SUPPORT ACTIVITIES AND FUTURE PLANS TOWARD ACHIEVEMENT OF BABY FRIENDLY ACCREDITATION

RECOMMENDATION:

For information

SUMMARY:

In Canada, World Breastfeeding week will be celebrated from October 1st to October 7th, 2011. Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. The World Health Organization, Health Canada and the Canadian Paediatric Society recommend exclusive breastfeeding for the first six months of life for healthy term infants, and continued breastfeeding along with appropriate complementary foods up to two years of age and beyond. Health units in Ontario are required to increase the rates of initiation, exclusivity and duration of breastfeeding as well as work toward achievement of Baby Friendly Initiative (BFI) accreditation. This report provides a summary of public health activities that support breastfeeding in Waterloo Region and outlines future plans for achievement of BFI accreditation.

REPORT:

Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Breast milk protects infants from respiratory and digestive illnesses, allergies and helps to protect against Sudden Infant Death Syndrome. Breastfed children are less at risk for developing high blood pressure, diabetes and obesity. Breastfeeding provides mothers with many benefits as well. Breast milk is convenient, economical and environmentally-friendly. Breastfeeding reduces the incidence of developing certain cancers. The World Health Organization, Health Canada, and the Canadian Paediatric Society recommend exclusive breastfeeding for the first six months of life for healthy term infants, and continued breastfeeding along with appropriate complementary foods up to two years of age and beyond.

Public Health Breastfeeding Support Activities:
The Ontario Public Health Standards (OPHS) state that boards of health shall conduct assessment and surveillance and health promotion and policy development activities to increase the rate of exclusive breastfeeding until six months, with continued breastfeeding until 24 months and beyond.

In order to increase the rates of initiation, exclusivity and duration of breastfeeding, Region of Waterloo Public Health (ROWPH) is involved in a number of activities from one-to-one and peer-based support to the support of development of policy. This work has been made possible through collaboration with community members. Public Health activities which support breastfeeding include:

- Promotion of breastfeeding prenatally through Adolescent Prenatal Classes, the Canada Prenatal Nutrition Program, partnerships with hospitals and through innovative programming in the community.
One-to-one support through the Healthy Babies Healthy Children program with support from Public Health Nurses at Post Birth Clinics at local hospitals, home visits and through the Healthy Children Information Line.

Creation of a Mother-Friendly Workplace Strategy Manual for workplaces.

Creation of a supportive environment to support the needs of lactating mothers in the workplace at Region of Waterloo through collaboration on policy development to support breastfeeding upon return to work for Regional employees.

Bringing key stakeholders together through the Waterloo Region Community Baby Friendly Initiative Advisory Group. The goal of this group is to protect, promote and support breastfeeding in Waterloo Region. This group also organizes activities for breastfeeding week which is held in Canada every year during the first week of October. This year’s theme “Talk to me! Breastfeeding – a 3D Experience” deals with communication at various levels and between various sectors. One of the initiatives of the advisory group is to organize the annual Quintessence Breastfeeding Challenge. This fun event is a challenge to determine which geographic area has the most breastfeeding babies, as a percentage of the birthrate, “latched on” at 11 a.m. local time. The local Quintessence Breastfeeding Challenge will take place at the Kitchener Market on October 1st, 2011.

Collaboration with the Kitchener Downtown Community Health Centre to deliver the Breastfeeding Buddies program. Each year, women who have breastfed their children are trained to educate and support other breastfeeding mothers in Waterloo Region. In 2010, 65 women were matched with a Breastfeeding Buddy and 18 women were trained to be Buddies. In 2010, the “Me? Breastfeed?” classes were offered 20 times throughout the region to women and their partners. Breastfeeding Buddies are available to women at 8 community sites.

Implementation of the Infant Feeding Study (previously conducted in 2006/2007) is currently underway. This study will provide data on infant feeding methods within Waterloo Region, including breastfeeding initiation, duration and exclusivity.

**Future Plans Toward Baby Friendly Initiative Accreditation:**
Under the Family Health Program Standard, Child Health and Reproductive Health, the accountability agreement sets out requirements for the board of health to achieve Baby Friendly Community Health Service designation. This designation stems from the Baby-Friendly Hospital Initiative which is a global campaign of the World Health Organization and the United Nations Children's Fund (UNICEF) to implement practices that protect, promote and support breastfeeding. Currently in Waterloo Region, Grand River Hospital has designation as a baby-friendly hospital, and at present there are six health units in Ontario that have achieved Baby Friendly Community Health Service designation.

The ROWPH will be creating a workplan to become accredited by the Breastfeeding Committee of Canada with a Baby Friendly Community Health Service designation.

**CORPORATE STRATEGIC PLAN:**
Support for breastfeeding contributes to the Region’s strategic focus areas of supporting safe and caring communities that enhance all aspects of health (#3) and promoting quality of life and creating opportunities for residents to develop their full potential (#4).

**FINANCIAL IMPLICATIONS:**
These programs are carried out within existing budget allocations.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS
NIL

PREPARED BY: Mary Denomme, Public Health Nurse
Marion Kelterborn, Public Health Nurse
Sharmin Jaffer, Manager, Child and Family Health Promotion

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

1 http://www.who.int/topics/breastfeeding/en/
REGION OF WATERLOO
PUBLIC HEALTH
Central Resources

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

DATE: September 27, 2011

FILE CODE: F11-01

SUBJECT: 2011 PUBLIC HEALTH BUDGET APPROVAL & ACCOUNTABILITY AGREEMENT

RECOMMENDATION:

THAT the Regional Municipality of Waterloo enter into the Public Health Accountability Agreement with the Province of Ontario, as attached as Appendix B, effective January 1, 2011 for a term of three years, pursuant to Report PH-11-041;

AND THAT the Regional Municipality of Waterloo increase the 2011 Operating Budget for Public Health by $120,050 gross and $0 net Regional Levy to reflect new 100% provincial base funding for the Enhanced Food Safety – Haines, Enhanced Safe Water, Needle Exchange Program, and Public Awareness; Infection Prevention & Control Week initiatives.

SUMMARY:

Correspondence has been received from the province confirming 2011 funding allocations for Public Health programs; $21,685,887 in base funding and $220,452 in one-time funding has been approved. The base funding allocation for cost shared programs is $127,823 less that the Region’s 2011 budgeted provincial revenue. The funding approval also includes 100% provincial base funding for a number of new initiatives. The Public Health Department will operate within the approved Provincial and Regional budget allocations for 2011.

Effective January 1, 2011 Boards of Health in the province of Ontario are expected to enter into agreements that identify the requirements for the accountability of the board of health and the management of the health unit. The Accountability Agreement includes details of the approved provincial funding. Once the Accountability Agreements have been signed by representatives of the Board of Health and the Province, 2011 cash flows will be adjusted accordingly.

REPORT:

Provincial Budget Approval for Public Health Programs
Correspondence (Attachment 1) has been received from the Ministry of Health & Long Term Care (MOHLTC) regarding Waterloo Region’s 2011 allocation of funding to support the provision of mandatory and related public health services. The provision of provincial funding is in accordance with section 76 of the Health Protection and Promotion Act. The 2011 base approval is $21,685,887. In addition, the correspondence confirms one time approvals of $220,452.

Further details of the funding above are provided in Schedule B in the attached Accountability Agreement (Attachment 2). Schedule B includes information regarding a number of new 100% funded initiatives that were implemented by the province in 2011.
Accountability Agreement

In 2010, the province announced that effective January 1, 2011 Boards of Health in the province of Ontario would be expected to enter into agreements that identify the requirements for the accountability of the board of health and the management of the health unit.

The Accountability Agreements for Public Health were designed to

- Demonstrate to government the effective use of public funds – value for money;
- Demonstrate clear movement on government priorities;
- Demonstrate general compliance with Ontario Public Health (OPHS) and Organizational Standards; and
- Address public health unit specific performance issues.

Following field consultation throughout the first half of 2011, the Accountability Agreements have now been finalized. The funding for mandatory and related programs (described above) will be subject to the new Public Health Accountability Agreement (Attachment 2) which sets out the obligations of the Ministries of Health and Long Term Care and Health Promotion and Sport, and the boards of health for a 3-year period (January 1, 2011 to December 31, 2013). The agreement updates existing Program-Based Grants Terms and Conditions to meet the government’s Transfer Payment Directive standards, and incorporates performance indicators and continuous quality improvement tools.

Schedule A of the Accountability includes details of the Program Based Grants for 2011. Schedule B provides Related Program Policies and Guidelines. Schedule C details Reporting Requirements and Schedule D sets out Performance Indicators.

The performance indicators (Schedule D) are common across all boards of health and reflect provincial priorities for performance improvement in health protection, promotion and prevention areas of Public Health programs. In 2011, baselines will be established for each health unit as set out in technical documentation that will be developed by the province. In 2012 and 2013, targets for performance improvement will be established through consultation between the province and individual health units.

CORPORATE STRATEGIC PLAN:

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

Environmental Sustainability: Protect and enhance the environment.

Growth Management and Prosperity: Manage growth to foster thriving and productive urban and rural communities.

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

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

FINANCIAL IMPLICATIONS:

Mandatory Programs (75%) $19,446,249 – The approved provincial funding is $127,823 less than the amount budgeted in the Region’s 2011 budget. As a result of delays in filling vacancies resulting from staff turnover and temporary leaves, sufficient savings have been generated to offset
the shortfall in provincial funding. The Public Health Department will operate within the approved Regional and Provincial budget allocations for 2011.

Children in Need of Treatment (CINOT) Expansion Program (75%) $129,837 – The Region’s 2011 budget for CINOT Expansion assumed provincial cost sharing on the original budget approved by the province when the program was implemented in 2009. The approved provincial funding for 2011 is significantly less than the amount budgeted ($105,702). As a result of current uptake in the programs, sufficient flexibility exists to stay within the provincial and regional budget allocations.

Enhanced Food Safety (100%) $44,300 This new program envelope will result in annualized base funding of $59,006 and will be funded 100% by the province.

Enhanced Safe Water Initiative (100%) $30,250 This new program envelope will result in annualized base funding of $40,333 and will be funded 100% by the province.

Healthy Smiles Ontario (100%) $829,747 and Vector Borne Diseases Program (75%) are equal to the allocations budgeted for in the 2011 Regional Budget. Public Health Nurses Initiative (100%) is consistent with funding allocations previously announced by the Province earlier this year and reported to Community Services Committee in Report PH11-018.

Infection Prevention and Control Nurses Initiative (100%) and Infectious Diseases Control Initiative (100%) received 3% growth funding from the province in 2011.

Needle Exchange Program (100%) 37,500 This new program envelope will result in annualized base funding of $50,000 and will be funded 100% by the province.

Public Health Awareness Initiatives Infection Prevention and Control Week (100%) This new program envelope will result in annualized base funding of $8,000 and will be funded 100% by the province.

Public Health Nurses Initiative (100%) is consistent with funding allocations previously announced by the Province earlier this year to support social determinates of health programming for priority populations and reported to Community Services Committee in Report PH11-018.

Small Drinking Water Systems (100%) Additional clarification is being sought regarding this new base funding allocation and future implications of this program funding.

The 100% One-Time funding approvals for Bed Bugs, Healthy Smiles Ontario and Small Drinking Water Systems are consistent with previous announcements and approvals by the province.

Cash flow adjustments reflecting enhanced levels of funding for 2011 as detailed in Schedule A will be initiated once the Accountability Agreements have been signed by all parties.

The four new programs entirely funded by the Province in 2011 will be included in the 2012 Base Budget to be financed by provincial grants.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Finance Department staff was involved in the preparation of the 2011 Public Health Budget and grant request submission to the Province and have reviewed this report.

Staff from Finance, Legal, Risk Management and Council & Administrative Services reviewed the draft Accountability Agreement and provided feedback during the consultation process.

ATTACHMENTS

Attachment 1: Ministry of Health and Long Term Care 2011 Funding letter dated August 2, 2010
Attachment 2: Public Health Accountability Agreement

PREPARED BY: Anne Schlorff, Director, Central Resources

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
August 2, 2011

Mr. Ken Seiling
Chair
Waterloo Board of Health
150 Frederick Street, 1st Floor
Kitchener ON N2G 4J3

Dear Mr. Seiling:

We are pleased to advise you that the government will provide the Waterloo Board of Health up to $21,685,887 in annual base funding to support the provision of mandatory and related public health programs and services in your community. The annual base amount includes 3% growth funding, or less if requested, for mandatory programs, funding for the Children In Need Of Treatment (CINOT) Expansion Program, and funding previously approved for new Full-Time Equivalent public health nursing positions.

In addition to the annual base funding, we are pleased to provide up to $220,452 in one-time funding for the 2011 funding year to support projects related to the delivery of mandatory and related public health programs and services. The one-time amount includes funding previously approved to support local initiatives aimed at preventing and controlling bed bug infestations.

The Executive Director (A) of the Public Health Division, Ministry of Health and Long-Term Care, and Assistant Deputy Minister of Sport, Public Health and Community Programs, Ministry of Health Promotion and Sport, will be writing to Dr. Liana Nolan, Medical Officer of Health, Region of Waterloo, Public Health, shortly concerning the terms and conditions governing this funding.

Thank you for your dedication and commitment to Ontario’s public health system.

Sincerely,

Deb Matthews
Minister of Health and Long-Term Care

Margaret Best
Minister of Health Promotion and Sport
Mr. Ken Seling

c:  Gerry Martiniuk, MPP, Cambridge
    Hon. John Milloy, MPP, Kitchener Centre
    Elizabeth Witmer, MPP, Kitchener-Waterloo
    Leanna Pendergast, MPP, Kitchener-Conestoga
    Dr. Liana Nolan, Medical Officer of Health, Region of Waterloo, Public Health
    Valerie Sterling, President, Association of Local Public Health Agencies
    Liz Haugh, President, Ontario Public Health Association
    Peter Hume, President, Association of Municipalities of Ontario
THIS Public Health ACCOUNTABILITY AGREEMENT effective as of the first day of January, 2011

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Health and Long-Term Care and the Minister of Health Promotion and Sport

(the “Province”)

- and -

Waterloo Board of Health

(the “Board of Health”)

Background:

The Province provides grants to boards of health under the Health Protection and Promotion Act (Act) pursuant to section 76 of that Act.

By receiving the grant provided to boards of health under section 76 of the Act, each board of health is expected to deliver programs and services that meet the Ontario Public Health Standards and other requirements of the Act.

It is acknowledged that boards of health may provide additional programs and services in response to local needs as indicated in the Ontario Public Health Standards published under section 7 of the Act and in section 9 of the Act. Provincial funding, however, is intended to support those programs that all boards of health are required to provide under the Act (and other programs only if specifically authorized by the Ontario Government) and is not intended to cover the potential total scope of public health programming.

Under section 81.2 of the Act, the Minister of Health and Long-Term Care may enter into an agreement with the board of health of any health unit for the purpose of setting out requirements for the accountability of the board of health and the management of the health unit.

Consideration:

In consideration of the mutual covenants and agreements contained herein and for other good and valuable consideration, the receipt and sufficiency of which are expressly acknowledged, the Parties agree as follows:

Waterloo Board of Health

Page 1 of 22
ARTICLE 1
INTERPRETATION AND DEFINITIONS

1.1 Interpretation. For the purposes of interpretation:

(a) words in the singular include the plural and vice-versa;
(b) words in one gender include all genders;
(c) the background and the headings do not form part of the Agreement; they are for reference only and shall not affect the interpretation of the Agreement;
(d) any reference to dollars or currency shall be to Canadian dollars and currency; and
(e) “include”, “includes” and “including” shall not denote an exhaustive list.

1.2 Definitions. In this Agreement, the following terms shall have the following meanings:

“Act” means the Health Protection and Promotion Act.

“Admissible Expenditures” are those considered by the Ministries to be reasonable and necessary for boards of health to achieve and/or maintain compliance with the Ontario Public Health Standards, the Organizational Standards, this Agreement, and other requirements of the Act and, as such, are eligible for reimbursement by the Ministries. These expenditures must be authorized in accordance with the policies of the Board of Health, consistent with government policies, and related to the implementation of Organizational Standards and the delivery of mandatory and related programs.

“Agreement” means this agreement entered into between the Province and the Board of Health and includes all of the schedules to the agreement listed in section 25.1.

“Effective Date” means the date set out at the top of the Agreement.

“Event of Default” has the meaning ascribed to it in section 14.1.

“Funding Year” means:

(a) in the case of the first Funding Year, the period commencing on the Effective Date and ending on the following December 31st; and
(b) in the case of Funding Years subsequent to the first Funding Year, the period commencing on January 1 following the end of the previous Funding Year and ending on the following December 31st.

“Grant” means the grant provided to the Board of Health by the Province pursuant to section 76 of the Act and this Accountability Agreement.
“Indemnified Parties” means her Majesty the Queen in right of Ontario, her ministers, agents, appointees and employees.

“Ministers” means Her Majesty the Queen in Right of Ontario as represented by the Minister of Health and Long-Term Care and the Minister of Health Promotion and Sport, and “Ministries” shall refer to both ministries. Where necessary in the Schedules to this Agreement to differentiate Programs under the responsibility of each Ministry, MOHLTC is used to describe the Ministry of Health and Long-Term Care, and MHPS is used to describe the Ministry of Health Promotion and Sport.

“Negative Performance Variant” means any of: a) the inability to achieve a result within the range of results for a Performance Indicator as set out in Schedule D; b) any matter that could significantly affect the Board of Health’s ability to achieve a Performance Target as set out in Schedule D; c) non-compliance with any other aspect of the Act, the regulations, the Ontario Public Health Standards, or the Organizational Standards; d) non-compliance with the budget approval and financial reporting processes; or e) any other matter that could significantly affect the Board of Health’s ability to perform its obligations under this Agreement.

“Non-Admissible Expenditures” are those considered by the Ministries to be unrelated to the provision of mandatory and related programs, the Organizational Standards, the requirements of this Agreement, and other requirements of the Act. Examples of expenditures that are not admissible include: sick time and vacation accruals, donations to individuals or organizations, capital fund reserves, and depreciation on capital assets/amortization.

“Notice” means any communication given or required to be given under Agreement, as described in Article 16.

“Notice Period” means the period of time within which the Board of Health is required to remedy an Event of Default, and includes any such period or periods of time by which the Province considers it reasonable to extend that time.

“Ontario Public Health Standards” means the Ontario Public Health Standards published by the Minister of Health and Long-Term Care pursuant to section 7 of the Act.

“Organizational Standards” means the Ontario Public Health Organizational Standards as released by the Ministries on February 18, 2011 or as updated and as provided to the Board of Health.

“Parties” means the Province and the Board of Health.

“Party” means either the Province or the Board of Health.

“Performance Corridor” means the calculated range of results respecting a Performance Target for a Performance Indicator based on the technical variance of the data and other contextual factors.
“Performance Indicator” means a measure of board of health performance for which a Performance Target is set, and to which the Board of Health will be held accountable for achieving results under the terms of this Agreement.

“Performance Target” means a planned result for a Performance Indicator against which actual results can be compared (as further specified in Table A of Schedule D.)

“Positive Performance Variant” means a successful achievement beyond the range of results for a Performance Indicator as set out in Schedule D.

“Program(s)” means:

a) Mandatory Program(s): the health programs and services boards of health must provide to their local communities in accordance with section 5 of the Act and the Ontario Public Health Standards.

b) Related Program(s): the programs described in Schedule “B”.

“Reports” means the reports described in Schedule “C”.

“Tangible Capital Asset” is a physical asset (e.g., building and land, information technology and telecommunications equipment, vehicles, furniture and other equipment) that has a useful life of more than one year and is used on a continuing basis for the delivery of mandatory and related programs.

“Wind-Down Amount” means the amount the Province sets if the Agreement is terminated under sections 12.3(c) or 13.2(c).

ARTICLE 2
REPRESENTATIONS, WARRANTIES AND COVENANTS

2.1 General. The Board of Health represents, warrants and covenants that:

(a) it is, and shall continue to be for the term of the Agreement, a validly existing legal entity with full power to fulfill its obligations under the Agreement;

(b) unless otherwise provided for in this Agreement, any information the Board of Health provided to the Province in support of its requests for a Grant (including information relating to any eligibility requirements) was true and complete at the time the Board of Health provided it and shall continue to be true and complete for the term of this Agreement, unless otherwise reported in writing by the Board of Health to the Province.

2.2 Execution of Agreement. The Board of Health represents and warrants that:

(a) it has the full power and authority to enter into the Agreement;
(b) it will fulfill the obligations set out in the Schedules to this Agreement in accordance with their terms;

(c) it will deliver Programs and services that meet the Ontario Public Health Standards published under section 7 of the Act, and will comply with the Organizational Standards;

(d) it has taken all necessary actions to authorize the execution of the Agreement including, where required, passing a board resolution or municipal by-law authorizing the Board of Health to enter into the Agreement with the Province.

2.3 Governance. The Board of Health represents, warrants and covenants that it has, and shall maintain, in writing, for the period during which the Agreement is in effect:

(a) procedures to ensure compliance with the Organizational Standards;

(b) a code of conduct and ethical responsibilities for all persons at all levels of the Board of Health’s organization;

(c) procedures to ensure the ongoing effective functioning of the Board of Health;

(d) decision-making mechanisms;

(e) procedures to provide for the prudent and effective management of the Grant;

(f) procedures to enable the successful completion of the obligations set out in the Schedules to this Agreement;

(g) procedures to enable the timely identification of risks to the Board of Health’s ability to perform its obligations under this Agreement and strategies to address the identified risks;

(h) procedures to enable the preparation and delivery of all Reports required pursuant to Article 8; and,

(i) procedures to deal with such other matters as the Board of Health considers necessary to ensure that the Board of Health carries out its obligations under the Agreement.

2.4 Supporting Documentation. Upon request, the Board of Health shall provide the Province with proof of the matters referred to in this Article 2.
ARTICLE 3
TERM OF THE AGREEMENT

3.1 **Term.** The term of the Agreement shall commence on the Effective Date and shall, subject to section 3.2, expire on **December 31**, **2013** unless terminated earlier pursuant to Article 12, Article 13 or Article 14.

3.2 **Agreement to Continue.** The Parties shall negotiate a new, successor agreement to this Agreement to be effective January 1, 2014. Despite section 3.1, this Agreement shall continue according to its terms until such time as a new agreement is agreed to between the Parties, unless terminated earlier pursuant to Article 12, Article 13, or Article 14.

3.3 **Application of Schedules during Term.** A schedule, or parts of a schedule, may apply for only part of the Term of this Agreement. Where a schedule, or part of a schedule, applies for only part of the Term of this Agreement, it shall be so indicated in the schedule.

3.4 **Amendments to Schedules during Term.** The Parties agree that amendments to the Schedules may be made, on the written consent of both parties, during the Term of this Agreement. Without limiting the generality of the foregoing, the Schedules may be amended to reflect:
   (a) Updated allocations in Schedule A;
   (b) New policies and guidelines in Schedule B;
   (c) New reporting requirements in Schedule C; and
   (d) Updated Performance indicators, baselines, and targets in Schedule D.

3.5 **Annual Review of Schedules.** The Parties agree to review the schedules to this Agreement on an annual basis, at the end of each Funding Year, to determine if amendments are appropriate.

3.6 **Additional Schedules during Term.** The Parties agree that additional Schedules may be added to this Agreement on the written consent of both parties during the Term of this Agreement.

ARTICLE 4
GRANT

4.1 **Grant Provided.** The Province shall:

   (a) provide the Board of Health a Grant for the purpose of carrying out the obligations set out in the Act, the regulations under the Act, the Ontario Public Health Standards, the Organizational Standards, and this Agreement including the Schedules to this Agreement;
(b) deposit the Grant into an account designated by the Board of Health provided that the account resides at a Canadian financial institution.

4.2 Limitation on Payment of the Grant. Despite section 4.1, the Province:

(a) is not obligated to provide any Grant to the Board of Health until the Board of Health provides a valid certificate of insurance or other proof as provided for in section 11.2;

(b) is not obligated to provide instalments of the Grant until it is satisfied with the progress of the obligations set out in this Agreement and the Schedules;

(c) may adjust the amount of the Grant it provides to the Board of Health in any Funding Year based upon the Province’s assessment of the information provided by the Board of Health pursuant to section 8.1;

(d) if, pursuant to the provisions of the Financial Administration Act (Ontario), the Province does not receive the necessary appropriation from the Ontario Legislature for payment under the Agreement, the Province shall not be obligated to make any such payment, and, as a consequence, the Province may:

(i) reduce the amount of the Grant; or

(ii) terminate the Agreement pursuant to section 13.1 and cease providing Grant funding for a period or periods specified by the Province; and

(e) may withhold 1% of the bi-weekly Grant payments from the Board of Health which are specified in Schedule A if the Board of Health’s complete settlement reports (consisting of Audited Financial Statements, Auditor’s Questionnaire with Auditor’s Report, and a Certificate of Settlement) are not submitted by the deadline of June 30th of any Funding Year, or such other deadline as the Province specifies in writing, until such time as all the settlement reports are provided.

4.3 Use of Grant Funding. The Board of Health shall:

(a) use the Grant only for the purposes of the Act and to provide or to ensure the provision of the health programs and services in accordance with sections 4, 5, 6, and 7 of the Act and for the purposes of carrying out the obligations in the Schedules.

(b) use the Grant only for the provision of the Programs described in this Agreement and the schedules.

(c) carry out the obligations in the Schedules:

(i) in accordance with the terms and conditions of the Agreement; and
(ii) in compliance with all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules and by-laws related to any aspect of the Programs.

(d) Spend the Grant only on Admissible Expenditures.

4.4 User Fees. As the Province provides Grants for the delivery of public health programs and services, the Board of Health agrees that the Province is eligible to receive its current cost-share percentage of the net revenue from any user fees charged by the Board of Health.

4.5 No Changes. The Board of Health shall not make any changes to Schedules, the timelines and/or the use of the Grant without the prior written consent of the Province.

4.6 Interest Bearing Account. If the Province provides the Grant to the Board of Health prior to the Board of Health’s immediate need for the Grant, the Board of Health shall place the Grant in an interest bearing account in the name of the Board of Health at a Canadian financial institution.

4.7 Interest. If the Board of Health earns any interest on the Grant, it must be reported. If interest income is not reported in the manner specified by the Province, 1% of the Board of Health’s cash flow may be withheld through future payments.

4.8 No Interest Payable by Province. The Board of Health agrees that the Province shall not pay interest on any amount to which the Board of Health may otherwise be entitled under this Agreement.

4.9 Rebates, Credits and the Grant. The Board of Health shall not use the Grant for any costs, including taxes, for which it has received, will receive, or is eligible to receive, a rebate, credit or refund.

ARTICLE 5
PERFORMANCE IMPROVEMENT

5.1 Performance Improvement. The Parties agree to adopt a proactive and responsive approach to performance improvement (“Performance Improvement Process”), based on the following principles:

(a) a commitment to continuous quality improvement;

(b) a culture of information sharing and understanding; and

(c) a focus on risk-management.
5.2 **Performance Obligations.** The Board of Health shall use best efforts to achieve agreed upon Performance Targets within the established Performance Corridors for the Performance Indicators specified in Schedule “D”.

5.3 **Elements of Performance Improvement Process.** The Board of Health’s Performance Improvement Process shall include, but is not limited to:

(a) Measuring the Board of Health’s performance according to Performance Indicators set out in Schedule D; and

(b) The use of continuous quality improvement tools including, but not limited to those specified in sections 5.4, 5.5, and 5.6.

5.4 **Negative Performance Variant Reports.** If a Negative Performance Variant is identified by either the Province or Board of Health, the Board of Health shall immediately submit in writing a Negative Performance Variant Report to the Province which shall include:

(a) a description of the Negative Performance Variant;

(b) the cause of the Negative Performance Variant;

(c) an assessment of the impact of the Negative Performance Variant on achieving the obligations set out in this Agreement; and

(d) a description of how the Board of Health plans to resolve the Negative Performance Variant and the timeline within which the Board of Health expects to resolve it.

5.5 **Positive Performance Variant Reports.** If a Positive Performance Variant is identified by either the Province or Board of Health, the Board of Health may be asked to submit in writing a Positive Performance Variant Report to the Province which shall include:

(a) a description of the Positive Performance Variant and contributing success factor(s);

(b) an assessment of the lessons learned; and

(c) a description of how the Board of Health plans to maintain or enhance success.

5.6 **Action Plan.** The Province may request in writing, either before or after a Negative Performance Variant Report(s) specified in section 5.4, that the Board of Health submit an Action Plan to address the Negative Performance Variant. The Action Plan shall describe:

(a) the remedial actions undertaken (or planned to be undertaken) by the Board of Health;

(b) the time frame when the remedial action are expected to be completed;
5.7 **Approval of Action Plan.** The Action Plan must be approved by both the Province and the Board of Health prior to its implementation. Any revisions to the Action Plan also require the approval of both the Province and the Board of Health.

5.8 **Province Right to Request Information.** The Province may request additional data or information, or may request meetings with the Board of Health to support performance improvement as specified in this Article.

**ARTICLE 6**

**ACQUISITION OF GOODS AND SERVICES, AND DISPOSAL OF ASSETS**

6.1 **Acquisition.** If the Board of Health acquires supplies, equipment or services with the Grant, it shall do so through a process that promotes the best value for money. All procurement of goods and services should be consistent with the Organizational Standards, good procurement practices, and applicable government directives.

6.2 **Asset Management.** The Board of Health shall maintain an inventory of all Tangible Capital Assets developed or acquired with a value exceeding $5,000 or a value determined locally that is appropriate under the circumstances.

6.3 **Disposal.** The Board of Health shall not, without the Province’s prior written consent, sell, lease or otherwise dispose of any asset purchased with the Grant or for which the Grant was provided, the cost of which exceeded $100,000 at the time of purchase.

**ARTICLE 7**

**CONFLICT OF INTEREST**

7.1 **No Conflict of Interest with use of the Grant.** The Board of Health shall carry out the obligations set out in this Agreement and use the Grant without an actual, potential or perceived conflict of interest. Note: nothing in this agreement applies to any other local or municipal conflict of interest not dealing with the use of the Grant.

7.2 **Conflict of Interest Includes.** For the purposes of this Article, a conflict of interest includes any circumstances where:

(a) the Board of Health; or

(b) any person who has the capacity to influence the Board of Health’s decisions,

has outside commitments, relationships or financial interests that could, or could be seen to, interfere with the Board of Health’s objective, unbiased and impartial
judgment relating to its obligations under this Agreement and the use of the Grant.

7.3 Disclosure to Province. The Board of Health shall:

(a) disclose to the Province, without delay, any situation that a reasonable person would interpret as either an actual, potential or perceived conflict of interest; and

(b) comply with any terms and conditions that the Province may prescribe as a result of the disclosure. Note that the Province may determine that no further action is required if it determines that the conflict has been adequately addressed in accordance with the Board of Health conflict of interest policies.

ARTICLE 8
REPORTING, ACCOUNTING AND REVIEW

8.1 Preparation and Submission. The Board of Health shall:

(a) submit to the Province at the address provided in section 16.1 or at any other address specified by the Province, all Reports in accordance with the timelines and content requirements set out in Schedule “C”.

(b) submit to the Province at the address provided in section 16.1, or at any other address specified by the Province, any other reports requested by the Province in accordance with the timelines and content requirements specified by the Province;

(c) ensure that all Reports and other reports are completed to the satisfaction of the Province; and

(d) ensure that all Reports and other reports are signed on behalf of the Board of Health by an authorized signing officer.

8.2 Record Maintenance. The Board of Health shall keep and maintain:

(a) all financial records (including invoices) relating to the Grant in a manner consistent with generally accepted accounting principles for a period of not less than seven (7) years; and

(b) all non-financial documents and records relating to the Grant or otherwise in connection with Article 5 (Performance Improvement) and the Schedules in accordance with applicable law and Board of Health policies.

8.3 Inspection. The Province, its authorized representatives or an independent auditor identified by the Province may, at its own expense, upon twenty-four hours’ Notice to the Board of Health and during normal business hours, enter
upon the Board of Health’s premises to review the Board of Health’s expenditure of the Grant and/or assess compliance with Article 5 (Performance Improvement), for these purposes, the Province, its authorized representatives or an independent auditor identified by the Province may:

(a) inspect and copy the records and documents referred to in section 8.2; and

(b) conduct an audit or investigation of the Board of Health in respect of the expenditure of the Grant, or compliance with Article 5 (Performance Improvement).

8.4 **Assessment.** The Province may carry out an assessment of the Board of Health under section 82 of the Act if the legal requirements for an assessment under that section have been met. An assessment may be conducted under the terms of that section irrespective of whether or not an inspection is conducted under section 8.3 of this Agreement.

8.5 **Disclosure.** To assist in respect of the rights set out in section 8.3, the Board of Health shall disclose any information requested by the Province, its authorized representatives or an independent auditor identified by the Province, and shall do so in a form requested by the Province, its authorized representatives or an independent auditor identified by the Province, as the case may be, subject to applicable law.

8.6 **No Control of Records.** No provision of the Agreement shall be construed so as to give the Province any control whatsoever over the Board of Health’s records.

8.7 **Auditor General.** For greater certainty, the Province’s rights under this Article are in addition to any rights provided to the Auditor General pursuant to section 9.1 of the *Auditor General Act* (Ontario) and under the *Audit Statute Law Amendment Act*

**ARTICLE 9**

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

9.1 **FIPPA.** The Board of Health acknowledges that the Province is bound by the *Freedom of Information and Protection of Privacy Act* (Ontario) (FIPPA) and that any information provided to the Province in connection with the Agreement may be subject to disclosure in accordance with FIPPA.

9.2 **MFIPPA.** The Province acknowledges that the Board of Health is bound by the *Municipal Freedom of Information and Protection of Privacy Act* (Ontario) (MFIPPA) and that any information provided to the Board of Health in connection with the Agreement may be subject to disclosure in accordance with MFIPPA.

9.3 **Confidentiality of records.** The Board of Health shall ensure that all personal information or personal health information in its custody or under its control is
managed in accordance with the provisions of the Act and its regulations, the
Municipal Freedom of Information and Protection of Privacy Act and its
regulations, the Personal Health Information Protection Act and any other
applicable legislation.

ARTICLE 10
INDEMNITY

10.1 Indemnification. The Board of Health hereby agrees to indemnify and hold
harmless the Indemnified Parties from and against any and all liability, loss,
costs, damages and expenses (including legal, expert and consultant fees),
causes of action, actions, claims, demands, lawsuits or other proceedings, by
whomever made, sustained, incurred, brought or prosecuted, in any way arising
out of or in connection with the Programs or otherwise in connection with the
Agreement, unless solely caused by the negligence or willful misconduct of the
Province.

ARTICLE 11
INSURANCE

11.1 Board of Health’s Insurance. The Board of Health represents and warrants
that it has, and shall maintain for the term of the Agreement, at its own cost and
expense, with insurers having a secure A.M. Best rating of B+ or greater, or the
equivalent, all the necessary and appropriate insurance that a prudent person
carrying out programs and services similar to the programs and services covered
by this Agreement would maintain, including commercial general liability
insurance on an occurrence basis for third party bodily injury, personal injury and
property damage, to an inclusive limit of not less than two million dollars
($2,000,000) per occurrence. The policy shall include the following:

(a) the Indemnified Parties as additional insureds with respect to liability
arising in the course of performance of the Board of Health’s obligations
under, or otherwise in connection with, the Agreement;

(b) a cross-liability clause;

(c) contractual liability coverage; and

(d) a 30 day written notice of cancellation, termination or material change.

11.2 Proof of Insurance. The Board of Health shall provide the Province with proof
of insurance in the form of a valid certificate of insurance that confirms
the insurance coverage as required in section 11.1. The Board of Health shall
provide a copy of the certificate of insurance to the Province prior to the receipt of
Grant funding under this Agreement.
ARTICLE 12
TERMINATION ON NOTICE

12.1 Termination on Notice. The Province may terminate the Agreement at any time upon giving at least 120 days Notice to the Board of Health.

12.2 Termination of Specific Program. Despite section 12.1, the Province may terminate any Program that is funded by a Grant under this Agreement with 120 days Notice. If a Program funded by a Grant under this Agreement terminates for any reason, the parties agree to amend the Agreement and Schedules to incorporate any necessary changes to the Agreement.

12.3 Consequences of Termination on Notice by the Province. If the Province terminates the Agreement pursuant to section 12.1, the Province may:

(a) cancel all further instalments of the Grant;
(b) demand the repayment of any Grant remaining in the possession or under the control of the Board of Health, and/or
(c) assist the Board of Health to wind down the Program, project, or other initiative purchased with the Grant, set the Wind-Down Amount; and
   (i) permit the Board of Health to offset the Wind-Down Amount against any Grant amount remaining in the possession or under the control of the Board of Health, and/or
   (ii) subject to section 4.7, provide the Grant to the Board of Health to cover the Wind-Down Amount.

ARTICLE 13
TERMINATION WHERE NO APPROPRIATION

13.1 Termination Where No Appropriation. If, as provided for in section 4.2(d), the Province does not receive the necessary appropriation from the Ontario Legislature for any payment the Province is to make under the Agreement, the Province may terminate the Agreement immediately by giving Notice to the Board of Health.

13.2 Consequences of Termination Where No Appropriation. If the Province terminates the Agreement pursuant to section 13.1, the Province may:

(a) cancel all further instalments of the Grant;
(b) demand the repayment of any Grant funds remaining in the possession or under the control of the Board of Health; and/or
(c) to assist the Board of Health to wind down a Program, project or other initiative purchased with the Grant, set the Wind-Down Amount, and permit the Board of Health to offset such Wind-Down Amount against the amount owing pursuant to section 13.2(b).

13.3 **No Additional Grant Funding.** For purposes of clarity, if the Wind-Down Amount exceeds the Grant remaining in the possession or under the control of the Board of Health, the Province shall not be required to provide additional Grant funding to the Board of Health.

**ARTICLE 14**
**EVENT OF DEFAULT, CORRECTIVE ACTION AND TERMINATION FOR DEFAULT**

14.1 **Events of Default.** Each of the following events may constitute at the sole option of the Province an Event of Default:

(a) the Board of Health breaches any representation, warranty, covenant or other material term of the Agreement, including failing to do any of the following in accordance with the terms and conditions of the Agreement:

(i) carry out its obligations in the Schedules;

(ii) use or spend the Grant; and/or

(iii) provide, in accordance with section 8.1, Reports or such other reports as may have been requested pursuant to section 8.1(b);

(b) the Board of Health’s operations, or its organizational structure, changes so that it no longer meets one or more of the applicable eligibility requirements of the Program under which the Province provides the Grant; and,

(c) the Board of Health ceases to operate, is merged or otherwise dissolved.

14.2 **Consequences of Events of Default and Corrective Action.** If an Event of Default occurs, the Province may, at any time, take one or more of the following actions:

(a) initiate any action the Province considers necessary in order to facilitate the successful continuation or completion of the Board of Health’s obligations under this Agreement;

(b) provide the Board of Health with an opportunity to remedy the Event of Default;

(c) suspend the payment of the Grant for such period as the Province determines appropriate;

(d) reduce the amount of the Grant;
(e) cancel all further installments of the Grant;

(f) demand the repayment of any amounts of the Grant remaining in the possession or under the control of the Board of Health that is not already promised by legal agreement that the Board of Health has with another person;

(g) demand the repayment of an amount equal to any Grant the Board of Health used for purposes not agreed upon by the Province;

(h) demand the repayment of an amount equal to any Grant the Province provided to the Board of Health; and/or

(i) terminate the Agreement at any time, including immediately, upon giving Notice to the Board of Health.

14.3 Opportunity to Remedy. If, in accordance with section 14.2(b), the Province provides the Board of Health an opportunity to remedy the Event of Default, it shall provide Notice to the Board of Health of:

(a) the particulars of the Event of Default; and

(b) the Notice Period.

14.4 Board of Health not Remediating. If the Province has provided the Board of Health with an opportunity to remedy the Event of Default pursuant to section 14.2(b), and:

(a) the Board of Health does not remedy the Event of Default within the Notice Period;

(b) it becomes apparent to the Province that the Board of Health cannot completely remedy the Event of Default within the Notice Period; or

(c) the Board of Health is not proceeding to remedy the Event of Default in a way that is satisfactory to the Province,

the Province may extend the Notice Period, or initiate any one or more of the actions provided for in sections 14.2(a), (c), (d), (e), (f), (g), (h) and (i).

14.5 When Termination Effective. Termination under this Article shall take effect as set out in the Notice.

14.6 Ministry’s Rights under the Act maintained. Nothing in this Agreement shall limit the Province’s or the Chief Medical Officer of Health’s rights under section 82 of the Act to conduct an assessment of the Board of Health if the conditions under that section are met.
ARTICLE 15
RETURN OF THE GRANT

15.1 Return of The Grant. If the Province requests in writing the repayment of the whole or any part of the Grant; due, for example, to an Event of Default; the amount requested shall be deemed to be a debt due and owing to the Province and the Board of Health shall pay the amount immediately.

15.2 Method of Return. The Province may recover the Grant requested in section 15.1 through a cash-flow adjustment. If a cash-flow adjustment is not possible, the Board of Health shall repay the amount payable by cheque payable to the Minister of Finance and mailed to the Province at the address set out in the Province’s request for repayment.

15.3 Interest on the Grant Payable. The Province reserves the right to demand interest on any amount owing by the Board of Health at the then current rate charged by the Province on accounts receivable. Interest shall accrue 30 days after Notice has been provided under section 15.1 for repayment of the Grant.

15.4 Unused Grant. The Board of Health agrees that it shall report to the Province in writing any part of the Grant that has not been used or accounted for by the Board of Health, either 30 days prior to the end of the Funding Year, in the quarterly reports, or in a report provided as soon thereafter as possible, and when the amount of the unused Grant is known.

15.5 Carry Over of Grant Not Permitted. The Board of Health is not permitted to carry over the Grant from one calendar year to the next, unless pre-authorized in writing by the Province.

15.6 Return of Unused Grant. Without limiting any rights of the Province under Article 13, or sections 15.1 or 15.2, if the Board of Health has not spent all of the Grant allocated for the Funding Year as provided in the Schedules, the Province may:

(a) demand the return of the unspent Grant; or

(b) adjust the amount of any further instalments of the Grant accordingly.

ARTICLE 16
NOTICE

16.1 Notice in Writing and Addressed. Notice shall be in writing and shall be delivered by e-mail, postage-prepaid mail, personal delivery or facsimile, and shall be addressed to the Province and the Board of Health respectively as set out below or as either Party later designates to the other by Notice.
To the Province:  
Ministry of Health and Long-Term Care and Ministry of Health Promotion and Sport  
393 University Ave., Suite 2100  
Toronto ON M7A 2S1

To the Board of Health:  
Waterloo Board of Health  
99 Regina Street South  
P.O. Box 1833  
Waterloo ON N2J 4V3

Attention:  
Sylvia Shedden  
Director, Public Health Standards, Practice and Accountability Branch  
Fax: 416-314-7078  
E-mail: sylvia.shedden@ontario.ca

Attention:  
Dr. Liana Nolan  
Medical Officer of Health  
Fax: 519-883-2241  
E-mail: lnolan@regionofwaterloo.ca

16.2 Notice Given. Notice shall be deemed to have been received:

(a) in the case of postage-prepaid mail, seven days after a Party mails the Notice; or

(b) in the case of e-mail, personal delivery or facsimile, at the time the other Party receives the Notice.

16.3 Postal Disruption. Despite section 16.2(a), in the event of a postal disruption:

(a) Notice by postage-prepaid mail shall not be deemed to be received; and

(b) the Party giving Notice shall provide Notice by personal delivery, by facsimile, or by e-mail.

ARTICLE 17  
CONSENT BY PROVINCE

17.1 Consent. The Province may impose any terms and conditions on any consent the Province may grant pursuant to the Agreement.

ARTICLE 18  
SEVERABILITY OF PROVISIONS

18.1 Invalidity or Unenforceability of Any Provision. The invalidity or unenforceability of any provision of the Agreement shall not affect the validity or enforceability of any other provision of the Agreement. Any invalid or unenforceable provision shall be deemed to be severed.
ARTICLE 19
WAIVER

19.1 Waivers in Writing. If a Party fails to comply with any term of the Agreement, that Party may only rely on a waiver of the other Party if the other Party has provided a written waiver in accordance with the Notice provisions in Article 16. Any waiver must refer to a specific failure to comply and shall not have the effect of waiving any subsequent failures to comply.

ARTICLE 20
INDEPENDENT PARTIES

20.1 Parties independent. The Board of Health acknowledges that it is not an agent, joint venturer, partner or employee of the Province, and the Board of Health shall not take any actions that could establish or imply such a relationship.

ARTICLE 21
ASSIGNMENT OF AGREEMENT OR THE GRANT

21.1 No Assignment. The Board of Health shall not assign any part of the Agreement or the Grant without the prior written consent of the Province.

21.2 Agreement to Extend. All rights and obligations contained in the Agreement shall extend to and be binding on the Parties’ respective heirs, executors, administrators, successors and permitted assigns.

ARTICLE 22
GOVERNING LAW

22.1 Governing Law. The Agreement and the rights, obligations and relations of the Parties shall be governed by and construed in accordance with the laws of the Province of Ontario and the applicable federal laws of Canada. Any actions or proceedings arising in connection with the Agreement shall be conducted in Ontario.

22.2 Conflicts - Ontario. In the event of a conflict between this Agreement and the Ontario Public Health Standards, the Organizational Standards or the Act or its regulations, the Ontario Public Health Standards, Organizational Standards or the Act or its regulations prevail.

22.3 Conflicts – Municipal. In the event of a conflict between any requirement of this Agreement and any municipal or local requirement at law to which the Board of Health is subject, the Board of Health shall comply with the stricter requirement.
ARTICLE 23
FURTHER ASSURANCES

23.1 Agreement into Effect. The Parties shall do or cause to be done all acts or things necessary to implement and carry into effect the terms and conditions of the Agreement to its full extent.

ARTICLE 24
SURVIVAL

24.1 Survival. The provisions in Article 1, Article 4, Article 5, 8.1 (to the extent that the Board of Health has not provided the Reports or other reports to the satisfaction of the Province), 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, Articles 9, 10 and 11, sections 13.2, 14.2, 14.3, 14.4, Articles 15, 18, 19, 21, 26, 27, 28, and all applicable Definitions, cross-referenced provisions and schedules shall continue in full force and effect for a period of seven years from the date of expiry or termination of the Agreement.

ARTICLE 25
SCHEDULES

25.1 Schedules. The Agreement includes the following schedules:

(a) Schedule “A” – Program-Based Grants;
(b) Schedule “B” – Related Program Policies and Guidelines;
(c) Schedule “C” – Reporting Requirements.
(d) Schedule “D” – Board of Health Performance

25.2 Purpose of Schedules. The purpose of the schedules under the Agreement is to:

(a) Specify the Grant to be allocated from the Province to the Board of Health to deliver Programs and services that meet the Ontario Public Health Standards, and other requirements of the Act, and the Organizational Standards;
(b) Provide the Board of Health with further information on expectations related to the Grant;
(c) Improve and strengthen the Province’s ability to effectively analyze the Board of Health’s expenditures and ensure accountability for the use of the Grant; and,
(d) Contribute to a public health sector with a greater focus on performance improvement, accountability and sustainability.

ARTICLE 26
COUNTERPARTS

26.1 Counterparts. The Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

ARTICLE 27
JOINT AND SEVERAL LIABILITY

27.1 Joint and Several Liability. Where the Board of Health is comprised of more than one entity, all such entities shall be jointly and severally liable to the Province for the fulfillment of the obligations of the Board of Health under the Agreement.
ARTICLE 28
ENTIRE AGREEMENT

28.1 Entire Agreement. The Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in the Agreement and supersedes all prior oral or written representations and agreements.

28.2. Modification of Agreement. The Agreement may only be amended by a written agreement duly executed by the Parties.

The Parties have executed the Agreement on the dates set out below.

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Health and Long-Term Care

<table>
<thead>
<tr>
<th>Name:</th>
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<td>Title:</td>
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HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Health Promotion and Sport

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<td>Title:</td>
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Waterloo Board of Health
I/we have authority to bind the Board of Health.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date</th>
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<td>Position:</td>
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Waterloo Board of Health

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### SCHEDULE

#### PROGRAM-BASED GRANTS

<table>
<thead>
<tr>
<th>Waterloo Board of Health</th>
<th>2011 Approved Allocation</th>
</tr>
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<tbody>
<tr>
<td><strong>Base Funding</strong></td>
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<tr>
<td>Mandatory Programs (75%)</td>
<td>$19,446,249</td>
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<tr>
<td>Children In Need Of Treatment (CINOT) Expansion Program (75%)</td>
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<td>Enhanced Food Safety – Haines Initiative (100%) (1)</td>
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<td>Enhanced Safe Water Initiative (100%) (1)</td>
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<tr>
<td>Healthy Smiles Ontario Program (100%)</td>
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</tr>
<tr>
<td>Infection Prevention and Control Nurses Initiative (100%)</td>
<td># of FTEs 1.00</td>
</tr>
<tr>
<td>Infectious Diseases Control Initiative (100%)</td>
<td># of FTEs 5.00</td>
</tr>
<tr>
<td>Needle Exchange Program Initiative (100%) (1)</td>
<td></td>
</tr>
<tr>
<td>Public Health Awareness Initiatives: Infection Prevention and Control Week (100%)</td>
<td></td>
</tr>
<tr>
<td>Public Health Nurses Initiative (100%) (2)</td>
<td># of FTEs 2.00</td>
</tr>
<tr>
<td>Small Drinking Water Systems Program (100%)</td>
<td></td>
</tr>
<tr>
<td>Unorganized Territories (100%)</td>
<td></td>
</tr>
<tr>
<td>Vector-Borne Diseases Program (75%)</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>$21,685,887</strong></td>
</tr>
<tr>
<td><strong>One-Time Funding</strong></td>
<td></td>
</tr>
<tr>
<td>Bed Bugs (100%) (3)</td>
<td></td>
</tr>
<tr>
<td>Healthy Smiles Ontario – Capital (100%) (4)</td>
<td></td>
</tr>
<tr>
<td>Small Drinking Water Systems (100%)</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>$220,452</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$21,906,339</strong></td>
</tr>
</tbody>
</table>

(1) Base Funding is pro-rated for the 9 month period of April 1, 2011 to December 31, 2011.

(2) To receive funding for the Public Health Nurses Initiative, boards of health are required to provide proof of offer of employment, which should not include any personal or identifiable information related to the nurse recruit.

(3) One-time funding is approved for the 12 month period of April 1, 2011 to March 31, 2012.

(4) One-time funding is approved for the 9 month period of April 1, 2011 to December 31, 2011.
SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

BASE FUNDING:

B1. CINOT Expansion Program (MHPS)

The CINOT Expansion Program provides coverage for basic dental care for children 14 through 17 years in addition to general anaesthetic coverage for children 5 through 13 years. Boards of health must be in compliance with the Ontario Public Health Standards and the CINOT Protocol.

Boards of health must use the Oral Health Information Support System (OHISS) application to process all CINOT Expansion claims. Financial report data should align with expenditures as recorded in OHISS and reflected in Age Profile and Procedure Code Profile Reports for the period January 1st through December 31st.

Boards of health will not be permitted to transfer any projected CINOT Expansion Program surplus to their CINOT 0-13 year old budget.

B2. Enhanced Food Safety – Haines Initiative (MOHLTC)

The Enhanced Food Safety – Haines Initiative was established to augment a board of health’s capacity to deliver the Food Safety Program as a result of the Provincial Government’s response to Justice Haines’ recommendations in his report “Farm to Fork: A Strategy for Meat Safety in Ontario”.

Base funding for this initiative must be used for the sole purpose of implementing the Food Safety Program Standard. Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation. Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B3. Enhanced Safe Water Initiative (MOHLTC)

Base funding for this initiative must be used for the sole purpose of increasing the Board of Health’s capacity to meet the requirements of the Safe Water Program Standard. Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B4. Healthy Smiles Ontario Program (MOHLTC)

Base funding for the Healthy Smiles Ontario (HSO) Program may only be used for costs associated with the HSO Program in accordance with the following conditions:

1. Base funds may only be used for ongoing day-to-day expenses associated with delivering services under the HSO Program in accordance with the HSO Capital and Operational Funding Policy Guideline, unless otherwise approved by the MOHLTC.
2. Boards of Health must use the Oral Health Information Support System (OHISS) to administer the HSO Program.

3. Boards of health must enter into Service Level Agreements with any organization they partner with for purposes of delivering the HSO Program. The Service Level Agreement must set out clear performance expectations and ensure accountability for public funds. For greater certainty, this condition also applies where a board of health may be providing funding for capital improvements to partnering organizations.

4. Any significant changes to the MOHLTC-approved HSO business model, including changes to plans, partnerships, or processes, or otherwise as outlined in the board of health's MOHLTC-approved business case and supporting documents must be approved by the MOHLTC before being implemented.

5. Any contract or subcontract entered into by the board of health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

B5. Infection Prevention and Control Nurses Initiative (MOHLTC)

The Infection Prevention and Control Nurses Initiative was established to support one additional FTE Infection Prevention and Control Nurse for every board of health in the province.

Base funding for the initiative must be used for the creation of additional hours of nursing service (FTE) and for nursing salaries/benefits and cannot be used to support operating or education costs. The applicant must have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class), and must have or is committed to obtaining a Certification in Infection Control within three (3) years of beginning of employment.

The majority of the Infection Prevention and Control Nurses time must be spent on infection prevention and control activities. Boards of health are required to maintain this position as part of baseline nursing staffing levels.

B6. Infectious Diseases Control Initiative (180 FTEs) (MOHLTC)

Boards of health are required to remain within both the funding levels and the number of FTE positions approved by the Ministry.

Base funding for this initiative must be used solely for the purpose of hiring and supporting staff (e.g. recruitment, salaries/benefits, accommodations, program management, supplies and equipment, other directly related costs) to monitor and control infectious diseases, and enhance a board of health's ability to handle and coordinate increased activities related to outbreak management.

Staff funded through the Infectious Diseases Control Initiative is required to be available for redeployment, when requested by the Ministry, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.
B7. **Needle Exchange Program Initiative (MOHLTC)**

Base funding for this initiative must be used for the purchase of needles and syringes, and their associated disposal costs, for the Boards of Health's Needle Exchange Program.

B8. **Public Health Awareness Initiatives (MOHLTC)**

**Infection Prevention and Control Week**

Infection Prevention and Control Week occurs annually during the third week of October.

Base funding for this initiative must be used for development, purchasing, and distribution of materials, and/or educational sessions to promote educational awareness during Infection Prevention and Control Week.

Expected outcomes include: increased public awareness of infection prevention and control principles; increased knowledge of infection prevention and control practices for service providers; and improved health of Ontarians. Appropriate use of funds include, but are not limited to: conducting public education sessions; honorarium for a speaker; creation and development of teaching aids and promotional items (e.g. fact sheets, pamphlets, etc.); distributing educational resources; media releases/articles, and poster displays to raise awareness in different settings.

Funds are not to be used for staff salaries and benefits, staff education (e.g. attendance at a conference) and for payment of staff professional fees/dues.

B9. **Public Health Nurses Initiative (MOHLTC)**

The Public Health Nurses Initiative was established to support two new FTE public health nursing positions for each board of health as part of the 9,000 Nurses Commitment.

Public health nurses with specific knowledge and expertise will provide enhanced supports to address the program and service needs of priority populations impacted most negatively by the social determinants of health in the Board of Health area.

Boards of health are required to adhere to the following: base funding for this program must be used for the creation of additional hours of nursing service (FTEs); boards of health must commit to maintaining baseline nurse staffing levels and creating two new public health nursing FTEs above this baseline; base funding is for public health nursing salaries and benefits only and cannot be used to support operating or education costs; and, boards of health must commit to maintenance of, and gains towards, the 70% full-employment target for nurses. The applicant must be a registered nurse and must have or be committed to obtaining the qualifications of a public health nurse as specified under the Act.

To receive base funding for these positions, boards of health are required to sign back agreeing to the terms and conditions of the funding and provide proof of offer of employment including starting salary level and benefits for each FTE (per the March 10, 2011 administrative letter).
B10. **Small Drinking Water Systems Program (MOHLTC)**

Base funding for this program must be used for eligible start-up costs, including: salaries, wages and benefits to support the public health inspector resources to conduct initial and ongoing site-specific risk assessments of all small drinking waters systems; ongoing office accommodation costs; transportation and communication costs; and supplies and equipment.

Please note that the ongoing Small Drinking Water Systems Program funding allocation (cost-shared on a 75% provincial / 25% municipal basis) will be determined once the initial risk assessments have been completed by December 31, 2011.

B11. **Unorganized Territories (MOHLTC)**

Base funding must be used for the delivery of mandatory programs in Unorganized Territories (areas without municipal organization).

B12. **Vector-Borne Diseases Program (MOHLTC)**

The Vector-Borne Diseases Program focuses on all reportable and communicable vector-borne diseases and outbreaks of vector-borne diseases, which include, but are not limited to, West Nile virus and Lyme Disease.

**ONE-TIME FUNDING:**

B13. **Bed Bugs Initiative (MOHLTC)**

One-time funding for the Bed Bugs Initiative was established to support local efforts aimed at preventing and controlling bed bug infestations.

One-time funding for this initiative must align with the activities and services detailed in the board of health’s application for funding. One-time funding is intended to support activities in one or both of the following streams, (a) education and outreach to the public and stakeholders to enhance awareness and knowledge in the identification, prevention and control of bed bug infestations, and/or (b) supports to vulnerable populations (e.g. individuals with physical, mental health, or addiction issues; people living in poverty; the under-housed or homeless, or frail elderly) impacted most negatively by bed bug infestations. The board of health is also expected to collect data on the degree of infestations, and the populations and settings most impacted by bed bug infestations in their area. Reporting of this data to the province will allow for assessment of the scope of the bed bug issue in the province and the effectiveness of implemented interventions.

Ineligible activities/items as part of this one-time funding include: translation costs for communication resources and materials; costs associated with the creation of communication resources and materials already available for use and customization by health units at www.bedbugsinfo.ca; office supplies and IT equipment such as laptops; any funding identified only as “miscellaneous” or as “other items”; and costs associated with the replacement, depreciation or repair of bed bug related equipment (e.g. monitoring equipment such as the Night Watch).

For further details regarding conditions of this one-time funding, please refer to the
funding letter dated April 28, 2011 which outlines the accountability and administrative
details for the bed bugs initiative.

B14. Healthy Smiles Ontario - Capital (MOHLTC)

One-time capital funds may only be used for the purchase of program dental equipment,
necessary household improvements and/or mobile dental clinics for development or
expansion of community dental infrastructure. Funds may only be used in accordance
with the HSO Capital and Operational Funding Policy Guideline, unless otherwise
approved by the MOHLTC. Any changes to the MOHLTC-approved business case must
be approved by the MOHLTC before being implemented.

Boards of health must enter into Service Level Agreements with any organization they
partner with for purposes of delivering the HSO program. The Service Level Agreement
must set out clear performance expectations and ensure accountability for public funds.
For greater certainty, this condition also applies where a board of health may be
providing funding for capital improvements to partnering organizations.

Any contract or subcontract entered into by the board of health for the purposes of
implementing the HSO Program must be conducted according to relevant municipal
procurement guidelines.

B15. Small Drinking Water Systems Program (MOHLTC)

One-time funding for this program must be used for eligible start-up costs, including:
salaries, wages and benefits to support the public health inspector resources to conduct
initial and ongoing site-specific risk assessments of all small drinking waters systems;
ongoing office accommodation costs, transportation and communication costs; and
supplies and equipment.

OTHER:

B16. Vaccine Programs (MOHLTC)

Funding on a per dose basis will be provided to boards of health for the administration of
the following vaccines:

Influenza

The MOHLTC will continue to pay $5.00/dose for the administration of the
influenza vaccine. In order to claim the Universal Influenza Immunization
Program administration fee, boards of health are required to submit, as part of
quarterly reports, the number of doses administered. Reimbursement by the
MOHLTC will be made on a quarterly basis based on the information.

Meningococcal

The MOHLTC will continue to pay $8.50/dose for the administration of the
meningococcal vaccine. In order to claim the meningococcal vaccine
administration fee, boards of health are required to submit, as part of quarterly
reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

Human Papilloma Virus (HPV)

The MOHLTC will continue to pay $8.50/dose for the administration of the HPV vaccine. In order to claim the HPV vaccine administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.
### SCHEDULE C

#### REPORTING REQUIREMENTS

The Board of Health is required to provide the following reports/information in accordance with the direction provided in writing by the Province:

<table>
<thead>
<tr>
<th>Due Date</th>
<th>Description of Item</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 31</td>
<td>4th Quarter Financial Report (to December 31)</td>
<td>BOH</td>
<td>MOHLTC</td>
</tr>
<tr>
<td>January 31</td>
<td>Project Report for Public Health Nurses Initiative</td>
<td>BOH</td>
<td>MOHLTC</td>
</tr>
<tr>
<td>February 28</td>
<td>CINOT Expansion Budget Request</td>
<td>BOH</td>
<td>MHPS</td>
</tr>
<tr>
<td>April 01</td>
<td>Program-Based Grants Budget Request</td>
<td>BOH</td>
<td>MOHLTC</td>
</tr>
<tr>
<td>April 01</td>
<td>Valid Certificate of Insurance</td>
<td>BOH</td>
<td>MOHTLC</td>
</tr>
<tr>
<td>April 01</td>
<td>Implementation Plan for the Enhanced Food Safety – Haines Initiative</td>
<td>BOH</td>
<td>MOHLTC</td>
</tr>
<tr>
<td>April 01</td>
<td>Implementation Plan for the Enhanced Safe Water Initiative</td>
<td>BOH</td>
<td>MOHLTC</td>
</tr>
<tr>
<td>April 30</td>
<td>1st Quarter Financial Report (to March 31)</td>
<td>BOH</td>
<td>MOHLTC</td>
</tr>
<tr>
<td>June 30 (or</td>
<td>Annual Settlement Report (consisting of Audited Financial Statements, Auditor's</td>
<td>BOH</td>
<td>MOHLTC</td>
</tr>
<tr>
<td>earlier if possible)</td>
<td>Questionnaire with Auditor's Report, and a Certificate of Settlement)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 31</td>
<td>2nd Quarter Financial Report (to June 30)</td>
<td>BOH</td>
<td>MOHLTC</td>
</tr>
<tr>
<td>October 31</td>
<td>3rd Quarter Financial Report (to September 30)</td>
<td>BOH</td>
<td>MOHLTC</td>
</tr>
<tr>
<td>As Requested</td>
<td>Needle Exchange Program Activity Reports</td>
<td>BOH</td>
<td>MOHLTC</td>
</tr>
<tr>
<td>As Requested</td>
<td>Infection Prevention and Control Week Report Back</td>
<td>BOH</td>
<td>MOHLTC</td>
</tr>
</tbody>
</table>
### ONGOING REPORTING REQUIREMENTS

<table>
<thead>
<tr>
<th>Due Date</th>
<th>Description of Item</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>As Requested</td>
<td>Baby Friendly Initiative Designation Status Report</td>
<td>BOH</td>
<td>MHPS</td>
</tr>
</tbody>
</table>

### ONE-TIME REPORTING REQUIREMENTS

<table>
<thead>
<tr>
<th>Due Date</th>
<th>Description of Item</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 30, 2012</td>
<td>Bed Bugs - Final Project Report for 2011</td>
<td>BOH</td>
<td>MOHLTC</td>
</tr>
<tr>
<td>As Requested</td>
<td>One-Time Funding Project Report Backs</td>
<td>BOH</td>
<td>MOHLTC &amp; MHPS</td>
</tr>
</tbody>
</table>

Notes:

1. Specific reporting requirements are outlined in the March 10, 2011 administrative letter.

2. Annual Settlement Reports: As of 2008, the Ministries limited the re-evaluation of settlements to one year after the settlement results have been provided to the Board of Health.

3. The Audited Financial Statements must separately identify funding provided by MOHLTC and MHPS and include a separate account of the revenues and expenditures of mandatory programs, as a whole, and each related program. This may be presented in separate schedules by program category or by separate disclosure in the notes to the Audited Financial Statements.
SCHEDULE D

BOARD OF HEALTH PERFORMANCE

PART A. PURPOSE OF SCHEDULE

To set out Performance Indicators to improve board of health performance and support the achievement of improved health outcomes in Ontario.

PART B. PERFORMANCE OBLIGATIONS

Definitions

1. In this Schedule, the following terms have the following meanings:

"BOH Baseline" means the result at a given time for a performance indicator that provides a starting point for establishing targets for future board of health performance and measuring changes in such performance.

"Developmental Indicator" means a measure of performance or an area of common interest for creating a measure of performance that requires development due to factors such as the need for new data collection, methodological refinement, testing, consultation, or analysis of reliability, feasibility or data quality before being considered to be added as a Performance Indicator.

FUNDING YEAR 2011 - OBLIGATIONS

1. The Province will:

   (a) Provide to the Board of Health technical documentation on the Performance Indicators set out in Table A including methodology, inclusions and exclusions for the Performance Indicators and their corresponding Performance Corridors; and,

   (b) Provide the Board of Health with the values for the Performance Indicators set out in Table A.

2. Both Parties will,

   (a) By December 2011 (or by such later date as mutually agreed to by the Parties), establish appropriate BOH Baselines for all Performance Indicators;

   (b) Once BOH Baselines are established, develop Performance Targets for 2012 and 2013 for the Performance Indicators outlined in Table A;
(c) Collaborate on the development of Developmental Indicators for areas of mutual interest including, but not limited to:

(i) physical activity;
(ii) healthy eating and nutrition;
(iii) child and reproductive health;
(iv) comprehensive tobacco control; and
(v) equity.

FUNDING YEARS 2012-13 - OBLIGATIONS

1. The Province will:

(a) Provide the Board of Health with values for the Performance Indicators set out in Table A.

2. Both Parties will,

(a) Establish appropriate BOH Baselines for Performance Indicators where required;

(b) Once remaining BOH Baselines are established, develop Performance Targets for 2012 and 2013 for the Performance Indicators outlined in Table A;

(c) By December 31, 2012 (or by such later date as mutually agreed to by the Parties), refresh Performance Targets for 2013 for the Performance Indicators outlined in Table A; and

(d) Collaborate on the development of Developmental Indicators for areas of mutual interest including, but not limited to:

(i) physical activity;
(ii) healthy eating and nutrition;
(iii) child and reproductive health;
(iv) comprehensive tobacco control; and
(v) equity.
<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Baseline</th>
<th>Performance Target 1</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of high risk food premises inspected once every 4 months while in operation</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of pools and public spas by class inspected while in operation</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of completed SDWS inspections, of those that are high risk, that are due for re-inspection</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time between health unit notification of Gonorrhea and initiation of follow up</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time between health unit notification of an i-GAS case and initiation of follow up</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of known high risk personal services settings inspected annually</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>% of vaccine wasted by vaccine type (HPV, influenza, pneumococcal, and DPT) that are stored/ administered by the PHU</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% completion of reports related to vaccine wastage by vaccine type (HPV, influenza, pneumococcal, and DPT)</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDICATOR</td>
<td>BOH Baseline</td>
<td>Performance Target</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---------------------------------------------------------------------------</td>
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<td>--------------------</td>
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<tr>
<td>% of school-aged children who have completed immunizations for Hepatitis B, HPV and meningococcus</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of youth (ages 12 - 19) who have never smoked a whole cigarette</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% tobacco vendor compliance with legislation by infraction type</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall-related emergency department visits by age group (age groups TBD)</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of population that exceeds Low-Risk Drinking Guidelines</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baby Friendly Initiative Status</td>
<td>TBD</td>
<td>Establish Baseline</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Notes:**

1) Performance Corridors for each Performance Target are identified below the Performance Target in brackets.
2) BOH Baselines will be established for each Performance Indicator during Funding Year 2011, where possible. Reporting on Performance Targets will begin in Funding Year 2012.
3) Reporting on Organizational Standards and other items will begin in Funding Year 2012.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 27, 2011

FILE CODE: F11-01

SUBJECT: CHIEF NURSING OFFICER INITIATIVE

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve an increase of 1.0 full time equivalent (FTE) in the Infectious Diseases Dental & Sexual Health Division to support the implementation of the Chief Nursing Officer (CNO) initiative, to be funded 100% by the Ministry of Health & Long Term Care as outlined in Report PH-11-042.

SUMMARY:

The Ministry of Health and Long Term Care has informed all health units in the province of Ontario of new base funding of up to $116,699.00 to support the implementation of the Chief Nursing officer (CNO) initiative, including the creation of a new position with the responsibilities for nursing quality assurance and nursing practice leadership. This investment is part of the 9,000 Nurses Commitment, a key component of the province’s health human resource strategy, HealthForceOntario.

REPORT:

The Ontario Public Health Organizational Standards require Boards of Health to designate a Chief Nursing Officer (CNO) by January 2013. Correspondence has been received from Deb Matthews, Minister of Health and Long Term Care (Attachment1) confirming 100% base funding of up to $116,699 to create a new nurse position which will support the implementation of the Chief Nursing Officer role.

The establishment of Chief Nursing Officers in public health units will enhance public health nursing practice, professional development, and quality assurance for public health programs and services delivered by public health nurses. Public Health CNO’s will provide public health nursing leadership and oversee practice development activities to strengthen the public health nursing workforce which in turn, will contribute to positive health outcomes for individuals, groups, and populations in communities across the province.

For health units where a Chief Nursing Officer is already in place, the Ministry has provided flexibility to use the new funds to support an existing Nursing Practice leader position. Region of Waterloo Public Health has had a Chief Nursing Officer/Senior Nurse Leader in place since the late 1990’s as a result of a recommendation received by the Chief Medical Officer of Health of Ontario. The position is part of the role of the Director of Infectious Disease, Dental and Sexual Health. Since that time, Region of Waterloo Public Health has continued to support Public Health Nursing practice through the establishment of a Nursing Practice Committee under the leadership of the Chief Nursing Officer. The committee contributes to the provision of a supportive and positive practice.
environment for nurses in Region of Waterloo Public Health by:

- Promoting the development from novice to expert practitioner through provision of continuous learning opportunities.
- Facilitating the process of integrating evidence-based knowledge into practice. (i.e. Review and recommendations surrounding RNAO best practice guidelines project)
- Providing a forum for consultation and communication of nursing practice issues such as: changes in legislation, standards of practice, quality assurance, professional trends and issues as they relate to public health nursing practice.
- Examining the implications of legislation, professional standards and trends in practice and recommend appropriate action to department senior management.

Earlier this year, the Public Health Chief Nursing Officer Working Group was established by the province; during the summer months, this expert panel produced a report that was submitted to the Ministry of Health and Long Term Care. The purpose of the report is to support implementation and government decision making around terms and conditions that will govern this funding. At this time, terms and conditions have not yet been received from the Ministry, but we do not anticipate difficulties in meeting such.

It is recommended that Region of Waterloo Public Health direct the new funding towards the creation of a Full Time Equivalent (FTE) position in the Infectious Disease, Dental and Sexual Health division. The additional position will result in direct support to the continuous quality improvement of nursing practice across the department under the leadership of the currently designated CNO role (Director, Infectious Disease, Dental & Sexual Health).

CORPORATE STRATEGIC PLAN:

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

FINANCIAL IMPLICATIONS:

The Ministry of Health and Long Term Care has provided new 100% provincial base funding to support the creation of a position that will assist in the implementation of the roles and responsibility of a Chief Nursing Officer. The financial support will provide for $116,699 on an annual basis with funding of up to $29,175 provided this calendar year covering the period from October to December 2011.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The Human Resources Department will be involved in the creation of a new job description and the recruitment and selection processes involved in filling the position.

ATTACHMENTS

Attachment 1: Ministry of Health and Long-Term Care letter from Deb Matthews, Minister of Health & Long Term Care dated August 23, 2011

PREPARED BY: Anne Schlorff, Director, Central Resources
Karen Quigley-Hobbs, Director, Infectious Diseases, Dental & Sexual Health

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
AUG 23 2011

Mr. Ken Seiling
Chair
Waterloo Board of Health
150 Frederick St., 1st Floor
Kitchener ON N2G 4J3

Dear Mr. Seiling:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide Waterloo Board of Health new base funding of up to $116,699 to support the implementation of the Chief Nursing Officer (CNO) initiative, including the creation of a new position with responsibilities for nursing quality assurance and nursing practice leadership. This investment is part of the 9,000 Nurses Commitment, a key component of the province's health human resources strategy, HealthForceOntario. The funding of up to $29,175 will be provided this calendar year covering the period from October to December 2011. Funding will be annualized up to $116,699 in the 2012 funding year.

The establishment of CNOs in public health units will enhance public health nursing practice, professional development, and quality assurance for public health programs and services delivered by public health nurses. Public Health CNOs will provide public health nursing leadership and oversee practice development activities to strengthen the public health nursing workforce which in turn, will contribute to positive health outcomes for individuals, groups and populations in communities across Ontario.

Where a CNO is already in place, health units will be able to use these new funds to support a Nursing Practice Leader position.

Roselle Martino, Executive Director (A), Public Health Division will write to Dr. Liana Nolan, Medical Officer of Health, Region of Waterloo, Public Health shortly concerning the terms and conditions governing this funding.

.../2
I would like to take this opportunity to thank you for your continued commitment and dedication to protecting and promoting the health of Ontarians.

Sincerely,

Deb Matthews
Minister

c:  Gerry Martiniuk, MPP, Cambridge
    Hon. John Milloy, MPP, Kitchener Centre
    Elizabeth Witmer, MPP, Kitchener-Waterloo
    Leeanna Pendergast, MPP, Kitchener-Conestoga
    Dr. Liana Nolan, Medical Officer of Health, Region of Waterloo, Public Health
    Dr. Arlene King, Chief Medical Officer of Health
    Roselle Martino, Executive Director (A), Public Health Division
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 27, 2011 FILE CODE: P11-20

SUBJECT: COST OF NUTRITIOUS FOOD BASKET IN WATERLOO REGION 2011

RECOMMENDATION:

For Information

SUMMARY:

This report provides information on the cost of the Nutritious Food Basket in Waterloo Region for 2011. This tool estimates the basic cost for an individual or household to eat healthfully. Data from the Nutritious Food Basket costing is used for program planning and to promote access to healthy, nutritious food. In 2011, the cost of the Nutritious Food Basket in Waterloo Region for a “reference family of four” was $168.89 per week. A comparison between the 2010 and 2011 Nutritious Food Basket costs for a “reference family of four” suggests an increase of 0.26 per cent.

Many people living on low incomes cannot afford to eat a healthy diet in Waterloo Region. According to the 2011 Nutritious Food Basket survey for Waterloo Region, it costs $732.00 per month to feed a family of four, yet the total monthly income for that family on social assistance is only $2,011.00. Once rent and bills are paid, there is little money left over for food and this raises serious concerns about diet quality and effects on physical health. On August 25th, 2011, Regional Council endorsed the “Put Food in the Budget Campaign” which asks the Province to give social assistance recipients $100.00 a month more to buy nutritious food as a step towards meeting basic living expenses.

REPORT:

The Nutritious Food Basket – Waterloo Region 2011

The Nutritious Food Basket costing tool is used to estimate the cost of basic healthy eating for individuals and households. It is based on average prices from local grocery stores for specified quantities of foods in a prescribed list as per the National Nutritious Food Basket (2008), and reflects current food consumption patterns of Canadians. Nutritious Food Basket costs are generated using computerized calculations to cost a balance of food items that meet current nutrition recommendations for individuals of different ages and genders and are further adjusted for household size. The Ontario Public Health Standards (2008), implemented as of January 1, 2009, require all boards of health to monitor food affordability in accordance with the Nutritious Food Basket Protocol. See Attachment A for the Nutritious Food Basket fact sheet that is shared with community agencies and social service groups. The fact sheet is also available on the Region of Waterloo Public Health website.

The Nutritious Food Basket Protocol and its accompanying guidance document were used to calculate the cost of basic healthy eating for Waterloo Region in 2011. This Nutritious Food Basket is based on the National Nutritious Food Basket. The National Nutritious Food Basket includes 67 foods, representing the four food groups in Canada’s Food Guide, and excludes foods that contain...
higher amounts of fat and sugar. In May 2011, food prices from ten food retail stores, including department stores, independent grocery stores and large chain grocery stores were recorded for each of these 67 food items in protocol-specified quantities, based on the lowest price available and not according to brands or other considerations. The total cost of the Nutritious Food Basket in Waterloo Region was calculated based on average prices, and includes an additional 5 per cent to cover common food items used with meals (e.g. seasonings, condiments, baking supplies, coffee and tea).

In 2011, the cost of the Nutritious Food Basket in Waterloo Region for a “reference family of four” was $168.89 per week. In 2010, the cost of the Nutritious Food Basket in Waterloo Region for a “reference family of four” was $168.45. A comparison between the 2010 and 2011 Nutritious Food Basket costs for a “reference family of four” suggests an increase of 0.26 per cent. Please refer to Attachment A for more information.

**Case Scenarios using Nutritious Food Basket data, 2011**

In order to determine the affordability of healthy food as measured by the Nutritious Food Basket, case scenarios were created to compare income and expenses for the purchase of food and rental housing for families and individuals in a variety of settings. A reference family of four with a median Ontario income spends 17% of its income on rent, 13% on food and has just over $4000 left to cover other monthly expenses. (The average amount spent on “basic expenses” after rent and food such as telephone, transportation, household and personal items, childcare, clothing and school supplies is estimated at $1,400 per month).

Additional case scenarios for families with two children (e.g. one scenario involving a family of four on Ontario Works, one involving a family of four with a minimum wage earner and one involving a single parent on Ontario Works) demonstrate that the family of four with only one minimum wage earner does best. However, these three scenarios still result in a range of 38% to 50% of income spent on rent and 28% to 36% of income spent on food. The remaining income is significantly less than $1,400 per month in all cases.

As a comparison, scenarios involving one-person households on assistance show that some fare better and some fare worse than the family of four scenarios. The single person on Ontario Works fares the worst, having only enough money to cover rent without sufficient money left over to cover food costs or basic expenses.

The case scenarios in Table 1 (Attachment B) compare the income and expenses for rental housing and the purchase of food (per Nutritious Food Basket) for families and individuals receiving income through Ontario Works, minimum wage, Ontario Disability Support Program, or the Old Age Security/Guaranteed Income Supplement/Guaranteed Annual Income System, as well as a family living on a median Ontario income.

Please refer to Attachment B for additional case scenario results.

**CORPORATE STRATEGIC PLAN:**

**Focus Area 4: Healthy and Inclusive Communities:** Foster healthy, safe, inclusive, caring communities. Support safe and caring communities that enhance all aspects of health.

**FINANCIAL IMPLICATIONS:**

None
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

None

ATTACHMENTS

Attachment A:  The Cost of the Nutritious Food Basket in Waterloo Region 2011 (Fact Sheet)
Attachment B:  Case Scenarios using Nutritious Food Basket Data – Waterloo Region, 2011

PREPARED BY:  Heather Wdowiak, Public Health Nutritionist

APPROVED BY:  Dr. Liana Nolan, Commissioner/Medical Officer of Health
The Cost of the Nutritious Food Basket

IN WATERLOO REGION 2011

What is the Nutritious Food Basket?
The Nutritious Food Basket is a costing tool used to estimate the cost of basic healthy eating for individuals and households. It is based on the National Nutritious Food Basket (2008), which includes 67 food items, representing the four food groups in Canada’s Food Guide, and excluding foods that contain higher amounts of fat and sugar.

The total cost of the Nutritious Food Basket in Waterloo Region is calculated by averaging the lowest retail prices for each of the 67 food items, in specified quantities that meet current nutrition recommendations for individuals of different ages and genders. Computerized calculation also includes an additional 5 per cent to cover miscellaneous food items (e.g. seasonings, condiments, baking supplies, coffee and tea) but does not include convenience food items, or other non-food items such as soap, toilet paper, toothpaste, or personal hygiene products. Further estimates for household food costs are calculated with an adjustment factor for household size. The Nutritious Food Basket costing does not take into consideration the additional cost of eating out or inviting company to share a meal.

How can the Nutritious Food Basket be used?
Cost information based on the Nutritious Food Basket can be used to:
- determine what the basic cost might be for an individual or household to eat healthy
- compare the basic cost of healthy eating with income and other basic living expenses
- plan programs that promote access to nutritious, safe, personally acceptable foods
- inform policy decisions

Examples of estimated weekly food costs for some local households in 2011

<table>
<thead>
<tr>
<th>&quot;Family of four&quot; — reference group</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Man 31–50 years, Woman 31–50 years, Male 14–18 years, Female 4–8 years)</td>
</tr>
</tbody>
</table>

Other examples of estimated weekly food costs for the Nutritious Food Basket:

<table>
<thead>
<tr>
<th>Age</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman age 75, living alone</td>
<td>$ 41.74</td>
</tr>
<tr>
<td>Woman age 35 with Girl age 8 and Boy age 14</td>
<td>$ 127.77</td>
</tr>
<tr>
<td>Man age 35, living alone</td>
<td>$ 56.65</td>
</tr>
</tbody>
</table>
Estimating the Average Weekly Cost of Healthy Eating

To estimate the weekly cost of a basic healthy diet for a household, follow these steps:

Step 1—Write down the sex & age for each person in the household in Table 1 below.

Step 2—Fill in the weekly food cost for each person, using the corresponding figures in "Cost per Week ($)" in Table 2 below.

Step 3—Add the weekly food costs together to calculate the sub total in Table 1.

Step 4—Multiply the sub total by the adjustment factor for household size to calculate the total cost in Table 1:

Since it costs more (per person) to feed a small group and less to feed a large group, the total weekly cost is adjusted using these factors:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Adjustment Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>multiply by 1.20</td>
</tr>
<tr>
<td>2 people</td>
<td>multiply by 1.10</td>
</tr>
<tr>
<td>3 people</td>
<td>multiply by 1.05</td>
</tr>
<tr>
<td>4 people</td>
<td>make no change</td>
</tr>
<tr>
<td>5–6 people</td>
<td>multiply by 0.95</td>
</tr>
<tr>
<td>7 or more people</td>
<td>multiply by 0.90</td>
</tr>
</tbody>
</table>

Table 1
Estimated Weekly Food Costs for a Household

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Weekly Food Cost ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Sub Total
Adjustment Factor
TOTAL (per week)
Total x 4.33 (per month)

Table 2
Nutritious Food Basket Weekly Costs
Waterloo Region, 2011

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age (years)</th>
<th>Cost per week ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boy</td>
<td>2–3</td>
<td>$22.38</td>
</tr>
<tr>
<td>Girl</td>
<td>2–3</td>
<td>$21.90</td>
</tr>
<tr>
<td>Boy</td>
<td>4–8</td>
<td>$26.96</td>
</tr>
<tr>
<td>Girl</td>
<td>4–8</td>
<td>$26.01</td>
</tr>
<tr>
<td>Males</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9–13</td>
<td></td>
<td>$38.29</td>
</tr>
<tr>
<td>14–18</td>
<td></td>
<td>$53.75</td>
</tr>
<tr>
<td>19–30</td>
<td></td>
<td>$52.09</td>
</tr>
<tr>
<td>31–50</td>
<td></td>
<td>$47.21</td>
</tr>
<tr>
<td>51–70</td>
<td></td>
<td>$45.50</td>
</tr>
<tr>
<td>over 70</td>
<td></td>
<td>$45.02</td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9–13</td>
<td></td>
<td>$32.93</td>
</tr>
<tr>
<td>14–18</td>
<td></td>
<td>$39.27</td>
</tr>
<tr>
<td>19–30</td>
<td></td>
<td>$40.42</td>
</tr>
<tr>
<td>31–50</td>
<td></td>
<td>$39.93</td>
</tr>
<tr>
<td>51–70</td>
<td></td>
<td>$35.40</td>
</tr>
<tr>
<td>over 70</td>
<td></td>
<td>$34.78</td>
</tr>
<tr>
<td>Pregnant</td>
<td>under 19</td>
<td>$43.71</td>
</tr>
<tr>
<td>Woman</td>
<td>19–30</td>
<td>$44.21</td>
</tr>
<tr>
<td></td>
<td>31–50</td>
<td>$43.11</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>under 19</td>
<td>$45.53</td>
</tr>
<tr>
<td>Woman</td>
<td>19–30</td>
<td>$46.72</td>
</tr>
<tr>
<td></td>
<td>31–50</td>
<td>$45.62</td>
</tr>
<tr>
<td>Reference Family of Four</td>
<td>male 31–50 female 31–50 male 14–18 female 4–8</td>
<td>$168.89</td>
</tr>
</tbody>
</table>

Example of Estimated Weekly Food Costs for a household of three people

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Weekly Food Cost ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman</td>
<td>35</td>
<td>$39.80</td>
</tr>
<tr>
<td>Girl</td>
<td>8</td>
<td>$27.82</td>
</tr>
<tr>
<td>Boy</td>
<td>14</td>
<td>$53.82</td>
</tr>
<tr>
<td>Sub Total</td>
<td></td>
<td>$121.44</td>
</tr>
<tr>
<td>Adjustment Factor</td>
<td></td>
<td>× 1.05</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>$127.51</td>
</tr>
<tr>
<td>Total x 4.33</td>
<td></td>
<td>$552.13</td>
</tr>
</tbody>
</table>

NEED MORE INFORMATION?
Call Region of Waterloo Public Health
519-883-2004, ext. 5611
### Monthly Calculations

#### Income
- **Income from Employment**: $1,777.00
- **Basic Allowance**: $443.00
- **Maximum Shelter Allowance**: $681.00
- **Old Age Security/Guaranteed Income Supplement (OAS/GIS)**: $1,192.00
- **Child/Family Benefits**: $736.00
- **GST/HST credit**: $64.00
- **Ontario Sales Tax Credit**: $87.00
- **Employment Insurance paid**: $(32.00)
- **Canada Pension Plan paid**: $(74.00)
- **Working Income Tax Benefit**: $61.00

#### Total Income
- **Monthly Calculations**: $2,011.00
- **Selected Expenses**: $1,731.00

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Scenario 2</th>
<th>Scenario 3</th>
<th>Scenario 4</th>
<th>Scenario 5</th>
<th>Scenario 6</th>
<th>Scenario 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family of Four, Ontario Works</td>
<td>Family of Four, Minimum Wage Earner (Full-time/Full-year)</td>
<td>Family of Four Median ONTARIO Income (after tax)</td>
<td>Single Parent Household with 2 Children, Ontario Works</td>
<td>One Person Household, Ontario Works</td>
<td>One Person Household, ODSP</td>
<td>One Person Household, OAS/GIS</td>
</tr>
<tr>
<td>Average Rent (may or may not include heat/hydro)</td>
<td>$999.00</td>
<td>$999.00</td>
<td>$999.00</td>
<td>$877.00</td>
<td>$603.00</td>
<td>$741.00</td>
</tr>
<tr>
<td>Food</td>
<td>$732.00</td>
<td>$732.00</td>
<td>$732.00</td>
<td>$554.00</td>
<td>$245.00</td>
<td>$245.00</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$1,731.00</td>
<td>$1,731.00</td>
<td>$1,731.00</td>
<td>$1,431.00</td>
<td>$848.00</td>
<td>$986.00</td>
</tr>
</tbody>
</table>

#### Funds Remaining
- **for other basic needs e.g. telephone, transportation, child care, household and personal care items, clothing, school supplies etc.**: $280.00
- **Percentage of income required for rent**: 50%
- **Percentage of income required to purchase healthy food**: 36%

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Scenario 2</th>
<th>Scenario 3</th>
<th>Scenario 4</th>
<th>Scenario 5</th>
<th>Scenario 6</th>
<th>Scenario 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>$280.00</td>
<td>$888.00</td>
<td>$4,036.00</td>
<td>$405.00</td>
<td>$(213.00)</td>
<td>$117.00</td>
<td>$323.00</td>
</tr>
<tr>
<td>50%</td>
<td>38%</td>
<td>17%</td>
<td>48%</td>
<td>95%</td>
<td>67%</td>
<td>60%</td>
</tr>
<tr>
<td>36%</td>
<td>28%</td>
<td>13%</td>
<td>30%</td>
<td>39%</td>
<td>22%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Note: All dollars rounded to nearest whole number.
Scenario References:

Scenario 1 - 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14); on Ontario Works (OW).
Scenario 2 - 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14); income is based on one minimum wage earner, 40hr/wk, $10.25/hr.
Scenario 3 - 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14).
NOTE: Income from employment is based on median after-tax income- couple households with children; however, EI and CPP contributions are calculated using median income- couple households with children. Assumption of a dual income family with a split of 65% / 35% between partners.

Scenario 4 - 1 adult (female age 31-50), 2 children (girl age 8, boy age 14); on Ontario Works.
Scenario 5 - 1 adult (male age 31-50); on Ontario Works.
Scenario 6 - 1 adult (male age 31-50); on Ontario Disability Support Program.
Scenario 7 - 1 adult (female age 70+); income based on Old Age Security and Guaranteed Income Supplement (OAS/GIS).

a - Basic and maximum shelter allowance. OW and Ontario Disability Support Payment (ODSP) rates effective May 2011. Source: Social Assistance, Pension and Tax Credit Rates April to June 2011, Ministry of Community and Social Services.


h - Rental Market Reports, Canada Mortgage and Housing Corporation, Spring 2011. Some communities may need to add utility costs.

i - Reference: Nutritious Food Basket Data Results 2011 For Your Health Unit - Includes Family size adjustment factors.


l - Housing for Scenario 6 has been changed from Bachelor to 1-bedroom for 2011. This change reflects a more accurate housing need for persons with a disability. This change will need to be recognized when attempting to compare 2011 results to previous years.
TO: Chair Sean Strickland and Members of the Community Services Committee  
DATE: September 27, 2011  
FILE CODE: P16-20  
SUBJECT: PROJECT HEALTH – SUPPORTING HEALTHY WORKPLACES IN WATERLOO REGION  

RECOMMENDATION:  
For information  

SUMMARY:  
This report highlights the Public Health workplace wellness activities for 2010 – under the brand of Project Health. Project Health provided wellness information and support to approximately 100 workplaces in 2010 – covering the majority of larger workplaces in Waterloo Region. The Project Health 2010 Workplace Channel Summary Report has additional information and is available online at: http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/ProjectHealth2010_SummaryReport.pdf  

REPORT:  
The workplace can have a significant impact on health, with most people spending over half of their waking hours on the job. Increasing evidence shows that the work people do and their work environments affect their health, and that employers can play a significant role in improving the health of their employees. Creating and supporting a healthy workplace can increase productivity and job satisfaction, as well as reduce absenteeism, injuries or illness. Healthy workplaces create a win-win situation for both employers and employees.  

Public Health supports local businesses and organizations to create and sustain healthy workplaces through a workplace wellness program branded as “Project Health”.  

The “Project Health 2010 Workplace Channel Summary Report” provides a summary of Public Health activities to support local workplaces this past year. These Project Health activities focus on larger workplaces in Waterloo Region – primarily those with more than 50 employees. The report provides an overview of many workplace accomplishments in 2010, including:  
- 319 services to 156 individuals at 99 workplaces – including approximately 65% of workplaces with more than 500 employees.  
- Maintained contact with approximately 20% of workplaces with more than 50 employees, and approximately 95% of the workplaces in Waterloo Region with more than 500 employees.  
- 131 consultations with 63 workplaces in 2010 to advise on workplace wellness programming and policy. The largest numbers of workplace consultations were regarding the topics of Healthy Eating and Physical Activity, as well as general inquiries about the Project Health program and services.  
- 27 Lunch and Learns across 6 topic areas, in addition to staffed displays at 15 employee health fairs at local workplaces.
• 3 networking sessions for 106 workplace intermediaries (regarding Nutrition, Sun Protection, Travel Immunization, Substance Misuse Prevention, and Physical Activity).
• 3,943 visits to the Project Health website (www.projecthealth.ca) – an increase of 23% from 2009. The website includes health resources, tips, and Project Health event information.
• 5 requests to adapt Project Health materials demonstrated significant interest in learning from Project Health by other health units across Ontario.

The first annual Waterloo Region Healthy Workplace Awards Celebration Event (held in October 2010 during National Healthy Workplace Month) recognized workplaces who used a comprehensive workplace health promotion programming approach to enhance the health of their employees and work environment. The four key comprehensive workplace health promotion strategies include: awareness raising, skill building, supportive environments, and policy development. This year’s inaugural event showcased 17 local workplaces who received an award. Information about the awards as well as success stories of the award winners are posted on the Project Health website.

In 2010, Project Health gathered representatives from a variety of local workplaces to form a Workplace Wellness Advisory Committee. This advisory committee to Public Health will ensure that Project Health programming remains relevant and responsive to current workplace needs. The advisory committee and Project Health surveys of local workplaces have identified a number of important expanded resources and supports that Project Health is well positioned to provide. While the ability to expand services to current and additional workplace contacts will be limited given existing capacity, critical areas continue to be prioritized and addressed as capacity allows.

In the four years since its inception, Project Health has become a very effective means of coordinating a wide variety of Regional services and topics for the community. Project Health is a coordinated effort involving 11 topics by 5 teams across 3 divisions of Public Health – in coordination with many other departments and including broader policy development across the Regional Municipality of Waterloo.

Workplaces have consistently praised the work of Project Health. The following provides a few comments by local workplace representatives in the past year:
• “I have used Project Health materials in the past - excellent stuff.”
• “You are doing a fantastic job! Keep up the great work. We really appreciate your services and assistance you have provided in the past.”
• “I have always received great support from Project Health. Your toolkits and support make it easier. Thank you.”
• “I really enjoyed the session today and learned so much that we hope will help our workplace be more active. Many Thanks.”
• “I attended the Project Health luncheon where you spoke and I must say you had a very strong impact on both me and my colleague that attended!”
• “I would like to take this opportunity to thank the Region of Waterloo Public Health Department for participating in [our company’s] Annual Wellness Fair…We did receive many positive comments from the employees about the displays and wide variety of information available…We look forward to continuing our relationship with your organization.”
• “I am so happy that we discovered the Project Health website with its expansive information and workplace health tips, and this will now be a prime resource for us as we expand our projects.”
• “We’ve found Project Health to be very helpful in our wellness efforts. Overall a very good service.”
CORPORATE STRATEGIC PLAN:

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

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

NIL

PREPARED BY:  
Gretchen Sangster, R.N. Public Health Nurse  
Dan Vandebelt, Public Health Planner  
Brandie Steeves, Public Health Planner  
Amanda Kroger, Manager, Healthy Living, Planning and Promotion

APPROVED BY:  
Dr. Liana Nolan, Commissioner/Medical Officer of Health
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 27, 2011

FILE CODE: S13-40

SUBJECT: REQUEST FOR FUNDING AGREEMENTS – SUPPORTIVE HOUSING OF WATERLOO

RECOMMENDATION:

THAT the Regional Municipality of Waterloo enter into an annual agreement with Supportive Housing of Waterloo (SHOW) for up to $100,000 for tenant support at their 30 unit supportive housing program located at 362 Erb Street West in Waterloo, as determined by the Commissioner of Social Services, effective January 1, 2011, in a form satisfactory to the Regional Solicitor;

AND THAT the Regional Municipality of Waterloo enter into a one-time agreement with SHOW for $39,780 effective January 1 to December 31, 2011, in a form satisfactory to the Regional Solicitor, to support their 2011 operations transition plan;

AND FURTHER THAT Council request that the Province, through the Waterloo-Wellington Local Health Integration Network, provide on-going operating funding required for SHOW as outlined in report SS-11-034, dated September 27, 2011.

SUMMARY:

Supportive Housing of Waterloo (SHOW) began operating in June 2010, providing housing to people experiencing persistent homelessness through 30 one-bedroom units with 24 hour on-site support. This report confirms the annual funding level and seeks approval to enter into an annual and one-time agreement. Additional one-time funding for 2011 has been requested to assist with their operational transition, moving from contracted support and property management services with the YWCA to direct operation by SHOW. SHOW continues to seek funding through Provincial sources, particularly the Waterloo Wellington Local Health Integration Network (WW-LHIN), but has not yet been successful.

REPORT:

1.0 Background
Supportive Housing of Waterloo (SHOW) is a non-profit organization with a mandate to design, build and operate permanent, affordable, supportive housing in Waterloo to house people experiencing persistent homelessness in Waterloo Region. SHOW’s five story, 30-unit building at 362 Erb Street West became occupied as of June 17, 2010. A report on SHOW’s development, the first six months of operation, and early indicators of success was completed this spring (SS-11-027) and the Executive Summary is attached as Appendix A to this report. SHOW supported the achievement of targets endorsed by Council to end and prevent persistent homelessness for 150 people by December 2010 (SS-08-054 and SS-10-053) and to create at least 100 units of supportive housing under the new Affordable Housing Strategy (P-08-105).
2.0 Transition
A partnership had initially been formed with the YWCA of Kitchener-Waterloo to serve as the contracted agency to provide support and property management services on behalf of SHOW. The YWCA, as an experienced supportive housing provider, was instrumental in supporting the start-up of SHOW. The YWCA will be transitioning from this role as of December 31, 2011. SHOW has developed a transition plan which requires some funding above and beyond their regular operating budget in order to hire and train staff over the fall of 2011 to ensure overlap support services during the transition period.

3.0 Funding
There are two components to the operating budget of SHOW – tenant support and property management. Planning, Housing and Community Services staff works with SHOW on the property management component of the budget. The funding referenced in this report focuses on the tenant support component of the budget (i.e., 24/7 on-site staffing, food, personal care items, activities, travel, flex fund).

Funding for the support component of SHOW is currently being provided by the Region under the Domiciliary Hostel Program (80/20 cost-shared per diem) and through program grants (SS-10-021 and SS-11-012) with additional funding of $100,000 committed through the 2011 budget process. SHOW also fundraises to support both capital and operating costs.

SHOW and the Region continue to seek funding from other provincial sources (beyond the 80% provincial per diem contribution through the Domiciliary Hostel Program). SHOW has been in discussion with the Waterloo-Wellington Local Health Integration Network (WW-LHIN) over the past three years. SHOW submitted a request under the Aging At Home Strategy call for proposals in 2009/10; however, they were not funded and no further calls for proposals were issued. In February 2011, another proposal for tenant support funding for SHOW was submitted under the WW-LHIN’s regular proposal process with Waterloo Regional Homes as the lead transfer payment agency; however, there is no confirmation of funding at this time. Funding for SHOW was also included in the Region’s annual budget submission to the Ministry of Community and Social Services for the Consolidated Homelessness Prevention Program (CHPP) through the Provincial Homelessness Business Case approved by Council (SS-11-019). No further funding for CHPP has been received or is expected in 2011. It is recommended that Council again request the Province to provide on-going operating funding for SHOW.

CORPORATE STRATEGIC PLAN:
Working to strengthen the housing stability system and build the community’s capacity to address issues of homelessness is consistent with the Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities: to “foster healthy, safe, inclusive and caring communities”; and specifically, Strategic Objective 4.5 to “work collaboratively to increase the supply and range of affordable housing and reduce homelessness”.

FINANCIAL IMPLICATIONS:
As part of the 2011 budget process Council approved additional funding for homelessness to housing stability at which time it was estimated, and has now been confirmed, that up to $100,000 would be required annually for SHOW. Additional one-time transitional funding of $39,780 for 2011 is available through the 2011 Social Planning, Policy and Program Administration Budget for homelessness to housing stability.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Planning, Housing and Community Services, Housing and Finance have reviewed this report and Legal Services will be consulted regarding the execution of agreements.

ATTACHMENTS

Appendix A  The Story of SHOW: Development and Early Impact of Supportive Housing of Waterloo - Executive Summary

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

APPROVED BY:  Michael Schuster, Commissioner, Social Services
Appendix A
The Story of SHOW: Development and Early Impact of Supportive Housing of Waterloo - Executive Summary

Supportive Housing of Waterloo (SHOW) is a non-profit organization with a mandate to build and operate permanent, affordable, supportive housing for people approaching or experiencing persistent homelessness in Waterloo Region, especially people currently accessing the Kitchener-Waterloo Out of the Cold Program (OOTC). SHOW was founded by 13 churches and faith groups in Waterloo. Their first project on Erb Street in Waterloo was completed and occupied in June 2010.

SHOW is a five story apartment complex with 30 self-contained one-bedroom units (each sized approximately 500 sq. ft.). There are common areas for consultations, meetings and recreation, and offices for management and support work. The apartments are intended to provide much needed affordable housing with support within the city of Waterloo. Consistent, reliable support services with a harm reduction approach are considered key to ensuring people maintain their housing and move forward with their lives.

SHOW is one of the programs offered under the umbrella of STEP Home (support to end persistent homelessness). STEP Home is an interrelated set of programs designed to end and prevent persistent homelessness in Waterloo Region. Presently, seven different programs are offered through eight organizations at 13 sites. Ultimately, STEP Home is working towards a goal of ending persistent homelessness within an overall vision that Waterloo Region is an inclusive community where everyone has adequate housing, income and support to make a home.

The SHOW project took seven years to become reality. It started as an idea among OOTC providers in 2003 and the building was finally completed in 2010, offering housing to 30 people with long histories of homelessness. This report documents the development of SHOW and identifies early positive indicators of change in tenants’ lives.

Information for this report was collected through focus groups, individual interviews, a review of SHOW documents, as well as various meetings with the SHOW Board, staff and community. In addition, tenant data was collected at the time of intake and after six months of operating.

Overall, the start-up of SHOW has been a positive learning process. There were facilitating factors as well as challenges identified. Facilitating factors included: vision, commitment and flexibility; site selection; community involvement; and funding. Challenges were identified to include: funding; support services planning and the support services funding model; discrimination and prejudice; and community inclusion. A “top 10” list was identified for lessons learned and/or considerations for the future.

Since opening in June 2010, there have been a number of early indicators of positive outcomes for tenants and the community. From a community perspective, it is estimated that the provision of supportive housing reduces the total expected costs associated with homelessness (e.g., emergency shelter, hospital, corrections) by about 40% per individual. Locally, emergency and institutional responses (i.e., long-term care, prison, police response, ambulance, emergency room visits, acute psychiatric stays) were found on average to be roughly six times more expensive on a per diem basis than supportive housing with medium levels of support (e.g., SHOW).

Tenants indicated SHOW has provided them with a sense of security and permanence in their housing. This sense of security appears to have facilitated an opportunity to move toward other
life goals and improved quality of life. Tenants reported their perceived quality of life has improved over the last six months and that their physical health, food situation, supports and ability to make their own decisions was better than when they started the program. Overall, tenants indicated they are happy with their housing, grateful to be living at SHOW, are more positive about their current life circumstances and are hopeful for the future. Tenants had the following to say about their experience of SHOW:

SHOW is a “great program”.

SHOW is a “gift from heaven”.

“The housing stability itself led to increased confidence in my own abilities”.

“I feel positive in all aspects of life; I can now set goals short term and long term”.

“I can see the light at the end of the tunnel”.

SHOW provides a new model of housing in Waterloo Region (general supportive housing with 24/7 on-site support services utilizing a harm reduction approach). SHOW is drawing attention to further gaps and challenges in the system for people to achieve housing stability. The hope is that this story is shared with others who can learn from this process and the value of providing housing first.

For sourcing and definitions of terms, please refer to the body of the report.
REPORT:

1.0 Background
Under the Ministry of Community and Social Services Act, municipalities are able to enter into Agreement(s) under the Province’s Domiciliary Hostel Program with local operators to provide permanent accommodation with 24/7 supervision and some supports to daily living for those with physical, cognitive, mental health, and/or substance use issues. Under the Regulations of the Ontario Works Act, 1997, persons who live in such homes and who qualify for assistance may have a per diem paid on their behalf by the Region. Funding provided by the Province under the Domiciliary Hostel Program is capped and cost shared on an 80/20 basis (current funding capacity equates to 320 beds). The maximum per diem is set by the Province at $47.75 (as of April 1, 2009). Homes within the Domiciliary Hostel Program are an essential part of the housing continuum providing much needed housing with longer term support to people who are often vulnerable to homelessness.

In September 2006, the Province released the Domiciliary Hostel Program Framework to clarify, strengthen and support the municipal service delivery role (SS-06-055). In order to access Domiciliary Hostel Program funding after December 31, 2006, the Region was required to develop and implement standards. The Region approved Domiciliary Hostel Standards for 2007 and approved revised Standards for 2008 (SS-07-038) and 2010 (SS-09-065). Region Staff have been monitoring for compliance against the Standards over the past four years.
One-time funding has been provided three times previously within the Domiciliary Hostel Program. In 2006, a total of $85,000 was allocated (SS-06-055), in 2008 a total of $100,000 was allocated (SS-08-042) and in 2009 a total of $85,000 was allocated (SS-09-053). Funding has been used to improve health and safety and achieve compliance with the Standards. Expenditures have included: improvements to comply with fire inspections; upgrades and repairs (e.g., improvements to stairways and walkways, roof repairs, replacing windows and flooring, surveillance system); heating and cooling systems; new appliances (e.g., commercial dishwasher, industrial washer/dryer, refrigerator); staff training and policy development; and purchasing items such as wheelchairs, medication fridges and raised toilet seats.

2.0 Monitoring for 2011/Need for One-time Funds

Staff began this year’s annual monitoring process in March 2011. At this point, all homes under the Domiciliary Hostel Program have had at least an initial monitoring visit and report identifying items where changes must be made in order to meet compliance (e.g., repairs and upgrades to meet requirements for Fire and Public Health inspections, improve tenant care etc.).

Subject to approval by Council as set out in Report SS-11-035, Social Services staff will provide a letter to operators outlining the process to access funding (with an allocation based on average occupancy over the past year). Each operator will be required to submit a request for funding (based on monitoring for compliance with the Standards). These requests will be reviewed and approved by staff (based on the highest priorities to achieve compliance with the Standards). Funding agreements will be entered into with each operator for homes in receipt of funding in a form satisfactory to the Regional Solicitor. Receipts will be required before funds are flowed.

CORPORATE STRATEGIC PLAN:

Working to strengthen the housing stability system and build the community’s capacity to address issues of homelessness is consistent with the Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities: to “foster healthy, safe, inclusive and caring communities”; and specifically, Strategic Objective 4.5 to “work collaboratively to increase the supply and range of affordable housing and reduce homelessness”.

FINANCIAL IMPLICATIONS:

Funding is available through the 2011 Social Planning, Policy and Program Administration Budget.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Legal Services will be consulted regarding funding agreements.

ATTACHMENTS

Nil

PREPARED BY: Marie Morrison, Manager, Social Planning
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: September 27, 2011

FILE CODE: S13-30

SUBJECT: WATERLOO REGION ENERGY ASSISTANCE PROGRAM UPDATE

RECOMMENDATION:

THAT the 2011 Operating Budget for Social Planning, Policy and Program Administration be increased by $83,406 gross and $0 net Regional Levy to be fully funded by corporate partners;

AND THAT The Regional Municipality of Waterloo request the Ontario Energy Board to increase flexibility in program eligibility criteria for the use of funding under the Low Income Energy Assistance Program;

AND FURTHER THAT The Regional Municipality of Waterloo approve entering into agreements, from time to time as determined by the Commissioner of Social Services, generally to support the implementation of the Waterloo Region Energy Assistance Program, subject to receipt of Provincial Government funding and corporate partner funding, in a form satisfactory to the Regional Solicitor, as outlined in Report SS-11-036, dated September 27, 2011.

SUMMARY:

Committee report SS-11-001, dated January 11, 2011 provided information about the recent changes 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. At that time, funding and implementation details had not been confirmed for LEAP or Settlement Funds and it was proposed that a further report be brought to Council once 2011 funding allocations were received. This report provides an update as well as an initial impact assessment of the LEAP and Settlement Funds.

REPORT:

1.0 Background
The Waterloo Region Energy Assistance Program (WREAP) has operated in a partnership model since 2002, ensuring services work together to respond to community need. WREAP provides energy assistance to prevent housing instability and homelessness in Waterloo Region (Report SS-07-009). In 2011, the four partnership programs included:

1. **Waterloo Region Social Services Energy Assistance** – Assistance is administered through the Region’s Employment and Income Support Division and is funded on an 81.2/18.8 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.
2. **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.

3. **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.

4. **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 until funds are exhausted.

While WREAP partners remain the same, WREAP funding has increased significantly in 2011 as a result of the Ontario Energy Board’s (OEB) implementation of the new Low-income Energy Assistance Program (LEAP) and Settlement Funds. These are described further below.

**Low-Income Energy Assistance Program (LEAP)**
Beginning January, 2011, the OEB implemented LEAP. There are three components of LEAP: 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. For the LEAP Emergency Financial Assistance component, utility companies are required to allocate 0.12% of their revenues to assist low income utility customers with energy arrears. This component of LEAP is being delivered locally under the umbrella of WREAP.

The timeframe between the OEB’s announcement of LEAP in November 2010, and implementation beginning January 1, 2011 was very short and communities were not provided with timely program delivery details. The 2011 LEAP Emergency Financial Assistance Program Manual (the Manual), outlining processes, eligibility criteria, and reporting requirements, was not finalized until March 2011. Despite the changes and lack of timely implementation details, households requiring assistance continued to be provided with seamless service in Waterloo Region due to the history of WREAP and the positive relationships already in place with local utility partners.

**Settlement Funds**
Additional funding was confirmed in August 2011 by the United Way of Greater Toronto, one of the two administrators for the Electric Utility Late Payment Penalty Class Action Settlement. The Agreement recently received from the United Way of Greater Toronto stated that the Settlement Funds allocated to the Region are to be used to supplement LEAP. However, given the challenges with LEAP, Region staff requested that Settlement Funds be directed to supplement the Provincial Emergency Energy Fund (PEEF), allowing greater flexibility for assisting households who may not meet LEAP criteria. Although Settlement Funds have greater flexibility than LEAP, the funds may not be used for utilities outside those involved in the Settlement, which include: Cambridge and North Dumfries Hydro, Kitchener-Wilmot Hydro and Waterloo North Hydro.

The Funding Agreement is currently being finalized and once fully executed, payments to the Region will be made in annual installments, and as required, until the funds are depleted. The total amount of Settlement Funds available is $372,997 and it is anticipated that the Region will be receiving $65,000 in 2011.

**2.0 Assessment of LEAP and Settlement Funds Impacts on WREAP**
While there has been very little change from the perspective of households receiving energy assistance as a result of implementing LEAP and Settlement Funds, there have been some significant impacts to WREAP. Increased funding is certainly one of the benefits; however, there is

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1 Kitchener Utilities is not mandated, but have chosen to participate in LEAP.
now reduced flexibility to meet local needs and increased administrative requirements, as discussed further below.

**Funding**

Prior to the introduction of LEAP, local utility partners voluntarily contributed funds to WREAP, allowing flexible guidelines for administering the funding. With LEAP, electric utility companies\(^2\) are mandated to allocate 0.12\% of their revenues to assist low-income households with energy arrears. This resulted in a significant increase in the amount of funds available for assistance. From 2010 to 2011, there was an overall increase of $123,643 in funds (excluding anticipated Settlement Funds discussed above).

Table 1 provides a summary of funding available from the various WREAP partners for 2010 and 2011. From this table it can be seen that: corporate partner contributions increased over 200\% in 2011 as a result of LEAP implementation; Winter Warmth contributions increased over 130\% in 2011 as a result of Gas Utility Settlement Funds (see Report SS-11-001 for details); and the PEEF contribution remained the same.

**Table 1: Summary of WREAP Funding 2010 and 2011**

<table>
<thead>
<tr>
<th>Funding Source*</th>
<th>2010</th>
<th>2011</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Partners</td>
<td>$46,000</td>
<td>$141,206</td>
<td>207%</td>
</tr>
<tr>
<td>Winter Warmth</td>
<td>$21,563</td>
<td>$50,000</td>
<td>132%</td>
</tr>
<tr>
<td>Provincial Emergency Energy Fund (PEEF)</td>
<td>$75,210</td>
<td>$75,210</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$142,773</td>
<td>$266,416</td>
<td>87%</td>
</tr>
</tbody>
</table>

*excludes funding through Ontario Works

It is important to note that LEAP and Winter Warmth funds are not fixed and change from year to year. Confirmation of the amount of funding available for the year is typically received near the end of January or later in the year depending on different company processes.

While the amount of funds has increased, the flexibility in eligibility criteria has decreased, creating challenges in the coordination, distribution and reporting of the additional funds, as discussed further below.

**Eligibility**

The LEAP Manual details eligibility criteria as well as additional screening, referral, consent, and appeal processes. There are challenges with the stringent LEAP eligibility criteria. To be eligible for LEAP funding, households must have a pre-tax household income at or below the Statistics Canada Low-Income Cut-Off (LICO) + 15\%. If a household meets the income criteria, the maximum LEAP grant is $500\(^3\) per year. However, in 2011, this level of funding is not meeting local needs. As of July 31, 2011, 378 households received an average assistance of $539 through the WREAP (made possible through the flexibility of the PEEF). In comparison to 2010 (where 283 households received an average assistance of $448 through the WREAP), there has been a 34\% increase in the number of households and a 20\% increase in the average amount of assistance required.

**Coordinating Funding**

WREAP funding has evolved through the years to include several different sources with different eligibility criteria. Prior to LEAP, corporate partner funds had flexible eligibility guidelines and were pooled together so that assistance was provided across Waterloo Region according to need. With LEAP, eligibility for corporate partner funds is now similar to Winter Warmth where funds must be

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\(^2\) Gas companies will also be included in LEAP in the future.

\(^3\) Under special circumstances, up to $600 can be provided with additional documentation and administration requirements.
distributed separately for each utility. This means LEAP and Winter Warmth funds may not be used to assist with arrears from a different utility. As such, eligibility for LEAP and Winter Warmth are first assessed in order to maximize PEEF funds to be used in situations where:

- energy arrears exceed the $500 LEAP and Winter Warmth maximum and a “top-up” is required
- household income is above the LICO + 15% cut-off but a real and immediate need still exists
- the household has an energy arrear with a utility outside of LEAP or Union Gas companies
- a particular utility’s LEAP or Winter Warmth allocation has been depleted.

Funding with greater flexibility to meet local needs (such as PEEF) is in demand. As shown in Table 2, as of July 31, 2011, PEEF funds have already been completed exhausted despite its sole use as a secondary source of funding to fill the gaps outlined above.

Table 2: WREAP Funds Distributed from January 1, 2011 to July 31, 2011

<table>
<thead>
<tr>
<th>Funding Source*</th>
<th>Distributed as of July 31, 2011</th>
<th>Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial Emergency Energy Fund (PEEF)</td>
<td>$67,689</td>
<td>$0</td>
</tr>
<tr>
<td>Corporate Partners</td>
<td>$103,378</td>
<td>$16,647</td>
</tr>
<tr>
<td>Union Gas (Winter Warmth)</td>
<td>$32,555</td>
<td>$9,945</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$203,622</td>
<td>$26,592</td>
</tr>
</tbody>
</table>

*excludes funding through Ontario Works

Reporting
With the implementation of LEAP and Settlement Funds, the number and frequency of reports has significantly increased. Whereas one annual overall WREAP report used to be provided to corporate partners, the Region is now required to submit monthly and annual reports for each utility separately for both LEAP and Settlement Funds. Additionally, the OEB may request update reports from time to time (with two requests to-date) and corporate partners may request additional information related to their reports. This level of reporting is onerous and taxing to existing staff resources.

3.0 Next steps
Given the increase in funding through LEAP, Settlement Funds, and Winter Warmth, the challenge with WREAP is not with funding, but rather the need for more flexibility in program delivery. Region staff has advocated for increased flexibility in LEAP and Settlement Funds and will continue to monitor their impacts. It is recommended that the Region also request the Ontario Energy Board for increased flexibility for LEAP. Any additional information will be included in the 2011 annual WREAP report to be brought to Council in early 2012.

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: Healthy and Inclusive Communities, and specifically, Strategic Objective 4.5 to “Work collaboratively to increase the supply and range of affordable housing and reduce homelessness”.

FINANCIAL IMPLICATIONS:

WREAP is 100% funded by corporate partners (utilities and United Way) and the Province of Ontario. The 2011 Budget included expenditures and revenues in the amount of $248,010. The
$83,406 recommended increase for the 2011 Budget increases the total expenditures and revenues to $331,416.

The Region’s PEEF allocation of $75,210 is provided through 100% Provincial dollars. The Region’s 2011 allocation for Winter Warmth is $50,000, for LEAP is $141,206, and for Settlement Funds is $65,000, all provided through 100% corporate partner dollars. Beginning in 2011, fifteen percent (15%) of Winter Warmth, LEAP, and Settlement Funds is available for administration. The total allocated amount is $331,416, of which $285,464 is for assistance to clients and $45,952 is available for administration.

The Region will provide administrative support and coordination to deliver these funds using existing resources. The administration funding supports the Homelessness to Housing Stability program area.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Finance reviewed the report and Legal Services was consulted in the establishment of agreements.

ATTACHMENTS

NIL

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

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

DATE: September 27, 2011

SUBJECT: IMMIGRATION PARTNERSHIP – WATERLOO REGION

RECOMMENDATION:

THAT the Regional Municipality of Waterloo increase the 2011 Operating Budget for Social Planning, Policy and Program Administration by $13,000 gross and $0 net regional levy;

AND THAT the Regional Municipality of Waterloo approve entering into agreements with agencies or consultants, as determined by the Commissioner of Social Services from time to time, to support the implementation of the Immigration Partnership Strategic Plan for the period August 1, 2011 – December 31, 2011, subject to receipt of this funding from the United Way of Kitchener-Waterloo and Area, as outlined in report SS-11-037 dated September 27, 2011.

SUMMARY:

The Immigration Partnership is comprised of a broad range of stakeholders including employers, service providers, immigrants, municipal government representatives, healthcare providers, and other representative groups. The mandate of the Immigration Partnership is to help facilitate successful settlement and integration of immigrants and refugees in Waterloo Region by creating and enhancing partnerships in a comprehensive local Immigration Partnership and implementing collaborative strategies through coordination, information sharing, problem-solving and implementing strategies for change. To this end, the work of the Immigration Partnership is organized under three pillars: Settle, Work, and Belong. As of August 1, 2011, the Waterloo Region Immigrant Employment Network (WRIEN) has integrated with the Immigration Partnership. Remaining funding from the United Way of Kitchener-Waterloo and Area will now be reallocated to the Region of Waterloo as host for the Immigration Partnership.

REPORT:

The Waterloo Region Immigrant Employment Network (WRIEN) was a catalyst in the initiation of the Immigration Partnership in Waterloo Region and utilized its influence to engage the community in discussions about the potential to improve the lives of immigrants in Waterloo Region through collaboration and partnership. Through these discussions it was affirmed that WRIEN could best achieve its employer engagement mandate in a holistic and coordinated manner by being part of the broader Immigration Partnership. It was recognized that enhanced employer engagement activities and outcomes could be achieved by working in an integrated fashion. After extensive community planning and consultation, the Integration Task Team made a recommendation in April 2011 to the WRIEN Steering Committee and the Immigration Partnership Council that: “WRIEN be integrated within the Immigration Partnership on August 1, 2011”. The Immigration Partnership was formed to support the integration of the previous Local Immigration Partnership and WRIEN. The Region of Waterloo was subsequently asked to continue to host the Immigration Partnership and this was approved by Council in March 2011 (SS-11-013/CA-11-004).
The Immigration Partnership has worked collaboratively with WRIEN staff, community partners, employers and funders to ensure a seamless transition of WRIEN’s activities into the Immigration Partnership. Historically, WRIEN has received funding from a number of sources, including the Kitchener Waterloo United Way. As part of the integration process, the United Way of Kitchener-Waterloo and Area has agreed to allocate the remaining funding from the current agreement ($13,000) to the Region of Waterloo to support the work of the Immigration Partnership. The funds will be used to support various projects within the Immigration Partnership. Decisions regarding the use of funds will be made by the Immigration Partnership Council, in consultation with the United Way.

CORPORATE STRATEGIC PLAN:

The Vision and Mission of the Regional Municipality of Waterloo recognize the importance of creating an inclusive community within Waterloo Region. One of the Focus Areas within the Region’s 2011 – 2014 Strategic Plan is Healthy and Inclusive Communities. Strategic objective 4.8 identifies that the Region will partner with the community to improve programs and services for immigrants/refugees. Action 4.8.1 indicates that the Region will continue to support the Immigration Partnership in its work to coordinate efforts to attract, welcome and integrate immigrants and refugees in our community.

FINANCIAL IMPLICATIONS:

The Operating Budget for Social Planning, Policy and Program Administration will be increased by $13,000 for the period August 1, 2011 – December 31, 2011.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Consultations regarding this increase in funding have been conducted with Finance, who will provide support in the Immigration Partnership financial reporting requirements.

ATTACHMENTS

NIL

PREPARED BY: Lynn Randall, Director, Social Planning, Policy and Program Administration
Arran Rowles, Manager, Immigration Partnership

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

DATE: September 27, 2011

FILE CODE: S13-30

SUBJECT: ADDITIONAL ONE-TIME PROVINCIAL RENT BANK FUNDING

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve an increase to the 2011 Operating Budget for Social Planning, Policy and Program Administration of $10,856 gross and $0 Net Regional Levy, due to receipt of an additional $10,856 in one-time funding through the Provincial Rent Bank Program;

AND THAT the Regional Municipality of Waterloo amend its current agreement with Lutherwood to provide additional one-time funding in the amount of $10,856 for the Rent Bank and Eviction Prevention Program loan fund, for the period January 1, 2011 to December 31, 2011, in a form satisfactory to the Regional Solicitor, as outlined in report SS-11-038, dated September 27, 2011.

SUMMARY:

NIL

REPORT:

Provincial Rent Bank funding (100% Provincial) through the Ministry of Municipal Affairs and Housing (MMAH) was provided as a series of one-time endowments from 2004 to 2008 and was annualized April 1, 2009, with the Region’s annual allocation set at $180,942 (SS-09-041). In 2011, MMAH provided the Region an additional one-time allocation of $10,856.

Provincial Rent Bank funding supports the loan component of the local Rent Bank and Eviction Prevention Program, delivered by Lutherwood since 2002. Additional services provided by the Rent Bank and Eviction Prevention Program, funded through the Region administered Consolidated Homelessness Prevention Program (100% Provincial) include: information and referral, assistance with problem solving and budgeting, landlord/tenant mediation, advocacy, and financial literacy.

The local Rent Bank program is a uniquely successful loan-based program achieving a 58% repayment rate and a 98% housing stability rate (at 12-month follow-up). A total of 310 loans were provided in 2010 to assist people with rental arrears or last month’s rent (71% rental arrears and 29% last month’s rent)¹. This is an increase of 19% (or 50 households) from 2009. Using 2010’s average loan of $962 per household, it is estimated that the $10,856 one-time allocation will provide assistance to an additional 11 households.

¹ The Provincial Rent Bank Program provides funding for rental arrears only. Loan repayments are used to fund loans for last month’s rent.
CORPORATE STRATEGIC PLAN:

Administering funding under the Provincial Rent Bank program is consistent with the Region’s Corporate Strategic Plan Focus Area 4: Healthy and Inclusive Communities, and specifically, Strategic Objective 4.5 to “Work collaboratively to increase the supply and range of affordable housing and reduce homelessness”.

FINANCIAL IMPLICATIONS:

The Provincial Rent Bank Program is 100% funded by the Province through the Ministry of Municipal Affairs and Housing (MMAH). The one-time allocation of $10,856 is additional to the annual allocation of $180,942 included in the 2011 Budget. The total amount for 2011, if approved, would be $191,798.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Finance has reviewed this report. Legal Services will assist in the execution of agreements.

ATTACHMENTS

NIL

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

APPROVED BY: Michael Schuster, Commissioner, Social Services
REGION OF WATERLOO
SOCIAL SERVICES
Social Planning, Policy and Program Administration

TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: September 27, 2011
FILE CODE: S13-40
SUBJECT: STEP HOME YEAR 3 EVALUATION REPORT (2008-2010)

RECOMMENDATION:
For information

SUMMARY:
This report provides an overview of the STEP Home Year 3 Evaluation Report (2008-2010). The Year 3 Evaluation Report informs STEP Home and serves as a background document to the development of the updated Homelessness to Housing Stability Strategy (anticipated to be completed in fall 2011). It also demonstrates that the target adopted by Regional Council in November 2008 to end and prevent persistent homelessness for 150 people by December 2010 has been met and exceeded with 177 people supported to housing through STEP Home.

REPORT:

1.0 Background
In 2007, the Region of Waterloo released All Roads Lead to Home: A Homelessness to Housing Stability Strategy for Waterloo Region (2007-2010) (the Strategy). This community Strategy was developed collaboratively with local stakeholders. It outlined five Guiding Principles and 92 actions designed to strengthen the housing stability system in Waterloo Region. Through the Strategy, the housing stability sector identified a vision that “every community member in Waterloo Region has housing stability”. One of the five principles to guide actions was to, “tailor approaches to degrees of homelessness, focus initial efforts on ending persistent homelessness”.

In 2008, based on actions identified in the Strategy, the Region began funding a cluster of programs designed specifically to support people experiencing persistent homelessness. Funding for four programs (i.e., Streets to Housing Stability, Shelters to Housing Stability, Whatever it Takes (WIT)-Service Resolution and Street Outreach) was initially available from January 2008 to March 2009 and was subsequently extended to March 2011 and then to March 2014. In late 2008 and early 2009, with funding through the Waterloo-Wellington Local Health Integration Network (WW-LHIN), Street Outreach was expanded and two additional programs (i.e., Hospitality House and At Home Outreach) were created.

In spring 2009, this cluster of programs was branded “STEP Home” (Support To End Persistent Homelessness). By 2010, STEP Home evolved to consist of seven programs, delivered through eight different agencies, at thirteen sites. The programs work together as elements of a single coordinated strategy to address barriers to housing stability at both the individual and system level with the ultimate goal to provide options and supports to end persistent homelessness in Waterloo Region.
Since the program’s inception, evaluation has been an integral part of STEP Home. From 2008-2011, all STEP Home Programs have been evaluated together with the support of the Centre for Community Based Research (CCBR). Reports produced have included the Year 1 Evaluation Report in 2009, Snapshot Report in 2010, and Year 3 Evaluation Report in 2011. STEP Home evaluation activities have evolved in response to the complexities of persistent homelessness.

2.0 Summary of Report

The Year 3 Evaluation Report Executive Summary is attached as Appendix A and the report is further summarized here.

The Year 3 Evaluation Report covers the findings of STEP Home as a whole, identifying both common themes across, and nuances between programs with specific program-level data included in the appendices. Information for the report was collected through a variety of methods including tracking tools completed by front-line workers and key informant interviews with front-line workers, participants and landlords. Seven housing stability reports (including four specifically related to STEP Home) completed in June 2011 (SS-11-027) served as background documents. Participant stories, inspired by people being supported in the program were also included throughout the report.

As of December 2010, STEP Home has served almost 300 people (68% male and 32% female). Participants of STEP Home programs ranged in age from 16 to 82 years old with an average age of 42 years. Of the total number of people supported, 177 (61%) obtained more conventional housing (i.e., family home, housing covered under the Residential Tenancies Act, 2006 or Long Term Care) of which 60 (21% of all people served) fully transitioned from the intensive support of the program, often after many years or decades experiencing homelessness. At the time of data collection, the remaining participants had either become inactive (lost contact, left the area or were deceased) or continued being supported on their journey to housing stability in less conventional housing (e.g., emergency shelter, transitional housing, treatment, hospital, corrections, motels, camping, etc.) as they were not yet available for or interested in accessing more conventional housing.

The Year 3 Evaluation Report also examines the impact of STEP Home beyond housing stability. Many participants reported that they were hopeful and had positive expectations for the future, including living in more conventional housing. Participants also identified a range of plans and goals for the future that included returning to school, gaining employment and reconnecting with family. Increased choice and control were also important outcomes for STEP Home participants as well as an overall increase to quality of life.

Despite the notable progress of STEP Home over the past three years, the Report suggests that barriers to housing stability for people experiencing persistent homelessness continue to exist in Waterloo Region. Continued challenges identified include lack of decent affordable housing, lack of sufficient, stable income, processing time and protocols, discrimination and the need for increased STEP Home capacity to provide the intensive level of support necessary for people experiencing persistent homelessness.

At the program level for moving forward, the Report recommends:

- Opportunities for expansion in existing programs and housing models, availability of flex funding, in use of peers, opportunities for participant input, and in supporting the development of managed alcohol services.
- Opportunities to better support building and maintaining relationships with other community services and with landlords.
- Opportunities to develop resources such as additional tools for landlords, updated STEP Home brochures, policies, and program descriptions as well as creating information and promotional tools such as a video.
- Opportunities to support front-line workers through orientation, training, meetings and increased access to information and resources.
- Opportunities for sharing learning and raising awareness through report dissemination, meetings, education and advocacy efforts.

At the systems level for moving forward, the Report recommends:
- Opportunities to increase affordable housing and support options in the areas of affordability, accessibility and specialized housing for those seeking abstinence or managed alcohol options.
- Opportunities to support less conventional housing, where needed, with consideration for resources to support long term motel stays and camping options.
- Opportunities for services to either expand or explore increased accessibility and flexibility.
- Opportunities to support greater community inclusion for participants to access transportation, recreation, and employment.

It has been estimated that there are currently an additional 200 people who require the services of STEP Home. However, with the need to continue supporting existing participants, it is anticipated that only 25% (50) of the 200 people will be able to be served over the coming year. At this rate, it will take a minimum of four additional years, not accounting for any new people who may be identified, before ending persistent homelessness in Waterloo Region can become a reality. STEP Home will continue to support people over at least the next three years (with existing funding) and to identify and address the fundamental changes required within the housing stability and interrelated systems that contribute to persistent homelessness in our community.

3.0 Next Steps
The STEP Home Year 3 Evaluation Report is a resource for anyone who wants to learn more about STEP Home. The full report will be posted to the Region’s website www.regionofwaterloo.ca and the Homeless Hub website www.homelesshub.ca. Hardcopies of the report will be provided to STEP Home partners and to the Council library. The Report may also be presented at various conferences and be referred to in newsletters and research reports.

STEP Home will continue to evolve. Funding has been annualized for a number of the STEP Home programs and others have funding secured to March 2014. The Year 3 Evaluation Report will serve as a key guide to further develop STEP Home and will assist in setting STEP Home targets for 2011-2014. The report will also help inform the update to the Homelessness to Housing Stability Strategy which is anticipated to be completed in fall 2011.

Some of the recommended actions from the Year 3 Evaluation Report have already been completed or are in progress such as adding additional programs under the umbrella of STEP Home, expanding programs, mapping connections with other systems, increasing use of peers, initiating a participant group, and developing a video and updated brochure to raise awareness.

STEP Home programs have demonstrated the potential for ending persistent homelessness in Waterloo Region. It is possible. Further resources for programs such as STEP Home would simply accelerate the timeline to make this a reality in our community.
CORPORATE STRATEGIC PLAN:

Working to strengthen the housing stability system and build the community’s capacity to address issues of homelessness is consistent with the 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” through “implementation of the Homelessness to Housing Stability Strategy”.

FINANCIAL IMPLICATIONS:

For the period April 1, 2009 to March 31, 2011, the Federal Government’s Homelessness Partnering Strategy (HPS) provided $60,000 to support STEP Home program evaluation.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

Appendix A: Executive Summary: STEP Home Year 3 Evaluation Report

PREPARED BY: Nicole Francoeur, Social Planning Associate
              Marie Morrison, Manager, Social Planning

APPROVED BY: Michael Schuster, Commissioner, Social Services
STEP Home
Year 3 Evaluation Report
(2008-2010)

September 2011
STEP Home Year 3 Evaluation Report

by
Social Planning, Policy, and Program Administration
Regional Municipality of Waterloo

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Docs #987568
Acknowledgements

The completion of this report reflects the efforts and input of a number of people, all of whom brought vision and commitment to both STEP Home and the evaluation. We gratefully acknowledge the substantial contributions of the Region of Waterloo, the STEP Home Reference Group and the Front-line Workers in collaborating and sharing their experiences and insights. Their feedback, discussions, and ‘wicked questions’ provoked and helped maintain the reflective, thoughtful practice needed for completing our analysis and presentation of the Year Three evaluation findings. We are particularly mindful of the complexity of persistent homelessness and of the unique challenges, needs and strengths each individual served by STEP Home brings to the journey towards a home. We are grateful to all those who gave their time and shared their stories.

Contributors

Primary:

Alexis Buettgen  Centre for Community Based Research
Tanya Darisi    The O’Halloran Group
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Marie Morrison  Manager, Social Planning, Policy, and Program Administration

Support:

Collette Whelan  Program Assistant, Social Planning, Policy and Program Administration
Executive Summary

STEP Home is an interrelated set of person-centred programs aimed at providing options and supports to end persistent homelessness in Waterloo Region. By 2010, seven different programs, through eight agencies, at 13 sites were operating under the umbrella of STEP Home (see STEP Home Program Summaries chart, page viii). STEP Home seeks to address barriers at both the individual and system level recognizing that housing, income, and support are key to establishing housing stability.

The process of implementing STEP Home has been supported by continual engagement of stakeholders, which have included regular Reference Group, Frontline Worker and WIT Steering Committee meetings as well as annual stakeholder meetings. The implementation of STEP Home has also been supported by ongoing evaluation designed to track the progress and impact of the program.

The STEP Home Year Three Evaluation focused on further understanding people on their journey to housing stability through the various STEP Home programs, as well as the STEP Home collaboration and its interactions with broader systems in the community. Key evaluation questions addressed the outcomes, challenges, opportunities, and next steps.

Year Three Highlights
Over the course of three years (2008-2010), STEP Home aimed to end and prevent persistent homelessness for 150 people. This goal was exceeded.

As of December 2010, STEP Home has supported almost 300 people in their journey towards housing stability. Those supported ranged in age from 16-82 (average age of 42) of which 68% were men and 32% were women.

Of the total number of people supported, 177 (61%) obtained more conventional housing (i.e., family home, housing covered under the Residential Tenancies Act, 2006 or Long Term Care). Of those who obtained more conventional housing, 60 (21% of all people served) fully transitioned from the intensive support of the program, often after many years or decades experiencing homelessness.

Persistent Homelessness
A variety of scenarios indicate that a person may be approaching or experiencing persistent homelessness:

- When homelessness has become the new “normal” and skills are oriented to surviving on the streets rather than living in housing.
- When there is a longer term pattern of cycling between experiencing homelessness and being at-risk of housing loss.
- When a person may not be strongly connected to the idea of “conventional housing” (i.e., family home, housing covered under the Residential Tenancies Act, 2007 or Long Term Care).
- When it would be challenging to find another suitable alternative if the current housing was lost.
- When a longer period of time may be needed to build a trusting relationship with another person.
- When a person has either extensive use of emergency services and/or a large number of disconnections with community-based programs.
When they started the program, the majority of participants were staying in less conventional housing (most frequently emergency shelters, outdoors, or Out of the Cold). Sometimes a number of housing attempts were required before housing became stabilized. Staff from Streets to Housing Stability, Shelters to Housing Stability and WIT supported 233 moves and transitions in housing situations. From the time they started the program, 98 participants changed housing situations once; 37 changed twice; 13 changed three times; and three changed housing situations four or more times. In these moves and transitions, participants accessed a greater number of more conventional housing options (most frequently market rent and supportive/supported housing).

At the time of data collection, the remaining participants who had not yet obtained housing had either become inactive (lost contact, left the area or were deceased) or continued being supported on their journey to housing stability in less conventional housing (e.g., emergency shelter, transitional housing, treatment, hospital, corrections, motels, camping, etc.) as they were not yet available for or interested in accessing more conventional housing.

The Year 3 Evaluation Report also examines the impact of STEP Home beyond housing. Since becoming involved in STEP Home, the number of people who have been able to access income supports (e.g., Ontario Disability Support Program, Ontario Works, Canadian Pension Plan etc.) has increased while the number of people with no income whatsoever was reduced by almost 40%. Additionally, the number of people accessing employment more than doubled. Many participants reported that they were hopeful and had positive expectations for the future, including living in more conventional housing. Participants also identified a range of plans and goals for the future that included returning to school, gaining employment and reconnecting with family. Increased choice and control were also important outcomes for STEP Home participants as well as an overall increase to quality of life.

Lessons Learned through the Guiding Principles
The following five Guiding Principles are a fundamental part of STEP Home:

- **We support housing towards a home**
- **We know relationships are key**
- **We walk with people to build community**
- **We do what it takes and we don’t give up**
- **We think about what we do and how to do it better**

The Guiding Principles were used to reflect on and communicate the core values of walking with people in their journey towards housing stability. They were also used to guide practice and make decisions about strategies for supporting participants. Common across all the Guiding Principles was the emphasis on the interpersonal aspects of STEP Home as well as on the needs for finding creative and flexible solutions for both navigating the system and achieving housing stability. People supported by STEP Home regularly commented that the approach was different from other supports they had experienced in the past, voicing appreciation for the sensitivity and patience shown by their front-line worker.
Valuable lessons have emerged about what it takes to meet needs and support housing stability. In practice, the guiding principles have meant:

- Understanding that priorities for a home can differ. Developing positive relationships and trust, (re)engaging with the system and identifying options that can lead to positive change may be more immediate priorities for some than finding more conventional housing.
- Recognizing and valuing the investment in building relationships. Time, effort, and on-going negotiation are needed to ensure that both new and established relationships do not break down.
- Supporting participants in developing a sense of belonging and in “finding their place in the community.”
- Seeing and responding to the need for advocacy and community education.
- Not giving up in negotiating, managing and finding ways through the complexities in the system.
- Achieving housing stability requires supporting a number of processes in multiple, intersecting systems (housing, income, support, health, justice). For example, negotiating with Income Support Workers, getting identification, finding transportation solutions, or advocating with health care providers.
- Continuing support after housing has been obtained, and again if housing is lost for as long as required is a central component of the Program.
- Keeping the opportunity for support available even when a participant withdraws from a relationship with a front-line worker.
- Finding flexible and creative strategies, from initial engagement with a person who experiences isolation, discrimination, and deep distrust to working with service providers in figuring out how to overcome roadblocks in policy and procedure.
- Responding to people’s needs and priorities with patience and perseverance.
- Allowing STEP Home to continue to evolve in meaningful and productive ways.
- Ensuring continued space for reflection and engaging stakeholders in program development and innovation.

Moving Forward
A number of recommendations for addressing program gaps and system issues have arisen through the evaluation and ongoing discussions with the Reference Group and front-line workers. The next steps are to identify priorities for STEP Home in line with its vision and goals for the upcoming year.

At the program level, recommendations for moving forward include:

Opportunities for Expansion
- Seek opportunities to maintain and expand the Streets to Housing Stability and Shelters to Housing Stability programs to serve additional participants.
- Support the development of managed alcohol services within the community.
- Consider the expansion of the Flex Fund to other STEP Home programs (e.g., Shelters to Housing Stability).
- Expand Make-It-Home shared house model, develop a portfolio for each house to assist in tenant selection and use Flex Fund to support vacancies.
- Consider the development of peer-support programs for STEP Home.
- Establish a Participant Reference Group.
- Consider adding additional programs under the umbrella of STEP Home (e.g., Circle of Friends).

**Opportunities to Better Support Building and Maintaining Relationships**
- Create formal and informal opportunities for STEP Home programs to engage in relationship-building with services such as mental health services, services that provide assessments, and income support services, etc.
- Develop common worker/landlord communication protocol that can set minimum expectations across STEP Home programs.
- Ensure some form of 24/7 support available to landlords if issues arise.
- Develop annual landlord recognition.

**Opportunities to Develop Resources**
- Establish written criteria for use of flex funds within STEP Home.
- Develop website geared toward front-line workers and participants that includes resources and information (e.g. rental rights and responsibilities), as well as a landlord registry (may be secure access for front-line workers).
- Develop resources for landlords.
- Develop a document that further explores the connections between the Health and Justice Systems for STEP Home.
- Update STEP Home Brochures, Terms of Reference and Program Descriptions.
- Develop alternative versions of the STEP Home Video.

**Opportunities to Support Front-line Workers**
- Encourage front-line workers to provide greater consideration for setting-up housing through all available resources.
- Consider training STEP Home staff to undertake assessments directly.
- Find opportunities to provide on-going support for front-line workers.
- Continue to offer STEP Home New Staff Orientation.
- Adapt the existing STEP Home meetings according to feedback from front-line workers and program managers.

**Opportunities for Sharing Learning and Raising Awareness**
- Take learnings and continue to advocate with other community programs and levels of government regarding issues and gaps in services for people experiencing persistent homelessness.
- Take learnings and continue to advocate with other levels of government around the need for managed alcohol programs (Level 5) and inclusive services that incorporate partial or comprehensive medical services.
- Share learnings regarding the effectiveness of including flex funding within programs serving people with complex needs.
- Develop education tools with allied systems and key stakeholders that help to dispel myths and encourage empathetic understanding of managed alcohol programs (Level 5) for people experiencing persistent homelessness. Frame managed alcohol in a health context.
At the systems level recommendations for moving forward include:

**Opportunities to Increase Affordable Housing and Support Options**
- Establish additional affordable one bedroom and bachelor apartments. Recommend a portable housing subsidy paid directly to the landlord that is $200-$350 exempted as income under OW/ODSP.
- Establish additional accessible units.
- Develop a partnership between the local ACT teams in order to consider piloting a local Pathways to Housing program.
- Assemble an action group in order to lead the planning process toward the establishment of a local managed alcohol program (Level 5).
- Establish additional abstinence-based (Level 1) housing options.

**Opportunities to Support Less Conventional Housing**
- Consideration and funding for long-term motel stays for those for whom it is the only acceptable, available housing option.
- Consideration for people who choose to camp, including:
  - An affordable, legal place to camp.
  - A protocol with municipalities to engage Street Outreach before removing gear.
  - Seasonal winter housing options (affordable with option for supervision and support – perhaps transitional).
  - Sufficient, affordable gear (sleeping bags, backpacks, tents, ground covers, warm and waterproof clothing).
  - Washroom facilities and access to potable water.

**Opportunities for Services**
- Consider Trusteeship program for Kitchener-Waterloo (already exists in Cambridge) to support people in managing finances and paying rent.
- Consider expanding identification services in Cambridge (already exists in Kitchener-Waterloo).
- Consider seeking funding for behavioural interpretation services as is required for language interpretation.
- Explore opportunities for more formalized flexibility (protocol) for STEP Home participants at particular services or organizations.
- Promote increased accessibility of services for people experiencing persistent homelessness.

**Opportunities to Support Greater Community Inclusion**
- Explore ways to increase social support for program participants, through the creation of new services/programs and/or increased funds to access existing recreational opportunities.
- Support to access transportation (may include subsidy).
- Increase use of volunteers and peers to support people once in housing.
- Increased supportive employment programs. Build relationships with employers to assist in accessing employment which ensures greater housing stability for participants.
While much has been accomplished, there remains much to do. There remains the ongoing need to negotiate the complexity of the issues and experiences associated with persistent homelessness and doing what it takes to obtain and maintain housing stability. In addition, it has been estimated that there are currently an additional 200 people who require the services of STEP Home. However, with the need to continue supporting current participants, only approximately 25% of the 200 people will be able to be served over the coming year. As such it will take a minimum of four additional years before ending persistent homelessness in Waterloo Region can become a reality. STEP Home will continue to support people over at least the next three years (with existing funding to March 2014) and to identify and address the fundamental changes required within the housing stability and interrelated systems that contribute to persistent homelessness in our community.
REGION OF WATERLOO
SOCIAL SERVICES
Children’s Services

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

DATE: September 27, 2011

FILE CODE: S04-01

SUBJECT: NEW INFANT RATE FOR DIRECTLY OPERATED CHILDREN’S CENTRES

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve an infant rate of $65.00 per day charged at the five directly operated Children’s Centres effective November 1, 2011 as outlined in report SS-11-040, dated September 27, 2011.

SUMMARY:

NIL

REPORT:

The Region directly operates five Childrens Centres which offer a range of full and part day early learning and child care services for children ranging in age from 18 months to five years of age. The Provincial implementation of full day kindergarten and extended day programs offered in schools impacts on the enrollment at the directly operated Children’s Centres as well as community operators. Staff developed a transitional plan for the directly operated Children’s Centres to gradually convert to younger age populations of children as the phases of full day kindergarten unfold. In 2010 the Edith MacIntosh Children’s Centre converted 16 preschool spaces to a toddler program for ten children aged 18 months to 30 months. Cambridge Children’s Centre, Kinsmen Children’s Centre and Elmira Children’s Centre continue with their current age groupings of 18 months to 5 years of age for 2011. All of the directly operated centres are fully enrolled.

In 2011 with the opening of the newly reconstructed Christopher Children’s Centre the number of spaces for toddlers expanded from 5 to 15. One of the classrooms is being modified to open as an infant program in late November. The infant program will provide care for up to six children between the ages of 11 months and 18 months. The provision of infant care is new to the directly operated children’s centres and if successful will be expanded to the other four centres. A shortage of licensed early learning and child care spaces exists in Waterloo Region for infants (0-18 months) and toddlers (18-30 months). Staff are confident that the spaces will fill quickly and will provide a much needed service for families.

Additional training sessions have been provided over the past two years to expand staff expertise in working with younger age populations specific to the HighScope Curriculum Approach to Early Childhood Education.

The fees charged in Regionally operated Children’s Centres are reviewed annually and are adjusted to reflect increases in costs as part of the Regional budget process. The fee for committees review reflects a new rate that will be charged to provide care for infants. The Children’s Centres have not previously provided care to children in this age category. The fee structure is based on a daily rate charged to parents which is pro rated based on the age of the child. Ages of children determine the
adult child ratios according to Day Nurseries Act. The proposed rate is in keeping with market rates charged by community operators.

CORPORATE STRATEGIC PLAN:

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.

FINANCIAL IMPLICATIONS:

The daily fees charged to parents are based on actual operating costs. Fees are reviewed annually and adjusted to reflect increases in costs as part of the Regional budget process. Revenue from parent fees in the Children’s Centres for 2011 is projected to total $700,000.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The administration of rates and collection of fees requires the assistance of the Finance Department.

ATTACHMENTS

NIL

PREPARED BY:  Nancy Dickieson, Director, Children’s Services

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

DATE: September 27, 2011

FILE CODE: S14-20

SUBJECT: EMPLOYMENT AND INCOME SUPPORT SERVICE DELIVERY EVALUATION

RECOMMENDATION:

For Information

SUMMARY:

This report provides a brief overview of a comprehensive Service Delivery Evaluation that Employment and Income Support, Social Services conducted in 2010. The purpose of the evaluation was to identify aspects of services that were working well and aspects that needed to be improved from the perspectives of internal and external stakeholders. Attached to this report is a copy of the Executive Summary from the evaluation which provides information about the evaluation in greater detail.

REPORT:

1.0 Background

In its 2004-2006 Ontario Works Service Plan, Employment & Income Support (E&IS) made a commitment to review its Client service paths for new Applicants and ongoing Participants. The review was prompted by the desire to assess the extent to which Client and community needs were being met and the extent to which services were designed and delivered to meet the objectives of outcome funding from the Ministry of Community and Social Services (MCSS). The goal of the Service Path Redesign (SPR) was to design service paths that will enhance the quality of life for individuals and families by ensuring integrated and comprehensive services that remove obstacles and create opportunities.

Evaluation was an integral component of the Service Path Redesign. A number of process evaluations, debrief discussions and Staff surveys were conducted to gather feedback on the communication tools and processes that were introduced and used throughout the SPR project. The need remained, however, to evaluate the degree to which the overall goals of the SPR were met. The services of an external Consultant were sought to assist in the conceptualization, design, implementation and reporting of the Service Delivery Evaluation.

The objectives of the Service Delivery Evaluation were to:

- Identify those aspects of E&IS service delivery which are working well;
- Identify those aspects of E&IS service delivery which need improvement;
- Evaluate the degree to which the goals of the Service Path Redesign have been achieved; and
- Identify any unintended (positive or negative) outcomes of the new service paths.
A working group and an Evaluation Design Committee were established in 2009 to oversee and guide the project. Through a series of surveys and structured interviews, almost 560 individuals from a variety of stakeholder groups took part in the Service Delivery Evaluation from June to December 2010:

- Community Partners – Family Outreach Workers; community organizations and agencies; and other Regional services.
- Individuals and families accessing E&IS services – Ontario Disability Support Program (ODSP) Recipients applying for discretionary benefits; individuals and families applying for emergency assistance; individuals and families applying for Ontario Works (OW); OW Participants; Employment Resource Area (ERA) users; and limited and non-English speakers.
- E&IS Staff.

One of the purposes of the Service Delivery Evaluation was to determine if the goals of the Service Path Redesign had been met. For the purposes of presenting the findings, the SPR goal statements were rephrased to form the following questions:

- Are a comprehensive range of programs and supports available?
- Are appropriate supports consistently available to Participants?
- Are roles and expectations clear for all Staff?
- Are efficient and effective tools and resources in place?
- Is internal and external communication effective?
- Are solid community partnerships in place?

2.0 Findings
In the section that follows, a selection of the findings has been presented according to whether the topics would ‘benefit from improvement’, whether ‘further exploration’ of the results appears necessary, or whether the results were ‘generally positive’. The detailed findings can be found within the body of the *Service Delivery Evaluation Findings Report*. A copy will be placed in the Council library.

Benefit from improvement
- Methods used to make Community Partners aware of E&IS programs.
- Transportation and child care were barriers most frequently identified by Applicants and Participants.
- Internal understanding of the roles of other E&IS Staff.
- Community Partners’ knowledge of who to contact if they have a question about a Client’s situation.
- Integration of technology.
- Tools used to communicate with Participants (e.g., OW video).

Further exploration
- Programs and supports for Clients who speak limited or no English.
- Differing opinions on how helpful and/or easy to understand the written material that is provided by E&IS to Clients.
- Explore the use of e-mail and social networking as communication vehicles between Participants, Community Partners and E&IS Staff.
- Training approaches and supports within E&IS.
- The appropriateness and number of referrals to employment programs.
Generally positive

- The majority of Applicants and Participants (85% and 87% respectively) were informed of community programs.
- The majority of Participants (89%) with children considered the Ontario Works office to be family-friendly.
- Limited and non-English speakers reported that they are treated with dignity and respect (90%).
- The majority of Applicants (97%) rated Intake and Casework Staff as polite, friendly and respectful.
- The majority of Participants (76%) knew about the benefits that they might be entitled to.
- The majority of Participants (91%) knew who to call if they have a question.
- The majority of E&IS staff (73%) said that policies and procedures are in place to support Staff.

Between January and May 2011, ‘stakeholder validation sessions’ were held with the Design Committee, the E&IS Community Advisory Committee, Community Partners, E&IS Staff and Ontario Works Participants. At the stakeholder validation sessions, individuals in attendance were provided with a template which asked the stakeholder to identify:

- What findings ‘surprised’ them;
- What findings ‘did not surprise’ them; and
- Which three things Employment & Income Support should work on in the next year or two.

These validation processes were undertaken in order to communicate the findings back with each of the stakeholder groups and confirm the findings and themes that arose from their feedback. Focus groups were then held with E&IS staff as a means of gaining additional insight into some of the themes that should be included in future work plans for the Division.

3.0 Next Steps

Work is already underway in these areas:

- Developing an Emerging Themes and Actions report to use for Employment and Income Support Strategic Planning in October
- Determining a process for continual improvement of service delivery
- Determining how to engage both internal and external stakeholders in ongoing Employment and Income Support service delivery evaluation
- Finalizing an Emerging Themes and Actions report by the end of 2011.

For more information or to obtain copies of the full Service Delivery Evaluation Findings Report or the Emerging Themes report, please contact David Dirks, Director, Employment and Income Support: 519-883-2179, ddirks@regionofwaterloo.ca.

CORPORATE STRATEGIC PLAN:

By undertaking a comprehensive evaluation of the delivery of services, the evaluation and its findings will support the Corporate Strategic Plan in two Focus Areas: Focus Area 4 - Healthy and Inclusive Communities; Foster healthy, safe, inclusive and caring communities; and Focus Area 5 - Service Excellence; Deliver excellent and responsive services that inspire public trust.
FINANCIAL IMPLICATIONS:
NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS:
Service Delivery Evaluation: Executive Summary Report (Included as a separate attachment)

PREPARED BY: Chris McEvoy, Social Planning Associate
Leigh Golden, Manager, Social Planning
David Dirks, Director, Employment and Income Support

APPROVED BY: Michael Schuster, Commissioner, Social Services
The full Service Delivery Evaluation Findings Report can be found on the Region of Waterloo website (www.RegionofWaterloo.ca). If you would like to request a copy of the full Findings Report, please contact: David Dirks, Director, Employment and Income Support, 519-883-2179, ddirks@Regionofwaterloo.ca, or, Chris McEvoy, Social Planning Associate, 519-883-2302, cmcevoy@Regionofwaterloo.ca.
INTRODUCTION – THE SERVICE PATH REDESIGN

In its 2004-2006 Ontario Works Service Plan, Employment & Income Support (E&IS) made a commitment to review its client service paths for new Applicants and ongoing Participants. The review was prompted by the desire to assess the extent to which Client and community needs were being met and the extent to which services were designed and delivered to meet the objectives of outcome funding from the Ministry of Community and Social Services (MCSS). The goal of the Service Path Redesign (SPR) was 'to design service paths that will enhance the quality of life for individuals and families by ensuring integrated and comprehensive services that remove obstacles and create opportunities.'

THE SERVICE DELIVERY EVALUATION PROCESS

Evaluation was an integral component of the Service Path Redesign. A number of process evaluations, debrief discussions and Staff surveys were conducted to gather feedback on the communication tools and processes that were introduced and used throughout the SPR project. The need remained, however, to evaluate the degree to which the overall goals of the SPR were met. The services of an external Consultant were sought to assist in the conceptualization, design, implementation and reporting of the Service Delivery Evaluation.

The objectives of the Service Delivery Evaluation were to:
- Identify those aspects of E&IS service delivery which are working well;
- Identify those aspects of E&IS service delivery which need improvement;
- Evaluate the degree to which the goals of the Service Path Redesign have been achieved; and
- Identify any unintended (positive or negative) outcomes of the new service path.

A Working Group consisting of the following individuals was established in March 2009 to oversee all aspects of the evaluation:

- David Dirks, Director, Employment & Income Support
- Cathy Bossenberry, Manager, Employment & Income Support
- Leigh Golden, Manager, Social Planning, Policy and Program Administration
- Heather Callum, Social Planning Associate, Social Planning, Policy and Program Administration
- Beth Blowes, Principal Consultant, Beth Blowes & Associates

1 Chris McEvoy sat in for Heather Callum as the Social Planning Associate in August 2010.
An Evaluation Design Committee was established in December 2009 to provide advice to the Working Group. In particular, the Design Committee provided input into the evaluation methods; the content and format of the evaluation tools; the identification and engagement of key stakeholders; and various operational details. Chaired by the Director of E&IS, the Evaluation Design Committee consisted of internal and external stakeholder representatives – Community Partners, Social Assistance Recipients, E&IS front-line and management Staff, CUPE 1883, a Social Planning Associate, and the Consultant.

January 2010 marked the beginning of the design phase of the evaluation project. To ensure that all members of the Evaluation Design Committee had a common understanding of E&IS service delivery, several exercises were undertaken to identify the various ‘groups’ of individuals and families who access programs and services, and to develop a high-level understanding of the various components of service delivery.

As each of the SPR process evaluations, debrief discussions and Staff surveys were completed, a listing of topics that could possibly be dealt with through the Service Delivery Evaluation was created. These topics were reviewed by the Working Group and Design Committee and were incorporated within the various research tools that were developed.

The data collection phase took place between July 2010 and December 2010. Internal and external stakeholders were kept informed of the progress of the evaluation in several ways including verbal updates at meetings, written and electronic communiqués, as well as the posting of all evaluation related information and tools on the HUB – the E&IS Intranet site.

**METHODOLOGY**

Almost 560 individuals from a variety of stakeholder groups took part in the Service Delivery Evaluation:
- Community Partners – Family Outreach Workers; community organizations and agencies; and other Regional services
- Individuals and families accessing E&IS services – ODSP Recipients applying for discretionary benefits; individuals and families applying for emergency assistance; individuals and families applying for OW (‘typical applicants’); OW participants; Employment Resource Area (ERA) users; and limited and non-English speakers
- E&IS Staff

Surveys, and to a lesser extent structured interviews, were the evaluation methods used with each of the stakeholder groups with the exception of the Family Outreach Workers who participated in the evaluation through a focus group.
The results can be said to be statistically representative of each of the various stakeholder groups, with the exception of those individuals and families applying for emergency assistance and those ODSP Recipients applying for discretionary benefits. In other words, if the surveys and focus groups were to be repeated again, the same results would be found 95 percent of the time (or 88 percent of the time when it comes to Employment Resource Area Users). In the case of Community Partners, the response rates are high enough to make the results meaningful.

LIMITATIONS AND EXCLUSIONS

While every effort was made to ensure that all Applicants and Participants had an opportunity to be involved in the telephone survey, in reality, this was not the case. For example, not all Applicants and Participants have access to a telephone. In addition, the telephone survey was conducted during regular business hours so those individuals who were working or attending an education or training program may not have been able to participate. Thirdly, those individuals who had communication challenges may not have been able to be contacted or may have chosen not to be involved.

As mentioned, the response rates of ODSP Recipients applying for discretionary benefits and of individuals and families applying for emergency assistance was very low for reasons known and unknown. The comments provided by these individuals have been combined with other ‘types’ of applicants to ensure that their input was accounted for.

Several ‘groups’ of individuals and families who access services from E&IS were excluded from the evaluation for a variety of reasons. In particular, emergency shelter residents, residents of domiciliary hostels, individuals who were 65 years of age and older, those individuals who were applying for Temporary Care Assistance, members of the general public who receive service under the First Response Protocol and those who contact E&IS for general information were not invited to take part in the evaluation.

FINDINGS

One of the purposes of the Service Delivery Evaluation was to determine if the goals of the Service Path Redesign had been met. For the purposes of presenting the findings, the SPR goal statements have been rephrased to form the following questions:

- Are a comprehensive range of programs and supports available?
- Are appropriate supports consistently available to Participants?
- Are roles and expectations clear for all Staff?
- Are efficient and effective tools and resources in place?
Is internal and external communication effective?
Are solid community partnerships in place?

The responses of several of the stakeholder groups were analyzed in greater detail to see if any differences existed between those who were part of the group. For example, the responses of those Community Partners who have a Purchase of Service Agreement with the Region were examined separately from those Community Partners who do not have an Agreement. Participant responses were analyzed on the basis of the E&IS office they receive service from, the age of the Participant, and the length of time the Participant has been on assistance. Lastly, the responses of E&IS Staff were examined on the basis of the Staff member’s primary work location (Cambridge, Kitchener or Waterloo), the work unit they are part of, and whether they are a Supervisor/Manager or a front-line Staff.

In the tables that follow, the findings have been grouped according to whether the topic would ‘benefit from improvement’, whether ‘further exploration’ of the results appears necessary, or whether the results were ‘generally positive’. The detailed findings can be found within the body of the Service Delivery Evaluation Findings Report.

Table 1 – Are a comprehensive range of programs and supports available?

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<td>The majority of Applicants and Participants were informed of community programs.</td>
</tr>
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<td>Transportation and child care were barriers most frequently identified by Applicants and Participants.</td>
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</tr>
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<td>Community Partners cited the lack of awareness as the obstacle most frequently experienced by the individuals and families they regularly work with when trying to access E&amp;IS programs and services.</td>
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<td></td>
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</tbody>
</table>
## Service Delivery Evaluation Executive Summary

### Table 2 – Are appropriate supports consistently available to Participants?

<table>
<thead>
<tr>
<th>Benefit from improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Number of translated documents.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Further exploration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Differing opinions on how helpful and/or easy to understand Clients found the written material that is provided by E&amp;IS.</td>
</tr>
<tr>
<td>• Number of referrals made to Employment Resource Areas, internal and external employment programs, Social Work and Family Support.</td>
</tr>
<tr>
<td>• Explore the feasibility of offering evening and/or weekend hours at the ERA.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Generally positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The majority of limited and non-English speakers found translated documents helpful.</td>
</tr>
<tr>
<td>• The majority of Participants knew about the benefits that they might be entitled to.</td>
</tr>
<tr>
<td>• The majority of Participants knew what they have to do in order to get services.</td>
</tr>
<tr>
<td>• The majority of Applicants and Participants were aware of their right to appeal.</td>
</tr>
<tr>
<td>• The majority of Applicants found the Client Information Folder helpful.</td>
</tr>
<tr>
<td>• The majority of Participants found the Individual Service Plan helpful.</td>
</tr>
<tr>
<td>• The majority of Applicants waited four days or less for their verification appointment.</td>
</tr>
<tr>
<td>• The majority of eligibility decisions were made the same day or the next business day.</td>
</tr>
<tr>
<td>• The majority of Applicants rated Intake and Casework Staff as polite, friendly and respectful.</td>
</tr>
<tr>
<td>• The majority of ERA users rated Staff as being very helpful.</td>
</tr>
<tr>
<td>• Limited and non-English speakers are treated with dignity and respect.</td>
</tr>
</tbody>
</table>

### Table 3 – Are roles and expectations clear for all Staff?

<table>
<thead>
<tr>
<th>Benefit from improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understanding of the roles of other E&amp;IS Staff.</td>
</tr>
<tr>
<td>• Community Partners’ knowledge of who to contact if they have a question about a client’s situation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Further exploration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not applicable.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Generally positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The majority of E&amp;IS staff had a clear understanding of their role.</td>
</tr>
<tr>
<td>• The majority of Participants knew who their Caseworker is ‘most of the time’.</td>
</tr>
<tr>
<td>• The majority of Participants knew who to call if they have a question.</td>
</tr>
</tbody>
</table>
### Table 4 – Are efficient and effective tools and resources in place?

**Benefit from improvement**
- OW video.
- Individual Service Plan.
- Electronic Blue Book.
- Technology integration.

**Further exploration**
- Notes template.
- Training approaches and supports.

**Generally positive**
- The majority of E&IS staff said that policies and procedures are in place to support Staff.

### Table 5 – Is internal and external communication effective?

**Benefit from improvement**
- Communication with other Divisional Staff about programs and services or about Applicants/Participants.
- Understanding of and utilization of the role of the E&IS Liaison Staff.

**Further exploration**
- Explore the use of e-mail and social networking as communication vehicles between Participants, Community Partners and E&IS Staff.

**Generally positive**
- The majority of Staff rated communication between members of their team as ‘good or excellent’.
- The majority of Applicants and Participants indicated that they have their questions answered.
- The majority of Applicants received consistent information from Intake and Casework Staff.
- The majority of Participants received the information they need.
- The majority of Participants had things explained in an ‘easy to understand’ way
- The majority of Participants ‘never’ had to call different people to get the information they need.
- The majority of Community Partners received answers to their questions in a timely manner.
- The majority of Community Partners received appropriate explanations to the questions they had.
### Table 6- Are solid community partnerships in place?

<table>
<thead>
<tr>
<th>Benefit from improvement</th>
<th>Further exploration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not applicable.</td>
<td>• The appropriateness of referrals.</td>
</tr>
<tr>
<td></td>
<td>• The number of referrals.</td>
</tr>
<tr>
<td></td>
<td>• Provision of feedback and/or monitoring of Client progress.</td>
</tr>
</tbody>
</table>

**Generally positive**

<table>
<thead>
<tr>
<th>Benefit from improvement</th>
<th>Further exploration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not applicable</td>
<td></td>
</tr>
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</table>

### Table 7- Helpfulness and satisfaction

<table>
<thead>
<tr>
<th>Benefit from improvement</th>
<th>Further exploration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Helpfulness of Family Support.</td>
<td></td>
</tr>
</tbody>
</table>

**Generally positive**

<table>
<thead>
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<th>Benefit from improvement</th>
<th>Further exploration</th>
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<table>
<thead>
<tr>
<th>Benefit from improvement</th>
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<tbody>
<tr>
<td>• The majority of Participants rated Employment Resource Areas, internal and external employment programs, and Social Work as helpful.</td>
<td></td>
</tr>
<tr>
<td>• The majority of Participants indicated they were ‘very satisfied’ or ‘satisfied’ with the service they receive from the Ontario Works office.</td>
<td></td>
</tr>
</tbody>
</table>

### Table 8- Other themes

<table>
<thead>
<tr>
<th>Benefit from improvement</th>
<th>Further exploration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Helpline.</td>
<td>• Client Booking System.</td>
</tr>
<tr>
<td>• Alternate Worker assignment.</td>
<td>• Employment Ontario.</td>
</tr>
<tr>
<td>• Clerical functions.</td>
<td>• Those individuals excluded from the evaluation.</td>
</tr>
<tr>
<td>• Scheduling of appointments.</td>
<td></td>
</tr>
<tr>
<td>• Consolidated Verification Process.</td>
<td></td>
</tr>
<tr>
<td>• Workload.</td>
<td></td>
</tr>
</tbody>
</table>
SERVICE DELIVERY EVALUATION EXECUTIVE SUMMARY

- Evaluation of selected components and processes of service delivery.
- Service delivery to rural residents.

Generally positive
- Just in Time intakes.
- Reinstatement of the telephone hour.

NEXT STEPS

This Findings report has presented the experiences, opinions and suggestions of approximately 560 stakeholders. Between January and May 2011, ‘stakeholder validation sessions’ were held with the Design Committee, the E&IS Community Advisory Committee, Community Partners, E&IS Staff, and OW Participants. Each of those in attendance at one of the sessions was provided with a template which asked the stakeholder to identify:

- What findings ‘surprised’ them;
- What findings ‘did not surprise’ them; and
- Which three things Employment & Income Support should work on in the next year or two.

The completed templates have been collated and were used to inform the next phase of the Service Delivery Evaluation.

During this final phase of the evaluation, four Staff focus groups were held to share the validation findings and to gain Staff’s input on the structures and/or processes that could be put in place to address some of the work plan items proposed by stakeholders. Where appropriate, the process evaluations, debrief discussions, Staff surveys, and quantitative OW performance measures that were conducted or gathered previously will be referenced. All of this work will culminate in the development of an Emerging Themes and Future Directions report to be finalized in fall of 2011.

The full Service Delivery Evaluation Findings Report can be found on the Region of Waterloo website (www.RegionofWaterloo.ca). If you would like to request a copy of the full Findings Report, please contact: David Dirks, Director, Employment and Income Support, 519-883-2179, ddirks@Regionofwaterloo.ca, or, Chris McEvoy, Social Planning Associate, 519-883-2302, cmcevoy@Regionofwaterloo.ca.
MEMORANDUM

To: Chair Sean Strickland and Members of the Community Services Committee
From: Graeme Fisken, Manager, Employment Services
Copies: Michael Schuster, Commissioner, Social Services
        David Dirks, Director, Employment & Income Support

File No.: S09-01
Subject: ASSOCIATION FOR MUNICIPAL EMPLOYMENT SERVICES ANNUAL CONFERENCE

The Employment & Income Support (E&IS) Division, Social Services is hosting the Association of Municipal Employment Services (AMES) Conference for 2011.

AMES is an association made up of front line staff from municipalities across Ontario. AMES’ mandate is to provide information, training and networking opportunities to Consolidated Municipal Service Managers (CMSMs), District Social Service Administration Boards (DSSABs) and First Nation employees who provide employment services.

AMES believes in lifelong learning while offering a chance for staff to share ideas and resources while rejuvenating oneself through a variety of workshops, plenary sessions and extracurricular activities, unique to the area that the conference is held.

This year key note speakers will offer a wide variety of expertise and enthusiasm. Merelle Rodrigo will be discussing how non verbal communication, “Body Language”, often communicates a different message from the spoken word. Catherine Chambers is skilled in technology –enhanced job development and will discuss how digital learning and social media platforms can assist career practitioners and the clients they serve. Gord Paynter incorporates his own personal struggles with blindness into his motivational speaking, offering a reflective and entertaining interlude.

While attending the conference delegates from across Ontario will also take time to sample Waterloo Region hospitality and culture through a visit to a working Mennonite farm and an Oktoberfest themed banquet.

Through the work of the AMES Board and a Conference Committee of ten Region of Waterloo, E&IS Staff, we anticipate a successful and informative conference. It is anticipated that there will be about 150 participants.

AMES 2011 is being held at the Cambridge Conference Centre, October 2 to 5, 2011.

For further information please contact David Dirks, Director, Employment and Income Support at 519-883-2179; or ddirks@region.waterloo.on.ca
MEMORANDUM

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

From: Nicole Francoeur, Social Planning Associate
       Marie Morrison, Manager, Social Planning
       Lynn Randall, Director, Social Planning, Policy & Program Administration

File No: S13-20

Subject: STEP HOME VIDEO AND UPDATED BROCHURE

A STEP Home (Support to End Persistent Homelessness) video has been created and is now available on disk and on the Region’s website (www.regionofwaterloo.ca). The video serves as a tool to communicate the complexities of persistent homelessness and the unique ways that programs under the umbrella of STEP Home are responding. Two versions of the video have been produced (15 minutes and eight minutes) to address the needs of different audiences.

The idea to create a STEP Home video emerged out of discussions with the STEP Home Reference Group and Front-Line Workers Group in early 2010 as a means to build awareness of STEP Home and issues for people experiencing persistent homelessness more generally. In response, a STEP Home Video Working Group was assembled and met 12 times from June 2010 to January 2011. Representation on the Working Group included STEP Home managers, front-line workers, participants, Region Staff and an external videographer. The 15 minute version of the video was completed in March 2011. Region staff then worked with Regional Information and Technology Services (ITS) over the summer to produce the shortened 8 minute version which is being shown to Committee members today. Costs to produce the video were funded under the federal Homelessness Partnering Strategy (HPS).

The STEP Home Brochure is another tool used to build awareness of STEP Home. The brochure was first produced in 2009 and was updated in 2010 and 2011. The 2011 update reflects additional programs and agencies involved in STEP Home. A copy of the brochure will be distributed at the September 27, 2011 Community Services Committee meeting and will also be available on the Region’s website (www.regionofwaterloo.ca).

For further information please contact Marie Morrison, Manager, Social Planning (519-883-2238) or Nicole Francoeur, Social Planning Associate (519-575-4757 ext. 5372).
To: Chair Sean Strickland and Members of the Community Services Committee
From: Nancy Dickieson, Director Children's Services
Copy: Michael Schuster, Commissioner, Social Services
File No.: S04-20
Subject: NEW PROVINCIAL WEBSITE FOR EARLY LEARNING FRAMEWORK

On August 31, 2011 the Province announced a new website for the Early Learning Framework. The information provided below is taken from the email sent to all licensed Early Learning and Child Care operators to inform them of the new resource. Assistant Deputy Minister, Jim Grieve at the Ministry of Education provides an overview of the website in the information below.

“I’m writing to introduce an exciting new resource for early childhood educators and other early learning practitioners that will help to support program development in early childhood settings. The government of Ontario has just launched a website version of the Early Learning Framework—it’s available at: www.edu.gov.on.ca/childcare/oelf/. It’s based on the Best Start Expert Panel 2007 report Early Learning for Every Child Today: A framework for Ontario early childhood settings. The website is intended to be a resource to help early childhood educators and other early learning practitioners incorporate the Early Learning Framework principles into their daily practice.

Visit the website to:
- familiarize yourself with the six guiding principles of the Early Learning Framework
- hear early learning experts talk about early childhood development
- view videos and photos from various early childhood settings and get ideas about how to put the principles into practice

The website features early childhood educators and other early learning practitioners, experts and children from across Ontario. Various communities—rural and urban, Aboriginal, French and English—are represented on the site.

The Framework sets out the following six shared principles as a foundation for optimal learning and development:
- Early development sets the foundation for lifelong learning, behaviour, health and well-being.
Partnerships with families and communities help child care settings to best meet the needs of young children.

- Respect for diversity, equity and inclusion is vital for optimal development and learning.
- A planned program supports learning.
- Play is a means to learning that capitalizes on children’s natural curiosity and exuberance.
- Knowledgeable and responsive early childhood educators and other early learning professionals are essential to early childhood settings.

The Early Learning Framework serves as a guide to support program development in early childhood settings in Ontario, providing a starting point for further reflection and discussion. It can be used in any early childhood setting including child care centres, home child care, parent/child programs, before and after school programs and more. The framework complements other program approaches, early identification protocols and regulatory requirements.

This new site is one of a series of web-based resources provided by the government of Ontario to support early learning and care:

- Day Nurseries Act for Child Care Supervisors of Ontario website, [www.childcarelearning.on.ca](http://www.childcarelearning.on.ca)
- Ontario’s Licensed Child Care website, [www.ontario.ca/licensedchildcare](http://www.ontario.ca/licensedchildcare)
- Information about child care in Ontario, [www.ontario.ca/childcare](http://www.ontario.ca/childcare)
- Information about full-day kindergarten for four- and five-year-olds, [www.ontario.ca/kindergarten](http://www.ontario.ca/kindergarten)

You’ll hear more from us in the months ahead about professional development and other resources we’ll be offering to help you put the website to work for you.

See below for a message you can post on your website or use in your newsletters to inform others about the Early Learning Framework website.

I encourage you to visit the Child Care Professionals section of our website at: [www.edu.gov.on.ca/childcare/oelf/](http://www.edu.gov.on.ca/childcare/oelf/) and begin to use this valuable new early learning resource. “
September 6, 2011

Dear Child Care Operator:

There is exciting progress to report to you regarding the transfer of child care from the Ministry of Children and Youth Services (MCYS) to the Ministry of Education (EDU). The transfer, announced in April 2010, was based on clear evidence that high quality, integrated early learning and development pays off in terms of student achievement, and social and emotional development -- and it helps to build a stronger knowledge-based economy.

Today I want to tell you about the last phase of the child care transfer. Together, the Ministry of Children and Youth Services (CYS) and the Ministry of Education (EDU) have just announced that responsibility for child care licensing will transfer from CYS to EDU on January 1, 2012. Staff of both ministries have been working closely on all aspects of this transfer to ensure that we achieve as seamless a transition as possible.

A new branch has been established in EDU’s Early Learning Division to take on this work. The new branch – the Child Care Quality Assurance and Licensing Branch -- will take on the licensing function and any staff transferred from CYS. This new branch will work closely with the two other branches of the Early Learning Division – the Early Learning and Child Care Policy and Program Branch and the Early Learning and Child Care Implementation Branch, as well as the Early Learning and Child Care Program Support Unit.

The new Child Care Quality Assurance and Licensing Branch will have staff in EDU’s corporate office and located across the province to carry out the licensing work in the field.

We are thrilled to welcome the child care licensing staff to the Ministry of Education’s Early Learning Division. We know that we will continue to benefit from the deep knowledge and experience of the professional staff who will be joining our Early Learning Division.

Sincerely,

Jim Grieve
Assistant Deputy Minister
Early Learning Division
Ministry of Education
To: Chair Sean Strickland and Members of the Community Services Committee
From: Tom Reitz, Manager/Curator, Waterloo Region Museum
Subject: WATERLOO REGION MUSEUM STEERING COMMITTEE
File No: C05-01

The work of the Waterloo Region Museum Steering Committee has been completed and the Committee has concluded. The committee’s final meeting was held Friday, September 9, 2011. This memo summarizes and recognizes their outstanding work under the Chairmanship of Councillor Tom Galloway.

In 2007, Regional Council established a Steering Committee to advise the Waterloo Region Museum project. The committee was comprised of six members of Regional Council and six member of the community, including one person from the Friends of the Museum Board of Directors.

Through the opening of the Waterloo Region Museum building in May 2010, the Committee offered guidance to staff regarding building and exhibit design; assisted in the interview and selection of architectural and design consultants for the museum; reviewed space planning requirements; identified options for exhibit themes; suggested opportunities for community involvement and partnerships; and provided project oversight through the design and construction phases.

Of particular note, the committee had a vision of creating a one-of-a-kind signature building. This was embodied in their decisions regarding the materials, design and colour palette on the Homer Watson façade of the building, and selection of the quote by Wilfrid Laurier that is coded into the pattern.

The original term of the Committee ended in December 2010. A new Committee was established in 2011 to offer advice on exhibits being developed for the museum. At that time, two additional Regional Councillors joined the committee, and the six community representatives continued with the committee.

Regional Councillors on the committee were:

Tom Galloway, Chair    Claudette Millar
Jean Haalboom, Vice Chair   Jane Mitchell
Les Armstrong (2011)   Ken Seiling
Jane Brewer (2011)   Sean Strickland
Community representatives were:

- Cathy Blackbourn, Kitchener
- Betty Lou Cull, Wilmot Township
- Karen Dearlove, Cambridge
- Debbie Maidment, Waterloo
- Brian Snyder, Cambridge
- Warren Stauch, Kitchener

The Region thanks the committee members for their time and advice in helping to realize the completion of the Waterloo Region Museum, an Regional staff will be following up to more formally recognize the contributions of the community members.
To: Chair Sean Strickland and Members of the Community Services Committee  
From: Tom Reitz, Manager/Curator, Waterloo Region Museum  
Subject: WATERLOO REGION MUSEUM PUBLIC ART DEDICATION  
File No: C06-60

Friday, September 30, 2011, 1:30 p.m.  
10 Huron Road, Kitchener, Ontario  
Phone: 519-748-1914

Please join us in celebration of new Regional public art that is installed near the entrance to the Waterloo Region Museum.

The public art called *His Messenger – Our Prayers* is the first object museum visitors see as they walk to the entrance of the building. The bronze sculpture, created by artist David General from Six Nations, is six feet in height and mounted on a black granite base. All are welcome to attend this community celebration. The dedication will include a performance by Mino ode Kwewak N’gamowak (The Good Hearted Women Singers).

"Art can be a powerful vehicle to share political and cultural perspectives. Hopefully, *His Messenger - Our Prayers* will help all peoples - native and non native - realize we sometimes need divine intervention to get the most out of respect, wisdom, good minds and cooperation. We should never think we can or need to face life's toughest challenges alone," said artist David General.

The dedication is presented as part of Culture Days, a national celebration of arts and culture in Canada, being held from September 30 through October 1.

In October 2009, Regional Council approved the recommendation for a First Nations artwork project at the Waterloo Region Museum (see report CR-FM-09-025, October 27, 2009). A public art competition was initiated which included the requirement that participants be status or nonstatus aboriginal persons resident in the Province of Ontario. Three artists responded to the competition.

Submissions were reviewed by a jury comprised of: Jean Haalboom and Jane Mitchell, Regional Councillors; Doug Kirton, Fine Arts Professor from the University of Waterloo; Trudy
Nicks, Senior Curator of Ethnohistory in the World Cultures Department at the Royal Ontario Museum; and Tom V. Hill, former Director of the Woodland Cultural Centre and a First Nations Artist.

During the jury deliberation process each artist was invited to speak to the jury and answer their questions. The jury chose David General’s proposal of His Messenger – Our Prayers for recommendation to Regional Council.

The theme of this iconic art proposal is an eagle pointed to the heavens which is carrying the Thanksgiving Address (Haudenosaunee) from the people to the creator. The words of the Haudenosaunee are inscribed in Mohawk on the sculpture.

Suitable landscape treatments, ensuring visibility of the sculpture from all sides, will be developed and installed to blend the sculpture into the naturalized landscape that surrounds the building.
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