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

2. DEPARTMENTAL PRE-BUDGET PRESENTATIONS
   a) Public Health/Emergency Medical Services – Dr. L. Nolan
   b) Social Services – Seniors’ Services and Social Planning, Policy and Program Administration – D. Bartholomew-Saunders
   c) PH&CS – Housing and Community Services – R. Horne

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

3. REQUEST TO REMOVE ITEMS FROM CONSENT AGENDA

4. MOTION TO APPROVE ITEMS OR RECEIVE FOR INFORMATION
   a) **PH-13-038**, Healthy Smiles Ontario: An Update (Information) 1
   b) **PH-13-039**, 2012 Public Health Annual Report (Information) 4
   c) **PH-13-040**, 2013 Public Health Budget Approval & 2013 Emergency Medical Services Grant (Approval) 7
   d) **SS-13-028**, 2013-2014 Ontario Works Service Plan (Approval) 41
   e) **SS-13-029/P-13-091**, 2012 Homelessness to Housing Stability Reports (Information) 44
   f) **SS-13-030**, Community Homelessness Prevention Initiative Update (Approval) 57
   g) **SS-13-032**, Purchase Of Service Contract, Children’s Services (Approval) 65
   h) **SS-13-033**, Child Care Central Registration And Wait List – “Onelist” (Information) 67
i) P-13-083, Fifteenth Annual Report of The Kissing Bridge Trailway Advisory Committee (Information) 69

j) P-13-084, The Guelph to Goderich Trail - Expanding the Kissing Bridge Trailway Westward to Goderich (Information) 82

k) Memo: New Director/Chief of EMS 87

l) Memo: Poverty Myth Busters, Housing Stability System Newsletter, Comprehensive Approach to Poverty Reduction Progress 88

m) Memo: Regional Poverty Reduction Steering Committee Recognized for Local Municipal Champions Award, 2013 89

n) Memo: Volunteer Today Campaign 92

REGULAR AGENDA RESUMES

5. REPORTS – PUBLIC HEALTH


b) PH-13-035, Excellence in Patient Care: Improvements to EMS Service Delivery update 106

c) PH-13-036, Emergency Medical Services (EMS) Performance Measurement Quarterly Report 111

d) PH-13-037, Emergency Medical Services (EMS) Response Times Performance 116

REPORTS – SOCIAL SERVICES

e) SS-13-031, Children’s Services Division Utilization of Unconditional Grant 121

REPORTS – PLANNING, HOUSING & COMMUNITY SERVICES

f) P-13-090 Housing Services Corporation Insurance Program 2013 Update 124

6. INFORMATION/CORRESPONDENCE

a) Council Enquiries and Requests for Information Tracking List (No Items)

7. OTHER BUSINESS

8. NEXT MEETING – Tuesday, October 1, 2013

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

DATE: September 10, 2013

FILE CODE: P04-80

SUBJECT: HEALTHY SMILES ONTARIO: AN UPDATE

RECOMMENDATION:

For information

SUMMARY:

The purpose of this report is to provide Regional Council with an update on Healthy Smiles Ontario, which is funded 100% by the Ministry of Health and Long-Term Care. This program provides preventive and early treatment services to eligible children and youth aged 0 to 17 years. Since the program launch in October 2010, 1,106 children and youth from Waterloo Region have been enrolled in Healthy Smiles Ontario (as of July 31, 2013) and this figure continues to increase by 20 to 40 clients each month. The annual program budget is $829,339 and $253,000 is allocated for fee-for-service payments for dental treatment. In 2012, $230,203.95 was paid to private practice dentists and in future it is likely that fee-for-service costs will exceed the allocated budget if the program is fully implemented.

In March 2013, as part of the Program Based Grants submissions, Region of Waterloo Public Health made a request to the Ministry of Health and Long Term Care for additional funding of $100,000 to cover anticipated growth in fee-for-service costs in 2013. On August 15th, Public Health received notification from the Ministry that no additional funding would be provided. Consequently, Public Health will continue to operate within the existing funding envelope and take cost-containment measures as required.

As of July 31st, $130,121 has been paid to private practice dentists in 2013 and it is likely that fee-for-service costs will equal or slightly exceed the allocated budget. However, this figure is lower than originally estimated because the preliminary cost containment measure of limiting health promotion was taken in April 2013 as a budgetary precaution to limit program uptake.

To ensure the continued success of Healthy Smiles Ontario, it is necessary for the Ministry of Health and Long Term Care to review Healthy Smiles Ontario funding allocations between public health units and to make adjustments to the operational budgets; and it is essential that Healthy Smiles Ontario remain 100% provincially funded.

REPORT:

1.0 Background

In October 2010 Healthy Smiles Ontario was launched throughout the province and funded 100% by the Ministry of Health and Long-Term Care. Public health units are responsible for the implementation and administration of this program, which provides preventive, promotion and early treatment services to eligible children and youth aged 0 to 17 years.
Health units determine eligibility at the local level based on provincial criteria. Once eligible, children and youth qualify for services for up to a maximum period of three years provided the resident is under 18 years of age. After three years, children and youth will be reassessed for eligibility and if eligible be extended for another three years. The eligibility criteria for Healthy Smiles Ontario include financial and non-financial elements. Financial criteria are aligned with the Ontario Child Benefit (OCB) program and correspond with the OCB maximum payment threshold, which uses an adjusted family net income of $20,000 or under. Non-financial criteria are as follows: children aged 0-17-years; resident of Ontario; and no access to other forms of oral health coverage, including access to other provincial or federal dental programs that provide on-going basic dental care (e.g., Ontario Works).

In Waterloo Region, the components of Healthy Smiles Ontario include:

(1) Dental treatment services provided by dentists in public health clinics and by dentists in private practice on a fee-for-service basis. To be eligible to receive these services, clients must have a current Healthy Smiles Ontario card. Cards are renewed each year.

(2) Preventive care services provided by public health dental hygienists working in public health clinics and community settings (e.g., Community Health Centres), and by private dental providers on a fee-for-service basis.

(3) Oral health screening provided by public health dental hygienists at public health and community sites to identify children and youth with early signs of dental disease and to assist residents with access to programs.

(4) Dental Health staff providing health promotion activities and community outreach services in partnership with local community programs and/or providers that service the low-income community.

Regional Council was previously updated on the implementation of Healthy Smiles Ontario on August 14, 2012 (CSC Report PH-12-030).

2.0 Client Enrolment and Fee-for-Service Budget

As of July 31, 2013, Healthy Smiles Ontario client cards have been issued to 1,106 children and youth in Waterloo Region since the beginning of the program, and over 40,000 cards have been issued provincially. In 2012, 520 clients were enrolled on Healthy Smiles Ontario in Waterloo Region; and it is estimated that an additional 500 children and youth may be enrolled in 2013 and 2014. By the end of 2014, about 1,500 children and youth may be on Healthy Smiles Ontario.

Healthy Smiles Ontario has been well supported by community partners, including local dentists and dental hygienists. Thus far, 163 private practice dentists in Waterloo Region have treated at least one child or youth through this program.

In 2012, 589 children received treatment at dental offices through Healthy Smiles Ontario and the average treatment cost for these children was $390.84. The cost for fee-for-service treatment was $230,203.95 in 2012. Given that the annual budget allocated for fee-for-service payments is $253,100, it is likely that in subsequent years the cost of dentist payments will exceed the allocated budget as client enrolment increases and program awareness grows.

As of July 31st, $130,121 has been paid to private practice dentists in 2013 and it is likely that fee-for-service costs will equal or slightly exceed the allocated budget. However, this figure is lower than originally estimated because in April 2013 health promotion for the program was limited as a budgetary precaution. Consequently, the number of new clients enrolled in the program decreased
from an average of 43 per month in 2012 to an average of 22 per month from April to July 2013.

By the end of 2014, it is estimated that 1,500 clients could be enrolled on Healthy Smiles Ontario in Waterloo Region, if the program is fully implemented. Based on our experience of 70% of enrolled clients seeking service, if the clients received dental treatment at a private dental office and the average cost of care was $390.84, the expenditure for dental treatment would be $410,382, which is $157,282 higher than the budget allocation of $253,100.

Healthy Smiles Ontario is funded 100% by the Ministry of Health and Long Term Care and is a separate envelope of funding that is discrete from other Public Health funding allocations; the province has made no provision to accommodate over-expenditures by individual health units in any given year. Provincial allocations for Healthy Smiles Ontario were decided by the Ministry of Health and Long Term Care in 2010 and have not been revised. In 2012 many public health units were substantially under spent for Healthy Smiles Ontario and these unspent funds were returned to the province.

3.0 Program Based Grants Submissions

In March 2013, as part of the Program Based Grants process, the Ministry of Health and Long-Term Care asked Public Health Units to submit requests for budget reallocations for Healthy Smiles Ontario. Region of Waterloo Public Health requested additional funding of $100,000 to cover fee-for-service costs in 2013. On August 15th, the Ministry informed Public Health that no additional funds for Healthy Smiles Ontario would be provided. Consequently, Public Health will continue to operate within the existing funding envelope and take further cost-containment measures as required.

To prevent this situation from becoming an annual issue, it is necessary for the Ministry of Health and Long Term Care to review Healthy Smiles Ontario funding allocations between public health units and to make adjustments to the operational budgets.

4.0 Conclusion

Healthy Smiles Ontario has addressed a significant gap that existed in dental care for children and youth from low income families. By providing ongoing care, Healthy Smiles Ontario has allowed these children to maintain good oral health which acts a resource to daily living and well-being. This program has been well received by the public, community agencies and dental providers. Although Healthy Smiles Ontario has achieved many successes, the provincial government needs to continue to improve the program by reviewing funding allocations for local health units and continuing to fund the program 100% provincially.

CORPORATE STRATEGIC PLAN:

Focus Area 3 - Healthy and Safe Communities; and Focus Area 6 - Service Excellence.

FINANCIAL IMPLICATIONS:

Expenditures for HSO are covered by 100% provincial funding. This program will be managed within the allocated budget and oversubscription would result in cost containment measures.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS
NIL

PREPARED BY:  Dr. Robert Hawkins, Dental Consultant

APPROVED BY:  Dr. Liana Nolan, Commissioner/Medical Officer of Health
REGION OF WATERLOO
PUBLIC HEALTH
Central Resources Division

TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: September 10, 2013
FILE CODE: P20-80
SUBJECT: 2012 PUBLIC HEALTH ANNUAL REPORT

RECOMMENDATION:
For Information

SUMMARY:
The goal of Region of Waterloo Public Health (ROWPH) is to build healthy and supportive communities in partnership. The purpose of the 2012 Public Health Annual Report to the Community is to provide a broad overview of ROWPH programs, services, and key accomplishments over the course of the year that have moved us closer to this goal. The report utilizes ROWPH’s four strategic priorities:

- Applying the Health Promotion Framework,
- Demonstrating Accountability and Reporting,
- Compliance with Ontario Public Health Standards, and
- Contributing to Service Excellence

In compliance with the Accessibility for Ontarians with Disabilities Act, and to meet the needs of a diverse community, the report has been written in plain, clear, and respectful language. Accessible formats will be provided upon request. The report is available to the public on the Public Health website:

REPORT:
This report highlights key accomplishments through short articles and quick statistics.

Public Health Role

The main goal of the Public Health Department is to build healthy and supportive communities in partnership. It does this through the provision of emergency medical services and comprehensive public health services. Its key objectives are:

- Decrease premature morbidity and mortality by providing effective and efficient emergency medical services
- Enable all children to attain optimal health and developmental potential
• Prevent and minimize risk by reducing environmental and other potential hazards (food, water)
• Reduce and manage infectious disease risks
• Reduce the burden of preventable chronic diseases
• Monitor and report population health information (health surveillance, health status reporting)

**Service Excellence**

Serving the community is at the heart of our work. “Service” is a corporate value. Public Health strives to provide excellent service every day in its interactions with the public and our partners. These stories demonstrate responsive service, going the extra mile, recognizing achievements in the community, providing excellent information and resources, and supporting our partners.

**Health Promotion Framework**

Health promotion is not merely the absence of disease. It is the process of helping people to increase the control over and improve their health. These stories describe creative health promotion initiatives that involve information sharing, policy development and partnership.

**Ontario Public Health Standards**

The scope of Public Health services is determined by the provincial Ministry of Health and Long Term Care through a set of standards which ensure consistency across Ontario. These stories describe how public health provides excellent service as required by the detailed expectations of the Ministry.

**Accountability and Reporting**

Public Health reports to the Ministry, Regional Council and the public regularly. This provides transparency for our programming. These stories describe how we evaluate what we do. We strive to continuously improve effectiveness and efficiency, and respond to new requirements.


**CORPORATE STRATEGIC PLAN:**

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

**FINANCIAL IMPLICATIONS:**

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

NIL

ATTACHMENTS

2012 Public Health Annual Report (Distributed Separately)

PREPARED BY:  
Candace Harrington, Coordinator, Marketing & Communications  
Anne Schlorff, Director, Central Resources

APPROVED BY:  
Dr. Liana Nolan, Commissioner/Medical Officer of Health
Region of Waterloo Public Health
2012 Annual Report
Welcome to the 2012 Annual Report

This report highlights key accomplishments through short articles and quick statistics.

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Dr. Liana Nolan
Commissioner/ Medical Officer of Health
Region of Waterloo Public Health

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Keeping the public safe: 2012 International Plowing Match

The International Plowing Match (IPM) is Canada’s largest agricultural festival occurring annually in Ontario. The 2012 IPM took place in Roseville from September 18 to September 22, 2012.

Planning for the 2012 IPM started in 2010. An internal Public Health team from the Health Protection and Investigation Division addressed, planned and responded to Public Health issues and worked with event organizers, coordinators, vendors and exhibitors to ensure a safe and successful event.

The event covered over 800 acres in Roseville and had an attendance of approximately 75,000 visitors over the five days. The IPM had an RV Park with over 1800 RV sites on 100 acres and a Tented City with approximately 600 vendors, exhibitors, artisans and educational tents located on another 100 acres.

The Health Protection and Investigation Division spent over 600 hours on activities related to IPM which included food safety, safe water, infection control, rabies control, garbage/recycling and dust control, sewage and waste water disposal. The activities included consultation and planning for the event as well as onsite inspection, investigation, monitoring, education and oversight activities. In addition, drinking water sample bottles and information on food safety, body and beauty art safety, and health hazard information were available for visitors.

More than 500 people visited the rabies interactive display. Staffed by Public Health Inspectors, the display included an information panel board and a spinning wheel with colour coded and age appropriate rabies questions. Rabies activity sheets were available for children.

Public Health’s presence at International Plowing Match:

- **Food vendor supervision**: over 50 food vendors received two inspections and food handler training was offered
- **Food demonstration tent**: seven food demonstrations per day required daily inspections
- **Volunteer lunches**: 500 boxed lunches for volunteers and plowmen were prepared by 50 food handlers. Daily inspections and food handler training were provided
- **Daily active surveillance**: monitoring for enteric illness and animal biting incidents through daily onsite updates with our EMS partners
- **Animal handling and infection control**: 300–400 horses at the event—plus cattle, pigs, sheep, llamas, alpacas, goats, poultry, and pony rides. Interactive animal display areas required daily monitoring
- **Sanitary waste management**: 140 portalets were available at the event which generated over 110,000 litres of sewage. Public Health provided daily monitoring for sanitary waste management and appropriate disposal
- **Waste disposal**: Public Health oversight and monitoring of 300 garbage bins to ensure sanitary operations and pest control
- **Safe drinking water**: 18 kilometres of water lines and over 1,400 connections were run into the event site. Daily oversight of drinking water required the monitoring of lab reports and sampling procedures
Managing Waterloo Region’s risk of vector-borne diseases

West Nile virus (WNV) and Lyme disease are the vector-borne diseases of primary concern of Public Health. The objective of the Region of Waterloo’s Vector-Borne Program is to reduce the risk of resident’s exposure to WNV and Lyme disease. Public Health works to accomplish this by raising public awareness, investigating human cases, routine monitoring and surveillance, and by implementing vector control measures such as treating catch basins to prevent adult mosquitos from developing.

West Nile virus activity is difficult to predict and had been declining in recent years. However, in 2012 there was an increase in the virus activity provincially. There were three cases confirmed among Waterloo Region residents and 238 human cases across Ontario. 2012 also saw four cases of Lyme disease confirmed among Waterloo Region residents. Across Ontario the total was 101 cases. None of the cases were acquired locally. Presently, Waterloo Region is not an endemic area for the black legged tick, the known vector of Lyme disease. The tick may still be found sporadically throughout the region when brought here by migratory birds and other mammals that travel from endemic areas.

Throughout the spring and fall of 2012, Public Health staff conducted 54 tick dragging surveillance investigations at 27 locations across the region. No ticks (black-legged or otherwise) were found.

For more information on West Nile virus visit: bit.ly/19Eg1Di

For more information on Lyme Disease visit: bit.ly/15vsbHh

Celebrating healthy workplaces

Since its inception in 2009, Waterloo Region’s Healthy Workplace Awards Program has generated much interest from local businesses. Workplaces receiving one of the three award levels (bronze, silver or gold) have demonstrated a comprehensive approach to their wellness programming through programs and policies that support healthy workplace behaviours.

Achieving an award not only has employee health benefits, but also demonstrates to current and future employees that it is a company that invests in and cares about their staff.

Public Health has given out a number of awards recognizing these employers as health and wellness champions and role models in our community.

For previous years’ award recipient’s photos and success stories (or to obtain a copy of the application form) please visit: www.projecthealth.ca and click on the Healthy Workplace Awards tab.
Child development training for primary health care providers

In October 2012, several divisions within Region of Waterloo Public Health collaborated jointly with the Ontario College of Family Physicians and ten local community agencies to put on a training event targeted specifically at primary health care providers. The topics were selected based on feedback from groups at previous training sessions:

- The 18-Month Well-Child Exam
- Fetal Alcohol Spectrum Disorder and prenatal alcohol screening assessment and referral to community supports
- Perinatal Mood Disorders and Impact on Child Development
- Prenatal Nutrition, Breastfeeding and Feeding the Infant/Toddler

The keynote address was given by Dr. Jean Clinton, a well known expert in the field of infant-maternal attachment. She brought new research to the group of 83 participants that exposed the relational effect of mother’s physical and mental health and how that can change the genetic underpinning of the fetus and developing child. This new field of research is called Epigenetics. The break-out sessions all had several experts presenting jointly and all were given strong, positive feedback scores for increase in knowledge, knowledge of screening tools and community resources.

Participants consisted mostly of family physicians, primary care nurses, and nurse practitioners. Practitioners have the option to submit relevant documentation of attendance as well as a pre and post survey to the Ontario College of Family Physicians to receive credit for these workshops. A certain number of annual credits are required for family physicians to maintain their licences to practice. Participants were also given a resource package of educational information as well as screening tools and community resource information. The package contained a CD with relevant links for each of the break-out sessions.

For more information on the presenters, their presentation slides and the CD visit: bit.ly/179brsm

Child health fairs

Each year, Public Health organizes child health fairs across the Region. In 2012, six fairs were held in various urban and rural locations. A total of 369 children attended the fair of which 335 were screened for healthy growth and development. The screens include dental, nutrition, speech, vision, hearing, and developmental screening. Screening is imperative to early identification so that appropriate early intervention can take place. In 2012, 51% of speech screens, 19% of vision screens, 8% of dental screens, 9% of hearing screens, and 46% of nutrition screens resulted in a referral for further follow-up.

To learn more about Region of Waterloo Public Health Child Health Fairs visit: bit.ly/1efNMdy
Helping to ‘guide’ new parents through the early years

Public Health sponsors the New Parent Resource Guide in Waterloo Region. The guide provides essential health information needed by expectant and new parents with children up to age six.

Articles include the basics on:

- Signs and symptoms of preterm labour, prenatal nutrition and exercise
- Perinatal mood disorders
- Breastfeeding, thrush and mastitis
- First foods, child nutrition and healthy weights
- Dealing with infant crying, promoting safe sleep
- Dental care
- Child development
- Dealing with fever and illness
- Immunizations
- Positive parenting and related issues (e.g. toilet learning, temper tantrums)
- Supervision of children and choosing caregivers
- Injury prevention, safety in the home and in vehicles, etc.

The guide provides up-to-date information, websites and community listings for local groups and services for new parents.

Public Health staff use the guide as a key teaching tool and encourage parents to refer back to it throughout their children’s early years.

New and expectant parents receive this free guide through the hospital, their midwife, or at their nearest Ontario Early Years Centre. It is also available online at: www.parentguide.ca

For more information about the New Parent Resource Guide, please call 519-575-4400

A program that takes CARE to a whole new level

The Community Awareness and Response to Emergencies (CARE) Program was established to provide free information sessions to increase knowledge and willingness of community members to help in an emergency medical situation. Funded by the Region of Waterloo since 2008, the program is a partnership between Region of Waterloo Emergency Medical Services (EMS), Heart and Stroke Foundation, St. John Ambulance, Canadian Red Cross and the ACT Foundation of Canada. The program goal is ultimately to have one member of every local household trained in CPR, First Aid and AED (Automated External Defibrillator).

Information sessions include both knowledge and practical components, and covers topics such as accessing 911, conscious choking, CPR and how to use an Automated External Defibrillator. It also covers potentially life-saving first aid procedures like caring for someone who is having a seizure, is severely bleeding or is suffering from a severe allergic reaction.

How can the public participate in CARE?

Ninety-minute presentations are available for schools, churches, sports group, etc. Public sessions are offered throughout the year at community and recreation centres. In 2012, 94 presentations were held which resulted in training for 2,257 citizens in the Region.

CARE also works in partnership with the two school boards to train grade nine students enrolled in physical education. Since 2009, both school boards have certified over 10,386 student in Heart Saver A (AED) under the ACT Foundation of Canada.

Public information sessions are regularly scheduled throughout the year. Please consult community centre newsletters or call: 519-579-5451 for upcoming sessions near you. The skills you learn can save a life.
Cancer screening saves lives

The earlier that cancer is detected, the greater the chance that treatment will be successful. Despite the free public programs for early cancer detection, two in five people don’t get screened.

Research tells us that some people are harder to reach through screening promotion and programming. People living with low income in particular, have been identified as a hard to reach group for breast cancer screening. To encourage breast cancer screening among this group, Public Health partnered with Waterloo Region Housing and the Waterloo Wellington Regional Cancer Program to create a program called the Breast Party Ever! The program worked with low income women living in or near selected community housing sites. Sites were chosen based on low breast cancer screening rates. The program’s goals included:

- Increasing awareness of breast cancer
- Increasing screening participation to the Ontario Breast Screening Program (OBSP)
- Supporting participants to get screened by assisting with transportation, booking appointments, etc.

With the success of the 2012 program, 2013 will include screening for cervical and colorectal cancer. In addition to community housing sites, sessions will be delivered in other neighbourhoods with low cancer screening rates.

Increasing shade in Waterloo Region

Shade protects people from the sun’s harmful rays. These rays are the main cause of skin cancer. Increasing shade in outdoor spaces is a great way to protect everyone from the sun. In 2012 Public Health advanced awareness of the benefits of planning for shade in a number of ways including the production of a Shade Audit Information Guide + Tool.

This tool helps people better understand and plan for shade in outdoor spaces. The goal is that people will think about, and plan for meaningful shade improvements. The tool was shared at a Shade Forum in October 2012. The Shade Forum is an annual event where community partners come together to share new shade ideas and policies.

Public Health has also supported the Waterloo Region District School Board to improve sun safety on school grounds by implementing the first school board level Sun Safety and Shading Policy in Ontario. The policy requires schools to develop a culture of sun safety through education, messaging to parents and by providing adequate shade on school grounds. The policy is a great step as it protects children—those most at risk, from the sun’s harmful rays.

Story telling project—a good news story!

Over the past few years, Community Gardens have been sprouting up around Waterloo Region. What started as a few small gardens on unused land has blossomed into 63 garden projects with about 1500 garden plots where residents are learning how to grow healthy fresh produce.

Gardeners are getting much more from their local community garden than fresh fruit and vegetables!

Learning, inclusion and health are just a few of the themes that emerged from a new qualitative research study with more than 84 community gardeners.

A full report containing nine inspirational stories can be found here: bit.ly/11gDWlR
Starting the conversation about distracted driving

Many years ago, little attention was paid to the risks of drinking and driving. Thanks to groups such as Mothers Against Drunk Driving (MADD) and Ontario Students Against Impaired Driving (OSAID), this issue is now recognized as a significant danger and is deemed socially unacceptable behaviour.

Today, there is a new issue that needs to be recognized: the dangers of talking or texting while driving.

Research tells us that a person is four times more likely to crash while talking on a cell phone (hand-held or hands-free) and 23 times more likely to crash while texting. In Ontario there is a law prohibiting the use of hand-held devices while driving. However, more attention and dialogue needs to be undertaken to address this issue.

Project Health staff have developed a policy toolkit and have offered two networking sessions for workplaces to increase their employees’ awareness about this risky behaviour. Workplaces are encouraged to adopt comprehensive policies restricting the use of cell phones (hand-held or hands-free), while driving on work time.

Let’s start the conversation.

For more information visit the project health website at: bit.ly/1fAaQl7

For a copy of our Distracted Driving toolkit go to: bit.ly/18EdCSR

School nutrition policy makes the grade

The Waterloo Catholic District School Board (WCDSB), in partnership with Region of Waterloo Public Health, was one of the first school boards in Ontario to adopt comprehensive school nutrition policies. A nutrition policy makes sure that good nutrition is promoted throughout the school day. In WCDSB elementary schools, the policy guides foods that are sold at the school and offered to students by staff.

ROWPH has helped to support the policy by:

- Running workshops for students, principals and teachers
- Working with school lunch vendors
- Giving monthly updates in school newsletters

To evaluate the policy in elementary schools, Public Health spoke with principals, teachers, and students and surveyed parents. We learned that:

- Most parents, students and educators are aware of and understand the nutrition policy
- The policy is well supported by the school community
- Schools found the policy challenging at first, but it is easier now (three years after the policy stared)
- Schools were able to use different strategies to follow the policy in a way that worked for them

“We initially wondered if it would be possible – but it is completely possible.” – WCDSB Principal

You can read the report at: bit.ly/1a7S0RV
Rising to the challenge during the busiest flu season in recent years

The 2012–13 flu season arrived earlier than usual for Waterloo Region. The first confirmed cases of flu in Ontario were reported in the Region in the first week of October. There were double the number of cases seen in the previous season, a much higher number of influenza outbreaks in health care facilities and a significantly higher number of deaths and hospitalizations, making this the busiest flu season in recent years.

The intensity and volume of cases and outbreaks and the early arrival of flu presented challenges for Public Health and health care partners (hospitals, pharmacies, long term care homes, and retirement homes) with ensuring early availability of flu shots and coping with the volume of patients requiring health care.

Despite these challenges, Public Health staff successfully added early flu clinics; distributed vaccine early to health care partners (including pharmacies) and assisted hospitals and long term care and retirement facilities experiencing outbreaks and bed and staffing issues.

The 2012–13 flu season serves as a reminder that the nature of the flu season from year to year can be unpredictable. Influenza vaccination continues to be the number one way to protect ourselves and our loved ones against the complications of influenza. As a community we can better protect ourselves, our families and those most vulnerable by getting immunized.

| 4,273 | Families with a live birth who received a postpartum contact (98% of consenting families) |
| 118  | Families with an early breastfeeding contact through the Cambridge post-birth clinic |
| 532  | Families who received at least one home visit from Healthy Babies Healthy Children Home Visiting Program |
| 2,377 | Calls to the Healthy Children Info Line |
| 36   | Community partner organizations participating in Child Health Fairs (average of 22 at each fair) |
| 2737 | Women screened prenatally (52% of families with a live birth) |
| 306  | Children screened for growth and development milestones at six Child Health Fairs |
| 1,211 | Food handler training certificates issued |
| 5,711 | Routine inspections and re-inspections of food premises |
| 22   | Charges laid on food premises |
| 115  | Occurrences where food products were seized and destroyed |
| 806  | Weight of total food products seized and destroyed from food premises |
| 235,850 | Web hits by the public to the food premises inspection disclosure website |
2012 in numbers

- **300+** Premises reached out to during food recalls
- **658** Routine inspections and re-inspections of recreational water premises (pools, wading pools, splash pads, water slide receiving basins, spas and whirlpools)
- **725** Routine inspections and re-inspections of personal service settings
- **990** Rabies investigations
- **150,523** Vector-borne sites treated (catch basins, natural sites, and storm water management ponds)
- **439** Confirmed enteric communicable disease cases (food-borne, water-borne and parasitic diseases)
- **7** Confirmed vector-borne and zoonotic disease cases
- **74** Institutional, child care centre and community outbreaks
- **8** Secondary school students charged with smoking on school property
- **95%** Tobacco retailers compliant with the Smoke Free Ontario Act
- **16** Individuals charged with smoking in enclosed workplaces
- **879** Smoke-Free inspections and enforcement checks conducted in bars, restaurants and night clubs
- **1,814** Tobacco inspections including routine inspections of workplaces/public places and tobacco vendors

Focus on healthy babies in Waterloo Region

The wellbeing of approximately 6000 infants born in Waterloo Region each year is an important public health priority. As such, in 2012 Public Health published *Reproductive, Maternal & Infant Health in Waterloo Region: A Health Status Report* and its summary companion, *Pregnancies and Babies in Waterloo Region: A snapshot of healthy mothers and their babies in Waterloo Region.*

The report offers readers a detailed summary of reproductive, maternal, and infant health in Waterloo Region. Looking at preconception through birth, as well as selected health outcomes in a baby’s first year, it sheds light on priority issues including maternal age, geographical differences, prenatal care, and infant health outcomes.

The report concluded that while there are still data gaps, in general, the health of local mothers and infants is on par with the rest of Ontario and Canada.

**To read the full report visit:** [bit.ly/15EQ1j2](bit.ly/15EQ1j2)

**To read the summary document visit:** [bit.ly/14ZWUjp](bit.ly/14ZWUjp)
Meeting the Smoke-Free Ontario Act

“Ontario’s Action Plan for Health Care made a commitment that Ontario would have the lowest smoking rates in Canada, so reducing tobacco use must be a public health priority.”

The Smoke Free Ontario Act is one part of the government’s plan for Ontario to become the healthiest place in North America to grow up and grow old.

The Smoke Free Ontario Act bans smoking in workplaces, all enclosed public places and also in vehicles when children under the age of 16 are present. It also bans the public display and promotion of tobacco products and the sale of tobacco products (including flavoured cigarillos) to anyone under the age of 19 years.

Public Health uses a system of progressive enforcement, balancing education, inspections and charges to ensure the requirements of the Smoke Free Ontario Act are met by retail stores.

In 2012, close to 600 inspections were conducted at tobacco retailers in Waterloo Region and 15 charges were laid under the Smoke Free Ontario Act for tobacco sales to youth under the age of 19.

For more information on the Smoke Free Ontario Act visit: bit.ly/14rrD4X

| 325 | Responses from Public Health about health hazard concerns from the public |
| 6   | Boil water advisories and drinking water advisories issued |
| 296 | Responses to adverse private well water sample results |
| 2,720 | Reported calls to the Health Protection & Investigation intake line |
| 33  | Weekly Local Influenza Surveillance Bulletins |
| 8   | Community data requests |
| 7   | Rapid Risk Factor Surveillance System (RRFSS) Monitors produced |
| 43  | QuickStats documents produced |
| 2   | Health Status Reports produced |
| 35,067 | EMS patient contacts |
| 2,851 | Increase in EMS patient contacts since 2010 |
| 90% | Emergency calls (code 4) reached within 11 minutes, 54 seconds or less from time of ambulance dispatch |
| 26  | Ambulances and response vehicles operated from ten EMS stations |
| 311 | Public Access Defibrillators provided (with Heart and Stroke Foundation assistance) at public facilities |
| 55  | Public relations events in which EMS participated |
| 2   | Cities adopted policies to add/strengthen shade within their planning processes (Cambridge and Waterloo) |
Peace of mind for when you dine

Public Health Inspectors routinely inspect food premises to ensure compliance with Food Premises Regulation through education and enforcement activities. A risk assessment is conducted every year on each food premises to determine the premises risk category: high, medium, or low risk. The risk category determines inspection frequency:

- High risk premises (e.g., full service restaurants) inspected at least three times per year
- Medium risk premises (e.g., fast food facilities) inspected at least twice per year
- Low risk premises (e.g., convenience stores) inspected at least once per year

In 2012, there were a total of 5,088 inspections and 623 re-inspections of food premises in Waterloo Region. The total number of inspections conducted has steadily increased in recent years with more inspections being conducted in 2012 than in any other year. The inspection completion rate measures the number of actual inspections conducted in the expected time frame compared to the number of required inspections as determined through the risk assessment. The completion rate for high-risk premises was 99.7% (an increase from 82% in 2011). In 2012, 99.8% of medium risk premises were inspected once every six months (an increase from 84% in 2011). Low risk premises had a completion rate of 93% (an increase from 84% in 2011).
Food premises compliance with regulatory requirements is measured by the number of critical and non-critical infractions noted by Public Health Inspectors during routine inspections.

- Critical infractions are violations that can lead to food borne illness if not corrected
- Non-critical infractions are mainly those that affect the structure and sanitation of a food premises

In 2012, there were 2,734 critical infractions and 6,366 non-critical infractions in food premises in Waterloo Region. These numbers were lower than reported infractions from 2011, which is a positive trend for the food safety program.

When a food premise continues to fail to comply, enforcement actions may be taken. These actions may include issuing tickets, summons, or a closure order. In 2012, 23 tickets and one summons were issued to 18 separate food premises in the Region. In 2012, Public Health also issued three closure orders. In addition, Public Health Inspectors seize and dispose of food that had been deemed unfit for consumption and could put the public’s health at risk. In 2012, approximately 806kg of food was seized and disposed of on 115 separate occasions during inspections and investigations.

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94 Blog posts by healthy food system advocates on current food issues

264 Healthy food system advocates with website profiles

4,815 People reached by Community Nutrition Workers and Peer Health Workers (68% people on low income, 61% parents with young children)

28 Cessation-related calls on the Tobacco Information Line in 2011 (58% of all the calls received on this line)

53 Consultations with Health Care Professionals on the integration of tobacco cessation into their practice and organizational systems

173 Health care professionals trained in tobacco cessation

448 Workplace Health Intermediaries (representing 223 workplaces) are active members of Project Health. The potential reach is 60,000 employees (20% of Waterloo Region’s workforce)

322 Participants attended Project Health Lunch and Learns on various health topics (16 lunch and learns total)

11,800 Visits to projecthealth.ca by 8,604 unique visitors (total of 36,129 page views)
Fighting early childhood tooth decay

Early childhood tooth decay is one of the most preventable diseases seen in young children.

Tooth decay can cause pain and prevent children from being able to eat, speak, sleep and learn properly. Although the frequency of tooth decay has dropped a great deal, it is still common in our community, especially among low-income families and new Canadians. Surveys of children from Waterloo Region have found that 22–37% of five year-olds and 48–49% of seven year-olds have experienced dental decay.

Fluoride varnish is a protective coating that is brushed on teeth by dental health professionals to help prevent new cavities by making the tooth enamel harder. Dental health organizations recognize fluoride varnish as a safe and effective way to reduce the risk of tooth decay.

In February 2010, Region of Waterloo Public Health introduced a fluoride varnish pilot project at a Kitchener school that had a higher amount of students with two or more decayed teeth. In 2011, the program was expanded to include four schools across the Region. During the 2012/13 school year, two fluoride varnish clinics were held at each of the four schools and 952 fluoride varnish treatments were given to students from kindergarten to grade eight.

For more information about fluoride varnish, call the Public Health Dental Program at 519-575-4400.

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**2012 in numbers**

**Ontario Public Health Standards**

- 7,250 Visits to sexual health clinics
- 2,308 HIV (human immunodeficiency virus) tests conducted
- 307,436 Needles distributed through Waterloo Region’s needle exchange program
- 2,555 Visits to the travel clinic

**Number of Dental screens (children):**

- 22,190 Elementary schools
- 192 Secondary schools
- 472 Region of Waterloo Public Health dental clinic (total)

**Percentage of children screened in need of urgent dental care:**

- 7% Elementary schools
- 19% Secondary schools
- 57% Region of Waterloo Public Health dental clinic (total)

- 1,814 Confirmed non-enteric infectious disease cases (including tuberculosis and previous influenza season)
- 10 Confirmed active tuberculosis cases (22 investigated)
- 1,269 Visits to the tuberculosis skin test clinic (for testing)
Baby Friendly Initiative comes to Public Health

Breastfeeding is recognized as the normal way to feed babies. In 2011, the Ministry of Health and Long Term Care required all Public Health Units to be designated as Baby-Friendly. As such, the Region of Waterloo Public Health (ROWPH) made Baby-Friendly Initiative accreditation a priority.

The Baby-Friendly Initiative (BFI) is a global campaign developed by the World Health Organization (WHO) and UNICEF to protect, promote, and support breastfeeding. “Baby friendly” means that ROWPH is committed to raising awareness of the importance of breastfeeding and helping mothers make informed choices around infant feeding to improve the health of mothers and babies. In order to accomplish this policies are put in place, staff are educated, and evidence-based information is provided to mothers to aid in making informed decisions early in their pregnancy about how they will feed their baby. These practices strengthen mother-baby and family relationships for all babies, not only those who are breastfed. Public health supports mothers to feed only breast milk for the first six months of a baby’s life, and to continue breastfeeding for up to two years and beyond. It is also clearly communicated to the public that women are welcome to breastfeed their babies anytime, anywhere. Public Health also recognizes that not everyone breastfeeds and continues to be committed to supporting all families, regardless of feeding choice, to ensure the best start in life for all babies.

For further information about the BFI accreditation process visit: www.regionofwaterloo.ca/breastfeeding

Review of travel health services in Waterloo Region

In 2012, Public Health completed a review of its travel health services—specifically, its travel clinic. At one point, the clinic was only one of a few sources of travel health advice and immunization in Waterloo Region. Such services are paid for by the client or their private insurance provider.

The review determined that many physicians now provide some level of travel health advice and immunizations to their patients. In addition, there are a growing numbers of specialized clinics in the region that offer this service to any member of the public. Finally, operating a travel clinic is not a mandatory service that health units must offer. As a result of these findings, Region of Waterloo Public Health decided to discontinue its travel clinic as of January 1, 2014.

Even with the closure of the travel clinic Region of Waterloo Public Health will continue to promote awareness of the need to obtain travel advice and immunizations well in advance of travelling and where in the region those services can be accessed.
Working with personal services providers to keep users safe

In Waterloo Region, there are close to 700 personal service settings offering services ranging from hair styling, barbershops, manicures and pedicures, electrolysis, waxing, facials, aesthetics, body and ear piercing and tattooing. Public Health is mandated by the Ministry of Health and Long-Term Care to inspect all personal service settings at least once a year, as well as whenever a complaint is received. Our goal is to reduce the risk to clients and staff of acquiring a blood-borne infection during the provision of service by ensuring that proper infection prevention practices are followed.

In the summer of 2012, ROWPH conducted interviews and a focus group with owners and operators of salons and spas in Waterloo Region. Directors of schools in Kitchener and Waterloo that teach personal services were also included in the discussion. The purpose was to gage their understanding of infection prevention and to explore ways in which Public Health can provide infection prevention resources and support. Based on the survey, Public Health will work toward providing infection prevention support to salon and spa operators in a number of key ways including through an electronic newsletter and a workshop.

For more information on infection prevention at personal service settings visit: bit.ly/15ZzNVX

Keeping rabies at bay

Rabies is a viral disease that is almost always fatal to both humans and animals. The goal of Public Health’s rabies prevention and control programs is to prevent the occurrence of rabies in humans. Public Health works in a number of ways to maintain the local incidence of human rabies at zero. Inspection staff will investigate all reported cases of animal bites in a timely manner. Following a risk assessment of the biting incident, the animal is typically placed under observation to ensure rabies symptoms do not develop. A post-exposure vaccine may be recommended if the animal cannot be found.

In 2012, Health Inspectors investigated 990 animal biting incidents and dispensed vaccine to just over 100 people. The majority of these incidents involved dogs or cats.

During investigations, inspectors actively enforce Ontario Regulation 567/90 (Rabies Immunization) which requires owners of cats and dogs over the age of three months to have their pet vaccinated against rabies and re-immunized as required. If proof of immunization is not provided at the start of the investigation, the owner will be given a warning that the animal must be immunized within a given time period. If the owner does not comply legal action may follow.

Public education is a key aspect of the rabies program. In 2012, an interactive and child-friendly rabies display was offered at Ecofest. Rabies information is provided to owners during animal bite investigations and to the public through the “Fight the Bite” awareness campaign.

For more information on rabies visit: bit.ly/13zMdi0
Safe water for swimmers

Public Health Inspectors routinely inspect recreational water facilities to ensure compliance with Public Pool and Public Spa (hot tub) Regulations through education and enforcement activities. In addition, Public Health Inspectors conduct inspections of splash pads, water slide receiving basins and wading pools in the Region in accordance with Provincial guidelines and to ensure that these facilities are not posing a health risk to swimmers.

Risks associated with using recreational water facilities include injuries that can occur due to the physical structure, maintenance, sanitation or operation of the facility. Other risks include the potential for waterborne illnesses related to exposure of contaminated water that is not being effectively treated and sanitized.

To prevent the spread of illness or injury to swimmers using these facilities, Public Health Inspectors provide oversight through inspections to ensure the facilities are maintained in a sanitary manner.

Public Health Inspectors conducted over 600 inspections and 45 re-inspections of over 190 recreational water facilities that include public pools, spas, wading pools, splash pads and water slide receiving basins throughout the Region in 2012. Public Health Inspectors issued three closure orders to pools and one closure order to a splash pad in 2012. The total number of inspections conducted by Public Health Inspectors is the most on record and the number of closure orders has decreased in 2012 which was a positive compliance trend for the recreational water program. In addition Public Health provides an annual one day pool and spa safety course that is open to all public pool and spa operators which is taught by Public Health Inspectors. This is part of the Division’s commitment and mandate to ensure that recreational water facilities within the Region of Waterloo are maintaining high standards in recreational water safety and sanitation.
Measuring performance: A continuous approach to quality

‘Quality’ is something that everyone expects when utilizing a service. Public Health is in constant contact with the community. The desire to provide high quality service, along with public expectation of performance and accountability, continues to bring focus to measuring what we do, how well we do it, and the benefits to our clients and community.

Region of Waterloo Public Health tracks a set of measures, each of which has targets for achievement. This tracking helps to:

• Drive continuous improvement in the work we do and services we deliver
• Ensure our use of public funds demonstrates value for money
• Demonstrate progress being made towards goals

Recently, a Public Health Sector strategic plan was released for the Province of Ontario. The report, “Make No Little Plans”, outlines how various partners, including Public Health and community partners, can collaborate and work together. The report notes that a focus on measurement will be ongoing. Population outcomes and metrics will be developed for each of the common goals, objectives and focus areas, as part of our Accountability Agreement with the Ministry of Health and Long-Term Care.

Visit bit.ly/15w9aEz to view the Accountability Agreement

Response times framework

Under regulation, Region of Waterloo Emergency Medical Services (EMS) is responsible for the development of patient-focused Response Time Performance Plans (RTPP). These plans measure total emergency response time to emergency calls, including sudden cardiac arrest victims.

In 2012, Regional Council approved the first Regional-wide RTPP:

<table>
<thead>
<tr>
<th>Region of Waterloo EMS</th>
<th>Target</th>
<th>Goal</th>
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</thead>
<tbody>
<tr>
<td>SCA</td>
<td>6 min</td>
<td>50%</td>
</tr>
<tr>
<td>CTAS 1</td>
<td>8 min</td>
<td>70%</td>
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<tr>
<td>CTAS 5</td>
<td>10:30</td>
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***SCA = Sudden Cardiac Arrest
***CTAS = Canadian Triage Acuity Scale

This past year, nearly two hundred paramedics and support staff, working from ten stations across the region, serviced 40,652 requests for ambulance service. Region of Waterloo EMS’ 90th percentile response time for 2012 was 11 minutes and 54 seconds.
2012 Operating Budgets
- Cost shared mandatory programs .................. $28,019,713
- Emergency Medical Services ...................... $19,931,096
- Vector Borne Diseases ................................ $384,511
- Infectious Disease Prevention & Control ......... $709,151
- Healthy Babies Healthy Children .................. $2,764,743
- Tobacco programs ...................................... $881,755
- Healthy Smiles Ontario .............................. $829,747
- Other ...................................................... $1,060,642
Total Budget ............................................. $54,581,357

2012 Sources of Funding
- Provincial funding ..................................... $36,135,168
- Regional tax levy ....................................... $17,395,590
- Fees & charges ......................................... $629,838
- Other sources of funding .............................. $420,761
Total Funding ............................................ $54,581,357
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 10, 2013

FILE CODE: F11-01

SUBJECT: 2013 PUBLIC HEALTH BUDGET APPROVAL & 2013 EMERGENCY MEDICAL SERVICES GRANT

RECOMMENDATION:

THAT the Regional Municipality of Waterloo enter into the Amending Agreement No. 6 for the Public Health Accountability Agreement with the Province of Ontario (effective January 1, 2011 for a term of three years) as attached (Attachment 2), pursuant to Report PH-13-040;

And that the 2013 Operating Budget for Public Health be increased by 176,431 gross and $0 net Regional Levy as outlined in report PH-13-040.

SUMMARY:

Correspondence has been received from the province confirming 2013 funding allocations for Public Health programs; $23,057,522 in annual base funding and $176,431 in one-time funding has been approved. The base funding allocation for cost shared mandatory programs exceeds the Region’s 2013 budgeted provincial revenue by $99,176. The funding approval also includes 100% provincial funding to support Healthy Communities (Partnership Stream Program), tablet and refrigerator replacements and the local implementation of Panorama, a provincial electronic information system for the surveillance and management of infectious diseases.

Effective January 1, 2011 Boards of Health in the province of Ontario were 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 included details of the approved provincial funding; an amending agreement is required to reflect the revised funding for 2013.

Correspondence has also been received from the province confirming a 2013 base funding adjustment for Emergency Medical Services. The additional base funding of $693,269 results in a base allocation of $10,460,621 for 2013. The approval exceeds the Region’s 2013 budgeted provincial revenue by $258,150.

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 2013 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 2013 base approval is $23,057,522. In addition, the correspondence confirms a one time approval of $176,431.

Further details of the funding are provided in Schedule B in the attached Accountability Agreement (Attachment 2). For details of the various funding envelopes and information about how the approved allocations vary from the Region’s 2013 budget assumptions, see the Financial Implications section of this report.
Accountability Agreement – Public Health Programs
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.

The funding for mandatory and related programs (described above) is subject to the amended Public Health Accountability Agreement (Attachment 2) which sets out the obligations of the Ministries of Health and Long Term Care and the boards of health for a 3-year period (January 1, 2011 to December 31, 2013).


Provincial Budget Approval for Emergency Medical Services

The Province approves the current year’s grant based on the Regionally approved budget for the prior year (i.e. the 2013 approval is based on the 2012 budget). As such, it is difficult to accurately estimate the provincial contribution for the current year.

The 2013 Budget assumes a provincial subsidy of $10,202,461 or an increase of $435,107 over the 2012 approval. The 2013 approval of $10,460,623 is $258,160 greater than the 2013 budget. The Province is now providing 47.8% of the 2013 eligible expenditures. The increased funding will be used to offset the onetime costs related to the EMS transition.

CORPORATE STRATEGIC PLAN:

Provincial funding for Public Health and Emergency Medical Services enable the delivery of programs and services which contribute to the following focus areas of the corporate strategic plan (2011-2014):

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:

Public Health Programs

Mandatory Programs (75% Provincially Funded) $20,231,877 – The approved provincial funding is a
2% increase over 2012 provincial funding and is $99,176 more than the amount included in the Region’s 2013 budget which was prepared using an assumption of a 1.5% increase. The Public Health Department will operate within the approved budget for 2013. The additional provincial funding will contribute to a surplus in Public Health which will be applied to the regional deficit that is currently projected for 2013. For the 2014 budget, the additional provincial funds will decrease the current provincial funding shortfall on cost shared programs and reduce the tax levy impact by $99,176.

**Chief Nursing Officer Initiative (100% Provincially Funded)** $119,033 – The approved provincial funding is a 2% increase over 2012 provincial funding and is $614 more than the amount included in the Region’s 2013 budget. The Public Health Department will operate within the approved budget allocation for 2013.

**Children in Need of Treatment (CINOT) Expansion Program (75% Provincially Funded)** $84,398 – The Region’s 2013 budget request for CINOT Expansion assumed continued growth above 2012 expenditures in the program in Waterloo Region. The approved provincial funding for 2013 represents a 2% increase over 2012 expenditure levels but is $9,727 less than the amount budgeted and requested by the Region in anticipation of growth in the program. Cost containment strategies will ensure the program operates within the approved provincial allocation.

**Enhanced Food Safety – Haines Initiative (100% Provincial Funding)** $59,067 - The approval is equal to the amount budgeted in the Region’s 2013 budget.

**Enhanced Safe Water Initiative (100% Provincial Funding)** $40,333 - The approval is equal to the amount budgeted in the Region’s 2013 budget.

**Healthy Smiles Ontario (100%)** $829,339 - Provincial funding has been maintained at 2011 and 2012 levels; the program will be operated within the provincial allocation.

**Infection Prevention and Control Nurses Initiative (100% Provincial Funding)** $88,300 - The approved provincial funding is a 2% increase over 2012 provincial funding and is $513 more than the amount included in the Region’s 2013 budget.

**Infectious Diseases Control Initiative (100%)** $555,582 - Provincial funding has been maintained at 2011 and 2012 levels. The approval is $32,444 less than the Regional request; the program will be operated within the provincial allocation.

**Needle Exchange Program (100%)** $50,000 - The approval is equal to the amount budgeted in the Region’s 2013 budget.

**Public Health Awareness Initiatives (Infection Prevention and Control Week, Sexually Transmitted Infections Week and World Tuberculosis Day) (100%)** – The funding allocations of $8,000, $7,000 and $2,000 and are equal to the amount budgeted in the Region’s 2013 budget. The province has indicated that 2013 is the final year of funding for these initiatives.

**Public Health Nurses Initiative (100% Provincial Funding)** $176,910 – The approved provincial funding is $669 more than the amount budgeted in the Region’s 2013 budget.

**Small Drinking Water Systems (75% Provincially Funding)** $23,600 - The provincial approval is equal to the amount budgeted in the Region’s 2013 budget.

**Smoke-Free Ontario Strategy (100% Provincial Funding)** $493,700 – The provincial allocations for Protection & Enforcement, Prosecution, Tobacco Control Coordination and Youth Tobacco Use Prevention is $35,154 less than the amount included in the Region’s 2013 budget; the program will
be operated within the provincial allocation.

**Vector Borne Diseases Program** (75% Provincial Funding) $288,383 - The provincial approval is $2,847 less than the allocation budgeted for in the 2013 regional budget; the program will be operated within the provincial allocation.

In addition to the base allocations above, the province has approved the following one time funding allocations. It is recommended that the 2013 Operating Budget for Public Health be increased by 176,431 gross and $0 net Regional Levy to accommodate these one time expenditures.

**Healthy Communities Fund** (100% Provincial Funding) $71,205 – The Province has provided one time funding to be used by December 21st, 2013 to support the Partnership Stream Program under the Healthy Communities Fund. There was no provision in the Region’s 2013 budget for this funding.

**New Purpose-Built Vaccine Refrigerators** (100% Provincial Funding) $9,902 - The Province has provided one time funding to be used by December 21st, 2013 to allow for the replacement of 1 vaccine refrigerator. There was no provision in the Region’s 2013 budget for this funding.

**Panorama** (100%) $82,576 – The Province has provided one time funding (to be used by March 31st, 2014 to support the local implementation of a pan-Canadian electronic information system for surveillance and management of infectious diseases. There was no provision in the Region’s 2013 budget for this funding.

**Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade** (100%) - The Province has provided one time funding to be used by December 21st, 2013 to allow for the replacement of 3 tablets used for tobacco enforcement activities. There was no provision in the Region’s 2013 budget for this funding.

Cash flow adjustments reflecting enhanced levels of funding for 2013 as detailed in Schedule A will be initiated once the Accountability Agreements have been signed by all parties.

As indicated in the attached letter from Ministry representatives, when all parties have signed the Amending Agreement, cash flows from the Province will be adjusted to reflect the revised funding levels details in schedule (A-3).

**Emergency Medical Services (50% Provincial Funding)**

The 2013 increase in grant approval of $693,269 exceeds the provision in Region’s 2013 budget by $258,160. The additional provincial funding will offset the transition expenditures in Emergency Medical Service. The 2014 Budget currently being developed will include the additional subsidy and will offset increased costs in related to the provision of EMS in Waterloo Region.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

Finance Department staff was involved in the preparation of the 2013 Public Health and EMS budgets as well as the funding request submissions 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 initial consultation process.

**ATTACHMENTS**

Attachment 1: [Ministry of Health and Long Term Care 2013 Funding letter](#) dated August 15, 2013 re: Funding for Mandatory and Related Public Health Programs &
Services.

Attachment 2: Amending Agreement No. 6

Attachment 3: Ministry of Health & Long Term Care 2013 Grant letter dated June 19, 2013 re: Funding for Land Ambulance Services

PREPARED BY: Anne Schlorff, Director, Central Resources

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
AUG 15 2013

Mr. Ken Seiling
Chair
Waterloo Board of Health
150 Frederick Street, 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 the Waterloo Board of Health up to $23,057,522 in annual base funding for the 2013 funding year to support the provision of mandatory and related public health programs and services in your community, and up to $176,431 in one-time funding to support projects related to the delivery of these initiatives.

Roselle Martino, Executive Director of the Public Health Division and Office of the Chief Medical Officer of Health, and Kate Manson-Smith, Assistant Deputy Minister of the Health Promotion 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.

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

Sincerely,

Deb Matthews
Minister
Mr. Ken Seiling

c: Rob Leone, MPP, Cambridge  
Hon. John Milloy, MPP, Kitchener Centre  
Catherine Fife, MPP, Kitchener-Waterloo  
Michael Harris, 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, Public Health Division and  
Office of the Chief Medical Officer of Health  
Kate Manson-Smith, Assistant Deputy Minister, Health Promotion Division
Amending Agreement No. 6

Between:

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

(the “Province”)

- and -

Waterloo Board of Health

(the “Board of Health”)

WHEREAS the Province and the Board of Health entered into a Public Health Accountability Agreement effective as of the first day of January 2011 (the “Accountability Agreement”); and

AND WHEREAS the Parties wish to amend the Accountability Agreement;

NOW THEREFORE IN CONSIDERATION of the mutual covenants and agreements contained in this Amending Agreement No. 6, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This Amending Agreement (“Amending Agreement No. 6”) shall be effective as of the date it is signed by the Province.

2. Except for the amendments provided for in this Amending Agreement No. 6, all provisions in the Accountability Agreement shall remain in full force and effect.

3. Capitalized terms used but not defined in this Amending Agreement No. 6 have the meanings ascribed to them in the Accountability Agreement.

4. The Accountability Agreement is amended by:

[a] Deleting Schedule A-4 (Program-Based Grants) and substituting Schedule A-5 (Program-Based Grants), attached to this Amending Agreement No. 6.

[b] Deleting Schedule B-4 (Related Program Policies and Guidelines) and substituting Schedule B-5 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 6.

[c] Deleting Schedule C-3 (Reporting Requirements) and substituting Schedule C-4 (Reporting Requirements), attached to this Amending Agreement No. 6.

[d] Deleting Schedule D-1 (Board of Health Performance) and substituting Schedule D-2 (Board of Health Performance), attached to this Amending Agreement No. 6.
The Parties have executed the Amending Agreement No. 6 as of the date last written below.

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

Name: ___________________ Date: ____________
Title: ___________________

Name: ___________________ Date: ____________
Title: ___________________

Waterloo Board of Health

I/We have authority to bind the Board of Health.

Name: ___________________ Date: ____________
Position: ________________

Name: ___________________ Date: ____________
Position: ________________
SCHEDULE A-5

PROGRAM-BASED GRANTS

Waterloo Board of Health

<table>
<thead>
<tr>
<th>Base Funding (1)</th>
<th>2013 Approved Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory Programs (75%)</td>
<td>$20,231,877</td>
</tr>
<tr>
<td>Chief Nursing Officer Initiative (100%)</td>
<td></td>
</tr>
<tr>
<td>Children In Need Of Treatment (CiNOT) Expansion Program (75%)</td>
<td>$84,398</td>
</tr>
<tr>
<td>Enhanced Food Safety – Haines Initiative (100%)</td>
<td>$59,067</td>
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<tr>
<td>Enhanced Safe Water Initiative (100%)</td>
<td>$40,333</td>
</tr>
<tr>
<td>Healthy Smiles Ontario Program (100%)</td>
<td>$829,339</td>
</tr>
<tr>
<td>Infection Prevention and Control Nurses Initiative (100%)</td>
<td></td>
</tr>
<tr>
<td>Infectious Diseases Control Initiative (100%)</td>
<td></td>
</tr>
<tr>
<td>Needle Exchange Program Initiative (100%)</td>
<td></td>
</tr>
<tr>
<td>Public Health Awareness Initiatives: Infection Prevention and Control Week (100%)</td>
<td>$8,000</td>
</tr>
<tr>
<td>Public Health Awareness Initiatives: Sexually Transmitted Infections Week (100%)</td>
<td>$7,000</td>
</tr>
<tr>
<td>Public Health Awareness Initiatives: World Tuberculosis Day (100%)</td>
<td>$2,000</td>
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<td>Public Health Nurses Initiative (100%)</td>
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<tr>
<td>Small Drinking Water Systems Program (75%)</td>
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<tr>
<td>Smoke-Free Ontario Strategy: Protection &amp; Enforcement (100%)</td>
<td>$296,700</td>
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<tr>
<td>Smoke-Free Ontario Strategy: Prosecution (100%)</td>
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<tr>
<td>Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)</td>
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<tr>
<td>Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)</td>
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<tr>
<td>Vector-Borne Diseases Program (75%)</td>
<td>$288,383</td>
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<tr>
<td><strong>Sub-Total</strong></td>
<td>$23,057,522</td>
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</table>

<table>
<thead>
<tr>
<th>One-Time Funding (1)</th>
<th>2013 Approved Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Communities Fund - Partnership Stream Program (100%) (2)</td>
<td>$71,025</td>
</tr>
<tr>
<td>New Purpose-Built Vaccine Refrigerators (100%)</td>
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</tr>
<tr>
<td>Panorama (100%) (3)</td>
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</tr>
<tr>
<td>Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade (100%)</td>
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</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>$176,431</td>
</tr>
</tbody>
</table>

| Total                                                                           | $23,233,953               |

(1)  Base and one-time funding is approved for the 12 month period of January 1, 2013 to December 31, 2013, unless otherwise noted.

(2)  One-time funding is approved for the 9 month period of April 1, 2013 to December 31, 2013.

(3)  One-time funding is approved for the 12 month period of April 1, 2013 to March 31, 2014.
SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

BASE FUNDING:

B1.  Chief Nursing Officer Initiative (Public Health Division (PHD))

Under the Organizational Standards, boards of health must have designated a Chief Nursing Officer by January 2013. The Chief Nursing Officer role must be implemented at a management level within the Board of Health reporting to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The presence of a Chief Nursing Officer in each Board of Health will enhance the health outcomes of the community at individual, group and population levels:
- Through contributions to organizational strategic planning and decision making;
- By facilitating recruitment and retention of qualified, competent public health nursing staff; and,
- By enabling quality public health nursing practice.

Furthermore, the Chief Nursing Officer articulates, models and promotes a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.

The following qualifications are required for designation as a Chief Nursing Officer:
- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public heath, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three (3) years of designation (this will be reviewed in 2014);
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses’ Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

Funding for this initiative must be used to create additional hours of nursing service (1.0 Full-Time Equivalent (FTE) minimum). Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

Boards of health must confirm to the MOHLTC that a qualified Chief Nursing Officer has been designated and that a new public health nurse FTE has been established. In addition, boards of health may be required to submit an annual activity report related to the initiative to the MOHLTC confirming the maintenance of the funded 1.0 nursing FTE, and highlighting Chief Nursing Officer activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the MOHLTC upon prior written notice.
B2. CINOT Expansion Program (Health Promotion Division (HPD))

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

B3. Enhanced Food Safety – Haines Initiative (PHD)

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 under the OPHS. 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.

B4. Enhanced Safe Water Initiative (PHD)

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 under the OPHS.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B5. Healthy Smiles Ontario Program (PHD)

The Healthy Smiles Ontario (HSO) Program provides prevention and basic treatment services for children and youth, from low-income families, who are 17 years of age or under, and who do not have access to any form of dental coverage. The goal of HSO is to improve the oral health of children and youth in low-income families. HSO builds upon and links with existing public health dental infrastructure to expand access to dental services for children and youth.

The core objectives of the HSO Program are: Ontario-wide oral health infrastructure development; preventive and basic treatment services for the target population; and, oral health promotion.
Base funding for this program must be used for the ongoing, day-to-day requirements associated with delivering services (both prevention and basic treatment) under the HSO Program to children and youth in low-income families. Program expense categories include:

- Salaries, wages and benefits
  - Dental care providers – clinical
  - Administration
  - Oral health staff – non-clinical
- Fee-for-service delivery
- Administrative expenses which include: building occupancy, travel, staff training and professional development, material/supplies, office equipment, professional and purchased services, communication costs, other operating, and information and information technology equipment.
- Health Promotion (including Communication Costs for Marketing / Promotional Activities)
  - Funding used to promote oral health (communication costs, include marketing / promotional activities; travel; promotional materials; and, training).
  - Funding used for marketing / promotional activities must not compromise front-line service for current and future HSO clients.
  - Boards of health are responsible for ensuring promotional / marketing activities have a direct, positive impact on meeting the objectives of the HSO Program.
  - Boards of health are reminded that HSO promotional / marketing materials approved by the MOHLTC and developed provincially are available for use by boards of health in promoting the HSO Program.
  - The overarching HSO brand and provincial marketing materials were developed by the MOHLTC to promote consistency of messaging, and “look and feel” across the province. When promoting the HSO Program locally, boards of health are requested to align local promotional products with the provincial HSO brand. When boards of health use the HSO brand, please liaise with the MOHLTC’s Communications and Information Branch (CIB) to ensure use of the brand aligns with provincial standards.

Operational expenses not covered within this program include: staff recruitment incentives / billing incentives; and, client transportation.

Other expenses not included within this program include oral health activities required under the OPHS.

Other requirements of the HSO Program include:

- All revenues collected under the HSO Program (including revenues collected for the provision of services to non-HSO clients) must be reported as income (i.e. revenue collected for CINOT, Ontario Works, Ontario Disability Support Program and other non-HSO programs). Revenues must be used to offset expenditures.
- Boards of health must use OHISS to administer the HSO Program.
• 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.

• 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.

• 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.

• Boards of health are responsible for ensuring value-for-money and accountability for public funds.

• Boards of health must ensure that funds are used to meet the objectives of the HSO Program, with a priority to deliver dental services (both prevention and basic treatment) to HSO clients.

• Boards of health are reminded that they are required to bill back the relevant programs for services provided to non-HSO clients.

B6. Infection Prevention and Control Nurses Initiative (PHD)

The Infection Prevention and Control Nurses Initiative was established to support one (1) 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 (1.0 FTE) and for nursing salaries/benefits and cannot be used to support operating or education costs. Qualifications required for these positions are: (1) a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class), and (2) Certification in Infection Control (CIC), or a commitment to obtaining CIC within three (3) years of beginning of employment.

The majority of the Infection Prevention and Control Nurse’s 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.

Boards of health may be required to submit an annual activity report related to the initiative to the MOHLTC confirming the maintenance of the funded 1.0 nursing FTE, and highlighting infection prevention and control nursing activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the MOHLTC upon reasonable notice.
B7. **Infectious Diseases Control Initiative (180 FTEs) (PHD)**

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

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 MOHLTC, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.

Boards of health may be required to submit an activity report related to the initiative to the MOHLTC confirming the maintenance of the funded positions, and highlighting infectious diseases control related activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the MOHLTC upon prior written notice.

B8. **Needle Exchange Program Initiative (PHD)**

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

Boards of health are required to submit Needle Exchange Program activity reports to the MOHLTC. Information regarding this requirement will be communicated to boards of health at a later date.

B9. **Public Health Awareness Initiatives (PHD)**

**Infection Prevention and Control Week**

Infection Prevention and Control Week occurs annually in 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.
Boards of health are required to provide a written evaluation and provide a report back to the MOHLTC indicating the following: population targeted; tools/resources created; activities/events implemented; and, successes/challenges experienced. Information regarding this requirement will be communicated to boards of health at a later date.

This will be the final year of funding for this initiative.

**Sexually Transmitted Infections Week**

Sexually Transmitted Infections (STI) Week occurs annually in February. Base funding for this initiative must be used for promotion and educational purposes related to sexual health issues as well as promotion of local sexual health clinics and services. Funding must be used to develop, reproduce and distribute communication, promotion and educational materials that should be distributed widely to the public (e.g., electronic materials for a website, fact sheets, printed flyers and advertising in local media).

Funding cannot be used for staff education or to purchase clinic supplies with the exception of purchasing condoms to promote local sexual health clinics. The MOHLTC will not reimburse for items such as prizes/snacks to improve utilization of clinical services.

This will be the final year of funding for this initiative.

**World Tuberculosis Day**

World Tuberculosis (TB) Day occurs annually in March. The purpose of World TB Day is to build public awareness around the fact that TB remains an epidemic in much of the world today.

Base funding for this initiative must be used for the purchase of materials that will increase awareness and knowledge on the prevention and treatment of TB. Funding must be used for the development, reproduction and distribution of any new communication or educational materials and activities, specifically designed for World TB Day (e.g., electronic material for posting on websites; fact sheets; posters for health care practitioners, health care settings or other appropriate venues with the specific goal of TB education/awareness; printed flyers/brochures; educational/training events and materials, etc.).

The MOHLTC will not reimburse for items such as prizes and meals/snacks.

This will be the final year of funding for this initiative.

**B10. Public Health Nurses Initiative (PHD)**

The Public Health Nurses Initiative was established to support salaries and benefits for two (2) new FTE public health nursing positions for each Board of Health.

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 initiative must be used for the creation of additional hours of nursing service (2.0 FTEs);
- Boards of health must commit to maintaining baseline nurse staffing levels and creating two (2) 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 the two (2) FTEs.

Required qualifications for these positions are: (1) to be a registered nurse, and (2) to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the Health Protection and Promotion Act (HPPA) and section 6 of Ontario Regulation 566 under the HPPA.

To receive base funding for these positions, boards of health must provide proof of employment including starting salary level and benefits for each FTE.

Boards of health that are approved for funding for these public health nursing positions may be required to submit an annual project activity report. Reporting templates provided to boards of health may include, but are not limited to, the following information: Number of Public Health Nursing FTEs, key achievements and activities related to the Public Health Nurses, and the impact of these Public Health Nurses on priority populations through the provision of programs and services. Other reports, as specified from time to time, may also be requested by the MOHLTC upon reasonable notice.

B11. Small Drinking Water Systems Program (PHD)

Base funding for this program must be used for salaries, wages and benefits, accommodation costs, transportation and communication costs, and supplies and equipment to support the ongoing assessments and monitoring of small drinking water systems.

Under this program, public health inspectors are required to conduct new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the Board of Health; ensure system compliance with the regulation governing the small drinking water systems; and, to ensure the provision of education and outreach to the owners/operators of the small drinking water systems.

B12. Smoke-Free Ontario Strategy (HPD)

Ontario’s Action Plan for Health Care, released in January 2012 as part of the government’s Healthy Change Strategy, outlines the plan for Ontario to become the healthiest place in North America to grow up and grow old. The patient-centred Action Plan encourages Ontarians to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use. The Action Plan identifies the Smoke-Free Ontario Strategy as a priority for keeping Ontario healthy and articulates Ontario’s goal to have the lowest smoking rates in Canada.

The Smoke-Free Ontario Strategy is a multi-level comprehensive tobacco control strategy aiming to eliminate tobacco-related illness and death by:
• Preventing experimentation and escalation of tobacco use among children, youth and young adults.
• Increasing and supporting cessation by motivating and assisting people to quit tobacco use.
• Protecting the health of Ontarians by eliminating involuntary exposure to second-hand smoke.

These objectives are supported by crosscutting health promotion approaches, capacity building, collaboration, systemic monitoring and evaluation.

The Ministry funds Ontario’s 36 boards of health to implement tobacco control activities that are based in best practices contributing to reductions in tobacco use rates.

Base funding for the Smoke-Free Ontario Strategy must be used in the planning and implementation of comprehensive tobacco control activities across prevention, cessation and protection and enforcement at the local and regional levels. Boards of health must comply and adhere to the Smoke-Free Ontario Strategy: Public Health Unit Tobacco Control Program Guidelines.

Communications

1. The Board of Health shall:

(a) Act as the media focus for the Project;
(b) Respond to public inquiries, complaints and concerns with respect to the Project;
(c) Report any potential or foreseeable issues to CIB;
(d) Prior to issuing any news release or other planned communications, notify CIB as follows:
   i. News Releases – identify 5 business days prior to release;
   ii. Web Designs – 10 business days prior to launch;
   iii. Marketing Communications (e.g. pamphlets and posters) - 10 business days prior to production and 20 business days prior to release;
   iv. Public Relations Plan for Project – 15 business days prior to launch;
   v. Digital Marketing Strategy – 10 business days prior to launch;
   vi. Final advertising creative – 10 business days to final production; and,
   vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
(e) Advise CIB prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
(f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
(g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CIB with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 18 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:
B13. **Vector-Borne Diseases Program (PHD)**

Base funding for this program must be used for the ongoing surveillance, public education, prevention and control of 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:**

B14. **Healthy Communities Fund – Partnership Stream Program (HPD)**

The Healthy Communities Fund – Partnership Stream is a community program with a goal of improving health outcomes through the development of local healthy eating and physical activity policies.

The Board of Health will bring community partners together to implement a shared vision and key priorities, develop partnerships and networks, and mobilize their communities to create and adopt healthy public policy.

**Provincial Objectives of the Partnership Stream are to:**

1. Increase the number of networks, community leaders, and decision-makers involved in healthy eating and physical activity policy development.
2. Mobilize communities to foster and develop policies that make it easier for Ontarians to be healthy.
3. Enhance local capacity of networks, community leaders, and decision makers to build healthy public policies.
4. Increase the quantity and impact of sustainable local and regional policies that effectively support physical activity and healthy eating.

One-time funding for this program must only be used for program costs that further the objectives of the program and must be focused on achieving the policy development outcomes.

The following items are not eligible for Healthy Communities funding:

- Staff salaries and benefits;
- Rent for office space;
- Capital expenditures, including assets such as computers;
- Infrastructure development (e.g., tennis courts, renovation and/or maintenance of facilities, such as gymnasiums, etc.);
- Administrative fees, such as those to cover the work to manage project funds or staff; and,
- Partnership development activities not related to specific policy goal(s).
Communications

1. The Board of Health shall:
   
   (a) Act as the media focus for the Project;
   (b) Respond to public inquiries, complaints and concerns with respect to the Project;
   (c) Report any potential or foreseeable issues to CIB;
   (d) Prior to issuing any news release or other planned communications, notify CIB as follows:
      i. News Releases – identify 5 business days prior to release;
      ii. Web Designs – 10 business days prior to launch;
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      vi. Final advertising creative – 10 business days to final production; and,
      vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
   (e) Advise CIB prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
   (f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
   (g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CIB with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 18 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

   Ministry of Health & Long-Term Care
   Communications & Information Branch
   9th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Fax: 416-327-8791, Email: kate.vrancart@ontario.ca

B15. **New Purpose-Built Vaccine Refrigerators (PHD)**

One-time funding must be used for the purchase of one (1) new 44 cubic foot (approximate) purpose-built vaccine refrigerator used to store publicly funded vaccines. The purpose-built refrigerator must meet the following specifications:

a. Interior
   - At least four fully adjustable, full extension stainless steel roll-out drawers;
   - Optional fixed stainless steel shelving;
   - Resistant to cleaning solutions;
• Ongoing positive forced fan air circulation to ensure temperature uniformity at all shelf levels;
• Fan is either encased or removed from the chamber. Fan auto shut-off when door is opened; and,
• Walls are smooth, scratch and corrosion resistant painted interior and exterior surfaces.

b. Refrigeration System
• Heavy duty, hermetically sealed compressors;
• Refrigerant material should be R400 or equivalent;
• Advanced defrost sensor(s) to manage the defrost cycle and minimize trace amounts of frost build-up; and,
• Evaporator operates at +2°C, preventing vaccine from freezing.

c. Doors
• Full view non-condensing, glass door(s), at least double pane construction;
• Spring-loaded closures include ≥90° stay open feature and <90° self closing feature;
• Door locking provision;
• Option of left or right hand opening; and,
• Interior cabinet lights with door activated on/off switch, as well as, an independent external on/off.

d. Tamper Resistant Thermostat
• The thermostat should be set at the factory to +5°C with a control range between +2°C to +8°C but this could be done at the time of delivery/installation at no additional cost.

e. Thermometer
• A automatic temperature recording and monitoring device with battery backup;
• An external built-in visual digital display thermometer independent of the temperature recording and monitoring device which has a digital temperature display in Celsius and temperature increment readings of 0.1°C;
• The external built-in digital thermometer must also be able to record and display the maximum, minimum and current temperatures and allow the user to easily check and reset these recordings as required; and,
• The automatic temperature recording and monitoring device and digital display thermometer must be calibrated/accurate within +/- 0.5°C or better.

f. Alarm Condition Indicator
• Audible and visual warnings for over-temperature, under-temperature and power failure;
• Remote alarm contacts;
• Door ajar enunciator; and,
• Alarm testing system.

g. Top or Bottom Mounted Compressors/Condensers
• Compressor mounted at top or bottom but not in rear.
h. Noise Levels
   • The noise produced by the operation of the refrigerator shall not exceed 85
decibels at one metre. Specifications of the refrigerator must include the noise
level measured in decibels of sound at one metre from the refrigerator.

i. Locking Plug
   • Power supply must have a locking plug.

j. Castors
   • Heavy duty locking castors either installed at the factory or upon delivery.

k. Voltage Safeguard
   • Voltage safeguard device capable of protecting against power surges related to
   the resumption of power to the refrigerator.

l. Warranty
   • The warranty should include, from date of acceptance, a five (5) year
   comprehensive parts and labour warranty with the stipulation that a qualified
   service representative shall be on-site no later than twelve (12) hours after the
   service call was made. Software upgrades provided free of charge during the
   warranty period.

m. Electrical Equipment
   • All electrically operated equipment must be UL, CSA and/or Electrical Safety
   Authority approved and bear a corresponding label. The equipment should
   specify the electrical plug type, voltage and wattage rating, and the
   recommended breaker size for the circuit connection.

B16. Panorama (Health Services I&IT Cluster and PHD)

One-time funding for this initiative must be used for costs incurred for the planning,
preparation and deployment activities for Panorama.

Within the timelines specific by each board of health, as communicated to the Ministry in
their individual plans, boards of health must use the funding toward Panorama Phase 1
(Immunization and Inventory modules) deployment activities and for Panorama Phase 2
(Investigations and Outbreak modules) planning/deployment activities as noted below.

Specifically, one-time funding is allocated to all boards of health for Panorama Phase 1
(Immunization and Inventory modules implementation) to:

- Complete business process transformation;
- Implement required changes to business processes and workflows and modify
  accordingly, as per specific health unit requirements;
- Implement known workarounds to support Panorama usage;
- Implement required technical infrastructure;
- Validate and confirm roles, access levels and required reports;
- Complete and execute training plans;
- Complete internal public health unit support model for Panorama;
- Assign required roles, responsibilities and accounts to staff members and complete
all necessary registration processes;

- Prepare IRIS data for migration, validate migration results and implement data standards and data disciplines including audits to maintain these standards according to best practices and quality targets as required by the MOHLTC;
- Contribute to continuous quality improvement through deployment group participation, in preparation for further waves of rollout;
- Evaluate use-case scenarios of Panorama, using sandbox environment;
- Confirm implementation plan and readiness;
- Sign all required agreements;
- Implement and support acceptable use policies;
- Confirm appropriate privacy, security, and information management related analyses and training have been executed in accordance with the Board of Health’s obligations as a Health Information Custodian under the Personal Health Information Protection Act (PHIPA), other applicable law, and local business practices and processes;
- Continue post implementation participation in quality improvement through the provision of human resources to provide support within the following categories:
  - Business Practices and Change Management,
  - Deployment and Adoption,
  - Data Standards and Reporting, and
  - User Experience;
- In Panorama, continue adherence with data standards and data disciplines including audits to maintain these standards according to best practices and quality targets as required by the MOHLTC; and,
- Create and execute a communication/information plan for both internal staff and external stakeholders.

One-time funding is allocated to all boards of health for Panorama Phase 2 (Investigation and Outbreak Management modules) specifically for:

- Development of subject matter experts at the local level;
- Prepare detailed gap/fit analysis and perform business process transformation planning;
- Initiate transformation of business processes based on analysis;
- Continuation of data cleansing activities in iPHIS in adherence with data standards and data disciplines including audits to maintain these standards according to best practices and quality targets as required by the MOHLTC;
- Prepare detail-level analysis of data and technology readiness;
- Fulfillment of all technology requirements;
- Determine roles, access levels and required reports;
- Assessment of required reports and other supporting systems at a local level;
- Evaluate use-case scenarios using sandbox environment;
- Complete training needs assessment and planning;
- Establish support and training processes;
- Ensure appropriate privacy, security, and information management related analyses and training are planned in accordance with the Board of Health’s obligations as a Health Information Custodian under the Personal Health Information Protection Act (PHIPA), other applicable law, and local business practices and processes; and,
- Provide human resources and support for the planning/development. The
categories of support are:

- Business Practices and Change Management,
- Deployment and Adoption,
- Data Standards and Reporting, and
- User Experience.

Those boards of health that have agreed to be **Builder and Early Adopter** partners must also use the funding toward the following activities for phases 1 (Immunization and Inventory modules) and 2 (Investigations and Outbreak modules) as noted below.

**Builder and Early Adopter** funding is allocated to all boards of health for Panorama Phase 1 (Immunization and Inventory Management modules) specifically to:

- Continue with the improvements to business processes based on analysis;
- Identify and define data and messaging standards and disciplines required to support these standards including auditing;
- Build upon and confirm configuration values, roles, access levels and reports (including operational and business intelligence);
- Expand upon use-case scenarios for new features;
- Perform Prototyping and User Acceptance Testing with selected samples or releases of Panorama as required;
- Build upon lessons learned/best practices for the field; and,
- Continue to perform alignment/integration/transformation assessment with local systems.

**Builder and Early Adopter** funding is allocated to all boards of health for Panorama Phase 2 (Investigation and Outbreak Management modules) specifically for:

- Detail gap/fit analysis and business process transformation planning;
- Identify and define data and messaging standards and disciplines required to support these standards including auditing;
- Determine and confirm configuration values, roles, access levels and reports;
- Develop and evaluate use-case scenarios using sandbox environment;
- Perform parallel test runs with selected samples and releases of Panorama as required;
- Establish lessons learned/best practices for the field; and,
- Perform alignment/integration/transformation assessment with local systems.

Those boards of health who have agreed to be **Early Adopter** partners must also use the one-time funding toward the following activities:

- Participate as a Pilot Board of Health for the Panorama project for a) alignment activities for integration with other key systems and/or b) rollout of the Panorama Phases 1 (Immunization and Inventory modules) and 2 (Investigations and Outbreak Management module) as identified by the project.

Boards of health are also required to produce a report outlining the results of the activities noted above. Information regarding the report requirements will be communicated to boards of health at a later date.
B17. **Smoke-Free Ontario Strategy: Enforcement Tablet Upgrade (HPD)**

One-time funding must be used for the purchase of tablets to support the Tobacco Inspection System (TIS) software for mobile units. The new tablets must meet the following specifications:

<table>
<thead>
<tr>
<th>Tablet Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPU</td>
</tr>
<tr>
<td>HDD</td>
</tr>
<tr>
<td>RAM</td>
</tr>
<tr>
<td>DISPLAY</td>
</tr>
<tr>
<td>OS</td>
</tr>
<tr>
<td>INTERFACE</td>
</tr>
<tr>
<td>BATTERY</td>
</tr>
<tr>
<td>WIRELESS</td>
</tr>
<tr>
<td>KEYBOARD</td>
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<tr>
<td>OPTIONAL</td>
</tr>
<tr>
<td>GPS</td>
</tr>
<tr>
<td>WWAN</td>
</tr>
</tbody>
</table>

**OTHER:**

B18. **Vaccine Programs (PHD)**

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 UIIP 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-4
### 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>4&lt;sup&gt;th&lt;/sup&gt; Quarter Financial Report (to December 31)</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>January 31</td>
<td>Year-end Reporting on Achievement of Performance Indicators for Prior Year</td>
<td>Board of Health</td>
<td>PHD and HPD</td>
</tr>
<tr>
<td>February 15</td>
<td>Smoke-Free Ontario 4&lt;sup&gt;th&lt;/sup&gt; Quarter (Final) Program Activity Report</td>
<td>Board of Health</td>
<td>HPD</td>
</tr>
<tr>
<td>April 1</td>
<td>Program-Based Grants Budget Request</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>April 1</td>
<td>Apportionment of Board of Health Costs</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>April 1</td>
<td>Building Occupancy Report</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>April 1</td>
<td>Collective Agreement Information</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>April 1</td>
<td>Healthy Smiles Ontario Program Report</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>April 1</td>
<td>Implementation Plan for the Enhanced Food Safety – Haines Initiative</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>April 1</td>
<td>Implementation Plan for the Enhanced Safe Water Initiative</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>April 1</td>
<td>Valid Certificate of Insurance</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>April 30</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Quarter Financial Report (to March 31)</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>April 30</td>
<td>Smoke-Free Ontario 1&lt;sup&gt;st&lt;/sup&gt; Quarter Program Activity Report</td>
<td>Board of Health</td>
<td>HPD</td>
</tr>
<tr>
<td>June 30</td>
<td>Annual Reconciliation Report ¹,²</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>July 31</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Quarter Financial Report (to June 30)</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>Due Date</td>
<td>Description of Item</td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------</td>
<td>------</td>
<td>----</td>
</tr>
<tr>
<td>July 31</td>
<td>Mid-year Reporting on Achievement of Performance Indicators for current year (January 1 to June 30)</td>
<td>Board of Health</td>
<td>PHD and HPD</td>
</tr>
<tr>
<td>July 31</td>
<td>Smoke-Free Ontario 2nd Quarter (Interim) Program Activity Report</td>
<td>Board of Health</td>
<td>HPD</td>
</tr>
<tr>
<td>October 31</td>
<td>3rd Quarter Financial Report (to September 30)</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>October 31</td>
<td>Smoke-Free Ontario 3rd Quarter Program Activity Report</td>
<td>Board of Health</td>
<td>HPD</td>
</tr>
<tr>
<td>November 15</td>
<td>Smoke-Free Ontario Annual Work Plan</td>
<td>Board of Health</td>
<td>HPD</td>
</tr>
<tr>
<td>As Requested</td>
<td>Chief Nursing Officer Initiative Project Report</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>As Requested</td>
<td>Infection Prevention and Control Week Report Back</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>As Requested</td>
<td>Infection Prevention and Control Nurses Project Report</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>As Requested</td>
<td>Infectious Diseases Control Project Report</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>As Requested</td>
<td>Needle Exchange Program Activity Reports</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>As Requested</td>
<td>Public Health Nurses Initiative Project Report</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>As Requested</td>
<td>Sexually Transmitted Infections Week Report Back</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
<tr>
<td>As Requested</td>
<td>World Tuberculosis Day Report Back</td>
<td>Board of Health</td>
<td>PHD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Due Date</th>
<th>Description of Item</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 1, 2013</td>
<td>Healthy Communities Fund – Partnership Stream Policy Development Plan</td>
<td>Board of Health</td>
<td>HPD</td>
</tr>
<tr>
<td>April 30, 2014</td>
<td>Panorama Phase 1 and 2 Plan Update</td>
<td>Board of Health</td>
<td>PHD and Health Services I&amp;IT Cluster</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>May 15, 2014</td>
<td>Healthy Communities Fund – Partnership Stream Final Activity Report</td>
<td>Board of Health</td>
<td>HPD</td>
</tr>
<tr>
<td>As Requested</td>
<td>One-Time Funding Project Report Backs</td>
<td>Board of Health</td>
<td>PHD and HPD</td>
</tr>
</tbody>
</table>

**Notes:**

1. The re-evaluation of annual reconciliations by the Province is limited to one year after the annual reconciliations have been provided to the Board of Health.

2. The Audited Financial Statements must separately identify funding provided by PHD and HPD 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.

3. For one-time project(s) approved for the period up to March 31, 2014, the board of health is required to confirm and report expenditures related to the project(s) as part of the: 2013 Program-Based Grants Settlement Package, for the period up to December 31, 2013; 2014 1st Quarter Financial Report for the period up to December 31, 2013 and the period of January 1, 2014 to March 31, 2014; and, 2014 Program-Based Grants Annual Reconciliation Package for the period of January 1, 2014 to March 31, 2014. In addition to the 2014 Program-Based Grants Annual Reconciliation requirements, the Province requires a certification from a licensed auditor that the expenses were incurred no later than March 31, 2014 through a disclosure in the notes in the 2014 Audited Financial Statements.

4. The Health Services I&IT Cluster will provide report templates to boards of health by December 13, 2013.
SCHEDULE D-2

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,

   (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</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. % of high-risk food premises inspected once every 4 months while in operation</td>
<td>73%</td>
<td>Establish Baseline 100% 100%</td>
</tr>
<tr>
<td>2. % of Class A pools inspected while in operation</td>
<td>57%</td>
<td>Establish Baseline ≥ 75% 100%</td>
</tr>
<tr>
<td>3. % of high-risk Small Drinking Water Systems (SDWS) assessments completed for those that are due for re-assessment</td>
<td>Cannot be established</td>
<td>N/A 100% 100%</td>
</tr>
<tr>
<td>4. % of confirmed gonorrhea cases where initiation of follow-up occurred within 2 business days</td>
<td>56%</td>
<td>Establish Baseline ≥ 70% 100%</td>
</tr>
<tr>
<td>5. % of confirmed Invasive Group A Streptococcal Disease (iGAS) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case</td>
<td>96%</td>
<td>Establish Baseline 100% 100%</td>
</tr>
<tr>
<td>6. % of known high risk personal services settings inspected annually</td>
<td>TBD</td>
<td>DEFERRED DEFERRED DEFERRED DEFERRED</td>
</tr>
<tr>
<td>7a. % of vaccine wasted by vaccine type that is stored/administered by the public health unit (HPV)</td>
<td>0.3%</td>
<td>Establish Baseline Maintain or improve current wastage rate² 0.5%</td>
</tr>
<tr>
<td>7b. % of vaccine wasted by vaccine type that is stored/administered by the public health unit (influenza)</td>
<td>0.0%</td>
<td>Establish Baseline Maintain current wastage rate² 1.3%</td>
</tr>
<tr>
<td>INDICATOR</td>
<td>Baseline</td>
<td>Performance Target</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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<td>-----------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2011¹</td>
</tr>
<tr>
<td>8. % completion of reports related to vaccine wastage by vaccine type that are stored/administered by other health care providers</td>
<td>TBD</td>
<td>DEFERRED</td>
</tr>
<tr>
<td>9a. % of school-aged children who have completed immunizations for Hepatitis B</td>
<td>78.8%</td>
<td>Establish Baseline</td>
</tr>
<tr>
<td>9b. % of school-aged children who have completed immunizations for HPV</td>
<td>48.4%</td>
<td>Establish Baseline</td>
</tr>
<tr>
<td>9c. % of school-aged children who have completed immunizations for meningococcus</td>
<td>89.0%</td>
<td>Establish Baseline</td>
</tr>
<tr>
<td>10. % of youth (ages 12-18) who have never smoked a whole cigarette</td>
<td>81.8%</td>
<td>Establish Baseline</td>
</tr>
<tr>
<td>11. % of tobacco vendors in compliance with youth access legislation at the time of last inspection</td>
<td>96%</td>
<td>Establish Baseline</td>
</tr>
<tr>
<td>12. Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)</td>
<td>4,640</td>
<td>Establish Baseline</td>
</tr>
<tr>
<td>13. % of population (19+) that exceeds the Low-Risk Drinking Guidelines</td>
<td>27.5%</td>
<td>Establish Baseline</td>
</tr>
</tbody>
</table>

**Notes:**

1) 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.

2) “Current wastage rate” or “current coverage rate” refers to the baseline rate.
Mr. Ken Seiling  
Chair  
The Regional Municipality of Waterloo  
150 Frederick Street  
Kitchener ON N2G 4J3

Dear Mr. Seiling:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide The Regional Municipality of Waterloo additional base funding of up to $693,269 with respect to the land ambulance services grant for the 50:50 partnership for the 2013 calendar year.

The Assistant Deputy Minister of the Direct Services Division will write to Mr. Mike Murray, Chief Administrative Officer, shortly concerning the terms and conditions governing this funding.

Thank you for your dedication and commitment to improving land ambulance services in Ontario.

Sincerely,

[Signature]

Deb Matthews  
Minister

c: Mike Murray, Chief Administrative Officer, The Regional Municipality of Waterloo
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 10, 2013

FILE CODE: S14-20

SUBJECT: 2013-2014 ONTARIO WORKS SERVICE PLAN

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the 2013-2014 Ontario Works Service Plan;

AND THAT the plan be forwarded to the Ministry of Community and Social Services for approval as outlined in report SS-13-028, dated September 20, 2013.

SUMMARY:

A full Service Plan is required and developed in the first year (2013) of a two year approval cycle, and updated in the second year (2014) as part of the budget process. A draft of the Region of Waterloo’s 2013-2014 Ontario Works Service Plan has been distributed separately.

REPORT:

1.0 Background

Ontario Works provides two types of assistance: employment services and basic financial assistance. The vision for the Ontario Works (OW) program is to achieve improved employment outcomes for Ontario Works participants with the goals of sustainable employment and increased financial independence. The mandate is to provide temporary financial and employment assistance to people in financial need. Eligibility for financial assistance and the amount granted are based on a financial assessment and participation in employment related activities. In order to receive financial assistance, applicants enter into a participation agreement which includes an individualized employment plan (unless there is an approved reason to be deferred from participation).

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

The Province requires that all Consolidated Municipal Service Managers submit an Ontario Works Service Plan every two years that summarizes service delivery information including service targets and strategies for the period covered by the Service Plan. The plan contains an environmental scan, a review of the management of the Ontario Works' program within the Region and a discussion of the strategies to achieve the program outcomes. The primary goal of service planning is to demonstrate how the range and type of services being provided will best serve Ontario Works participants. The intent is to link Provincial funding for Employment Assistance activities to employment outcomes. Once approved, the 2013-2014 Service Plan will become part of the service description schedule of the Ontario Works service contract between the Region and the Province.

3.0 Key Directions for 2013

In developing the 2013-2014 Service Plan Employment and Income Support consulted two key reports: the Workforce Planning Board of Waterloo Wellington Dufferin’s (WPB) Community Labour Market Analysis and the 2012 Caseload Profile. These documents provide an overview of local labour market conditions and the demographic profile of Ontario Works participants. This information helps Employment and Income Support understand the population they are serving as well as trends in local economic conditions. This information complements the service experience of the past years and the information received from community partners and collaboration initiatives such as our Employment and Income Support Community Advisory Committee.

Regional initiatives that Employment and Income Support will take part in over the course of this service plan include: follow up to the 2012 Employee Engagement Survey; the implementation of the consolidated Service First Call Centre; participation in the Region’s Diversity and Inclusion strategy; the Service Excellence program; introduction of a Safety Management System; and, the Print Green environment strategy.

At the same time, there are several Provincial initiatives that will impact the work of the division, including:

- Continuation and normalization of the Province’s excellent training initiative, Supportive Approaches through Innovative Learning (SAIL) now incorporating other Regional divisions (Children’s Services) and departments (Housing);
- Implementation of the Social Assistance Management System (SAMS);
- Participation in the Province’s Service Standards initiative; and,
- Follow up to the recommendations of the Commission for the Review of Social Assistance, including the implementation of new benefit/asset changes from the 2013-2014 Provincial Budget.

Finally, Employment and Income Support has identified a number of activities to better support its participants in the coming years. These include a restructuring of the division’s services to enhance access, ongoing support and program integrity; the integration of the Employment Ontario program within the broader Ontario Works Employment Services to establish a continuum of service; retooling of employment programs including life skills components; and, continued partnerships with external agencies such as Conestoga College in the delivery of the General Equivalency Diploma given the requirements of the labour market and the general profile of participants.

Given the scope of such Provincial initiatives as the implementation of the new technology
(SAMS) as well as the continuing impact from the economic downturn in 2008, staff have set modest targets (eg., timeframe within which a person is employed, number of those who exit and return to Ontario Works) for its Employment Assistance activity.

CORPORATE STRATEGIC PLAN:

The 2013-2014 Ontario Works Service Plan supports the Region’s Corporate Strategic Focus Area 4, *Healthy and Inclusive Communities*. In addition, the proposed activities will promote Focus Area 5, *Service Excellence*.

FINANCIAL IMPLICATIONS:

The 2013 Budget approved by Regional Council provides for the delivery of Ontario Works programs. The 2014 Budget will be considered by Council in the coming budget process.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

A number of Divisions and Departments including Social Planning, Policy and Program Administration and Finance have contributed to the development of the 2013-2014 Ontario Works Service Plan.

ATTACHMENTS

Attachment A 2013-2014 Ontario Works Service Plan (Draft/Distributed Separately)

PREPARED BY: Chris McEvoy, Social Planning Associate
David Dirks, Director, Employment & Income Support

APPROVED BY: Douglas Bartholomew-Saunders, Commissioner, Social Services
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1.1 Vision and Mission of Region of Waterloo
The vision and mission statements of the Region of Waterloo are as follows:

**Vision:**
Waterloo Region will be an inclusive, thriving and sustainable community committed to maintaining harmony between rural and urban areas and fostering opportunities for current and future generations.

**Mission:**
The Region of Waterloo provides innovative leadership and services essential to creating an inclusive, thriving and sustainable community.

*MAKING A DIFFERENCE … Every Day*

1.2 Vision and Mission of Region of Waterloo Social Services
The vision and mission statements of the Region of Waterloo Social Services department are as follows:

**Vision:**
Individuals and families will have an enhanced quality of life through integrated, comprehensive services that overcome obstacles and create opportunities.

**Mission:**
Social Services is a leader in planning, delivering and advocating for responsive and innovative human services.

*MAKING A DIFFERENCE … Every Day*

The vision and mission will be reviewed in 2013.
1.3 Vision and Mandate of Ontario Works
The vision and mandate of Ontario Works are as follows:

**Vision:**
To achieve improved employment outcomes for Ontario Works participants by increasing individual employability with the goal of sustainable employment and increased financial independence.

**Mandate:**
To provide employment assistance and financial assistance to people in financial need. The Ontario Works program:
- recognizes individual responsibility and promotes self-reliance through employment;
- provides financial assistance to those most in need while they meet obligations to become and stay employed;
- effectively serves people needing assistance; and
- is accountable to the taxpayers of Ontario.

Priorities for Employment and Income Support (E&IS)
As a division of Social Services the priorities through December 2014 include:
- Redefine and develop employment programs to meet participant need;
- Increase affordable transportation options for persons with low income;
- Effectively manage Provincial initiatives including the Social Services Solutions Modernization Project (SSSMP) and the Integrated Social Assistance Management Framework (ISAMF);
- Seize opportunities to enhance service to limited and non English speakers;
- Enhance our relationships with internal and external partners;
- Participate in and implement a plan for the consolidation of homelessness programs under the Community Homelessness Prevention Initiative (CHPI);
- Effectively manage Corporate initiatives such as the Employee Engagement Survey results of 2012 and the Service First Call Centre;
- Implement divisional restructuring decisions;
- Formally review the Enhanced Verification Process (EVP) model and outcomes and respond accordingly;
- Explore change fatigue strategies to support ourselves;
- Enhance strategies to support and develop staff;
- Improve participant awareness of our programs;
- Review, refine and introduce relevant communication vehicles, media and approaches;
- Strengthen divisional accountability processes and reporting;
- Follow up on the results of findings of recidivism research; and
- Identify and implement processes for continuous improvement from a participant centered perspective.
A complete list of the division’s 2013-2014 Priorities is available upon request.

**Section 2: Environmental Scan**

**2.1 Analysis of Previous Planning Cycle**

In reviewing the strategies and targets as outlined in the 2011-2012 Ontario Works (OW) Service Plan, the Region met or exceeded all of its employment assistance targets with the exception of one: 2D “Job retention rate as determined by the percentage of participants who exit social assistance due to employment and return.” The division wishes to eventually explore this area further in light of the findings of a study of recidivism for the Ontario Works caseload. In the short term as presented below 2013 presents a slightly less aggressive target.

The 2012 caseload is stabilizing, yet challenges remain given the significant growth in the caseload of previous years and the accompanying service demands. As of May 2012, the Ontario Works caseload was 39% higher than the 2008 recession (September 2008). The disconnect between the strengths of participants and the demands of the current labour market will continue to present challenges in the coming year. The caseload profile reveals that people are remaining with Ontario Works for longer periods of time.

The Employment and Income Support division completed a number of projects in the previous service planning cycle including; work that supports the themes from the previous cycle’s Service Delivery Evaluation and the introduction of the online application. In the fall of 2012 in response to funding decisions by the Province, the Region of Waterloo conducted a community consultation survey to determine the priorities for the future funding of discretionary benefits. Over 650 Ontario Works and Ontario Disability Support Program participants, community agency staff, and Regional staff responded to the survey. A number of employee engagement initiatives were on-going in 2012 including initiatives to address the findings of the 2008 Employee Engagement survey, involvement in the Social Services Solutions Modernization Project (SSSMP), now referred to as the Social Assistance Management System (SAMS), and a comprehensive review of the divisional structure.

**2.2 External Influences**

**Local Labour Market**

Employment and Income Support annually asks the Workforce Planning Board of Waterloo Wellington Dufferin (WPB) to produce a profile of the local labour market. The *Labour Market Analysis* identifies changes in the labour market in the Kitchener-Cambridge-Waterloo Census Metropolitan Area (CMA) by examining variances in employment and labour data between 2011 and 2012.
The report illustrates that recovery from the economic downturn is taking place in Waterloo region, amidst the effects still felt across the region. While the unemployment rate for the Kitchener-Cambridge-Waterloo CMA did not drop back to pre-recession levels (5.7% in 2008), it decreased by -0.8% in the last year and -1.4% since 2010 (7.4% in 2010; 6.8% in 2011; and 6.0% in October 2012). The number of employers in the Waterloo Region increased slightly between 2011 and 2012 by 0.4%.

Challenges to the local labour market continue to exist as a result of shutdowns or layoffs affecting several companies including Forsyth, CSW, RIM and others across the manufacturing industry. These findings are discussed in more detail in Section 2.5.

Provincial and Regional Government Initiatives
There are several Provincial and broader Regional initiatives that will impact the delivery of services in 2013-2014. Regional initiatives that the division will take part in include: follow up to the 2012 Employee Engagement Survey; the implementation of a consolidated call centre; participation in a Diversity and Inclusion strategy; Service Excellence; introduction of a Safety Management System; and a Print Green environment strategy. Financial constraints brought on by the changes to the funding of Discretionary Benefits will continue to be felt in the coming year.

At the same time, there are several Provincial initiatives that will impact the work of the division, including:
- Continuation and normalization of Supportive Approaches through Innovative Learning (SAIL) now incorporating other Regional divisions and departments;
- Implementation of the SAMS;
- Participation in the Service Standards initiative;
- Integration of Employment Services within Employment Ontario;
- Follow up to the recommendations of the Commission for the Review of Social Assistance;
- Implementation of the ISAM Framework; and,
- Implementation of new benefit/asset changes from the 2013-2014 Provincial Budget.

Immigration
The ability to obtain sustainable employment and achieve financial independence is challenging for groups of people who are typically marginalized such as immigrants (defined as individuals born in a country other than Canada). Data collected from the Service Delivery Model Technology (SDMT) in October 2012 indicates that 3,712 Ontario Works participants (including dependants) reported being born outside Canada. This number represents 24.1% of the total caseload including dependants. A total of 3,895 interpreter appointments were booked for Employment and Income Support from November 2011 to October 2012. The top five interpreter requests were for Arabic, Spanish, Farsi, Somali, and
Vietnamese languages. In 2010, the Region translated the Rights and Responsibilities form into five new languages for a combined total of ten (10) translated versions. The division will consider additional translations as well as further support to assist those whose first language is not English. In this regard, the division piloted the use of a “Language Line” (access to interpreters by telephone) for brief interviews in 2012 and will review the results and potential application in the coming year. Finally, participation in the Immigration Partnership initiative is an important undertaking to support the broader community.

2.3 Service Delivery Statistics
Table 2.3.1 summarizes key service delivery statistics from 2012 and provides a forecast through 2013 related to Intake and Emergency Assistance, Case Management and Employment Services. The data provided is taken from the Service Delivery Model Technology database unless otherwise noted. Form 5 has been used for caseload information to ensure consistency and ease of comparison; however, these numbers do not reflect the workload accurately or fairly. At the same time, this analysis does not consider the potential impact on the caseload of the asset and benefit announcements. As a result these are likely conservative estimates.

Table 2.3.1: Service Delivery Statistics

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average monthly number of applicants</td>
<td>EIS Applications &amp; Inquiries Report</td>
<td>1,136</td>
<td>1,153</td>
<td>1,176</td>
</tr>
<tr>
<td>Average monthly caseload (number of singles and families including temporary care assistance recipients)</td>
<td>Form 5</td>
<td>8,706</td>
<td>8,836</td>
<td>9,012</td>
</tr>
<tr>
<td>Average monthly number of ODSP participants (voluntary)</td>
<td>Benefit Unit Summary ODSP Participating</td>
<td>111</td>
<td>111</td>
<td>113</td>
</tr>
</tbody>
</table>

2.4 Caseload Description
Employment and Income Support conducts an annual review of the known demographic characteristics of participants who are on the Ontario Works caseload to inform service planning. Table 2.4.1 provides a point-in-time snapshot of the Ontario Works caseload as it was on October 31, 2012 and reveals how the caseload has changed over the past year. These figures are taken from the 2012 Ontario Works Caseload Profile. The Caseload Profile
demonstrates that there was a -1.0% decrease in the total caseload from October 2011 to October 2012. Notable changes in the caseload included a decrease in the number of heads of household, a decrease in the number of dependants, as well as a decrease in the number of children aged zero to six.

In 2012, youth heads of household (ages 16-24) accounted for 23.4% of heads of household on the caseload, which is a -1.0% change since 2011. Youth heads of household were more likely to be female, were more likely to report lower monthly net earnings, and were more likely to be on assistance for shorter periods of time when compared to other adults on the caseload. These numbers are of particular interest given the return rate (recidivism) for youth, as shown in a focused research project, is approximately 94%. Of these youth 66.2% return less than 9 months after exiting Ontario Works. The caseload profile shows that over half of the adult caseload (50.5%) has not completed High School. 11% of adults on the caseload reported employment earnings and these participants were more likely to have an higher educational attainment. The proportion of the caseload on assistance for longer than one year has increased by 2.6% compared to 2011. During this same period the number of immigrants on the caseload increased by 2.4%. A copy of the 2012 Caseload Profile is available upon request.
Table 2.4.1: Caseload Profile Data

<table>
<thead>
<tr>
<th>Item</th>
<th>October 2010</th>
<th>October 2011</th>
<th>October 2012</th>
<th>% Change 2011 to 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of heads of household¹</td>
<td>8,213</td>
<td>8,323</td>
<td>8,299</td>
<td>-0.3%</td>
</tr>
<tr>
<td>Number of dependants²</td>
<td>7,251</td>
<td>7,217</td>
<td>7,083</td>
<td>-1.9%</td>
</tr>
<tr>
<td>Total caseload</td>
<td>15,464</td>
<td>15,540</td>
<td>15,382</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Average age of adults³ (in years)</td>
<td>34.6</td>
<td>34.7</td>
<td>34.9</td>
<td>0.6%</td>
</tr>
<tr>
<td>Gender³ (% female)</td>
<td>55.0%</td>
<td>55.2%</td>
<td>55.0%</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Age distribution of dependant children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children aged 0-6</td>
<td>3,124</td>
<td>3,040</td>
<td>3,024</td>
<td>-0.5%</td>
</tr>
<tr>
<td>Marital status¹</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married or common-law</td>
<td>10.6%</td>
<td>9.7%</td>
<td>9.4%</td>
<td>-0.3%</td>
</tr>
<tr>
<td>Family composition¹</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Singles</td>
<td>56.3%</td>
<td>56.6%</td>
<td>57.9%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Sole-support parents</td>
<td>32.8%</td>
<td>33.3%</td>
<td>32.5%</td>
<td>-0.8%</td>
</tr>
<tr>
<td>Couples with dependants</td>
<td>8.7%</td>
<td>8.2%</td>
<td>7.8%</td>
<td>-0.4%</td>
</tr>
<tr>
<td>Couples without dependants</td>
<td>2.3%</td>
<td>1.9%</td>
<td>1.8%</td>
<td>-0.1%</td>
</tr>
<tr>
<td>Average number of children⁴</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
<td>0.0%</td>
</tr>
<tr>
<td>Highest level of education completed³</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than Grade 9</td>
<td>9.0%</td>
<td>8.4%</td>
<td>8.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Grade 9-11</td>
<td>41.9%</td>
<td>41.8%</td>
<td>41.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>High school</td>
<td>31.6%</td>
<td>31.9%</td>
<td>31.5%</td>
<td>-0.4%</td>
</tr>
<tr>
<td>Post-secondary</td>
<td>17.5%</td>
<td>17.9%</td>
<td>17.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Months on assistance⁵</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-4</td>
<td>33.6%</td>
<td>32.5%</td>
<td>31.7%</td>
<td>-0.8%</td>
</tr>
<tr>
<td>5-12</td>
<td>25.4%</td>
<td>26.4%</td>
<td>24.6%</td>
<td>-1.8%</td>
</tr>
<tr>
<td>13-24</td>
<td>20.8%</td>
<td>17.2%</td>
<td>19.4%</td>
<td>2.2%</td>
</tr>
<tr>
<td>25+</td>
<td>20.2%</td>
<td>23.9%</td>
<td>24.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Total caseload born outside of Canada</td>
<td>24.4%</td>
<td>23.3%</td>
<td>24.1%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Employed adults⁶</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median⁷ monthly earnings (net)</td>
<td>$568.78</td>
<td>$594.17</td>
<td>$479.85</td>
<td>-19.2%</td>
</tr>
</tbody>
</table>

¹ Ongoing heads of household as of October 31, 2012.
² Includes ongoing (i.e., not terminated) spouses, dependant adults and dependant children.
³ Includes ongoing (i.e., not terminated) heads of household, spouses and dependant adults.
⁴ Only includes households with children.
⁵ Ongoing heads of household, October 2012
⁶ Includes heads of household, spouses and dependant adults.
⁷ Median score indicates half of the participants with earnings earned less than this amount.
2.5 Local Labour Market
In March of 2013 the Workforce Planning Board of Waterloo Wellington Dufferin (WPB) produced a report on the 2011-2012 labour market in the Region of Waterloo, as noted above.

The report states the Region’s population continued to increase with growth of 1.2% from October 2011. This increase resulted in only slight growth to the labour force with participation rates increasing 0.7% in the same period. Growing employment and decreasing unemployment would suggest that the local labour force is making active recovery towards a stronger labour force with potential for future opportunities for those wishing to find employment in Waterloo Region. However, youth are still experiencing disproportionately high unemployment barriers. This will impact the Ontario Works caseload.

The shift from a Goods Producing economy to a Service Based economy continues in Waterloo Region. Employment in the Manufacturing Sector increased by 13.8% of total employment within the Region from October 2011 to October 2012, aiding in the Manufacturing Sector recovery from the -13.3% decline from 2010 to 2011. For the first time since 2008 manufacturing employment is back above the pre recession low. Revenue levels continue to increase with a reported average yearly increase of 8% since the beginning of 2010.

Employment in the Service Sector which includes services in education, health, and transportation decreased by -4.8% from October 2011 to October 2012, which was influenced by decreases to Information, Culture and Recreation (-38%) and Health Care and Social Assistance (-19.4%) services. Healthy gains to Transportation and Warehousing; Finance, Insurance, Real Estate and Leasing; and Business, Building, and other support services assisted in mediating losses experienced by other services.

While employment prospects remain positive for the Kitchener-Cambridge-Waterloo CMA, immigrants, youth and women continue to experience higher than average unemployment rates. The Workforce Planning Board has identified a need for more flexibility in youth employment program criteria for youth to more easily access employment assistance services.

Further, there appears to be a mismatch between the skills needed for new employees in some manufacturing businesses and other sectors and the pool of available labour. This underscores the need for education, skill development and training. The Community Labour Market Analysis recommends longer-term supports to help potential employees recognize the areas where growth is occurring.

For a full analysis of the labour market in Waterloo Region refer to the 2011-2012 Community Labour Market Analysis which is available upon request.
2.6 Community Engagement

Employment and Income Support collaborates with key stakeholder groups to improve employment outcomes for participants. Feedback that is received from community partners is a critical piece of service delivery evaluation and development. Forming partnerships enables Employment and Income Support to be involved in key Regional and Provincial projects, supports innovation in programming and ensures service is responsive to the needs of the community. This section of the plan will provide a brief overview of a number of these partnerships and initiatives.

Employment and Income Support Community Advisory Committee (EISCAC)
The EISCAC is comprised of key stakeholders including social assistance recipients, community agencies, Provincial representatives, and the Greater Kitchener-Waterloo Chamber of Commerce. The Committee meets six times a year to offer advice on the delivery of services by Employment and Income Support. The Committee is chaired by a member of Regional Council and reports to the Community Services Committee of Regional Council. As a result of a recommendation from the Committee for example the division has worked with community partners as well as Regional staff and volunteers to assist OW participants to file income tax returns. The 2012 EISCAC Annual Report is available upon request.

Community Employment Linkages Committee (CELC) and Cambridge Employment Facilitation Network (CEFN)
Employment and Income Support participates as a member on both the Community Employment Linkages Committee (CELC) as well as the Cambridge Employment Facilitation Network (CEFN). In fact, E&IS staff serve as Co-Chairs of the CELC and CEFN. These partnerships are developed with the goal of facilitating inter-organizational support and collaboration. The CELC has been active with the implementation of the Employment Ontario service model in Waterloo region.

Employment Ontario Service Providers
As an Employment Ontario Service Provider the Region of Waterloo attends the Employment Ontario Service Provider meetings, which seek to promote, enhance and ensure collaboration with other Employment Ontario service providers.

Immigration Partnership Council
The Social Services Department hosts the Immigration Partnership Council. Employment and Income Support staff are active members on the Council’s working groups. This federally funded initiative has developed and submitted a plan to enhance supports to assist immigrants with settling in Waterloo Region.
The Workforce Planning Board of Waterloo Wellington Dufferin (WPB)
The Workforce Planning Board of Waterloo Wellington Dufferin works to engage communities and community partners in local labour market development and to develop solutions to local workforce development issues. The Region of Waterloo has formed a strong partnership with the WPB and has collaborated on a number of initiatives including the Making Cent$ of Abilities coalition of individuals, agencies and employers to promote the employment of persons with a disability. E&IS staff participate on the Board of Directors of the WPB in an advisory capacity and is a member of the Making Cent$ of Abilities steering committee.

Homelessness to Housing Stability System Review
The division was represented on the original Steering Committee monitoring the implementation of the Region’s Homelessness to Housing Stability Strategy. The initiative has been updated and is led by Social Planning, Policy, and Program Administration of Social Services. With the introduction of the Community Homelessness Prevention Initiative the current focus is a review of services in light of funding, service and community demand and E&IS is a member of the Advisory Committee.

Community Homelessness Prevention Initiative (CHPI)
Through Social Planning, Social Services, the Region administers the Community Homelessness Prevention Initiative (CHPI) to addresses homelessness through coordination and integration of service delivery systems that reflect a Housing First approach to prevent, reduce and address homelessness. A Joint Management Committee between the two Social Services divisions has been established to oversee and coordinate activity.

Waterloo Region Energy Assistance Program (WREAP)
Through its Intake unit Employment and Income Support delivers the Waterloo Region Energy Assistance Program (WREAP). Using a number of different funds (from local initiatives, CHPI, emergency assistance and discretionary benefits) staff assists families and individuals with low income including Ontario Works (OW) and Ontario Disability Support Program (ODSP) participants who need financial assistance to pay their heating and hydro bills.

Social Housing
To further support and ensure housing for Ontario Works (and Ontario Disability Support Program) participants, senior E&IS staff meet regularly with their colleagues in Housing (a division of Planning, Housing and Community Services). These relationships have resulted in enhanced internal communication protocols and a more formal response to crisis support (eg., in response to emergencies such as a fire). In this way, housing is stabilized and secured for people who are particularly vulnerable to losing their housing. As well, SAIL was introduced to Social Housing management staff in 2012.
Transit for Reduced Incomes Program (TRIP)
The TRIP advisory group, chaired by Employment and Income Support, has conducted research and held focus groups with key stakeholders including transit users to identify strategies to increase affordable transportation opportunities for persons with low income. The advisory group is looking at pilot project(s) to test strategies to increase access to affordable transportation. The advisory committee oversees the administration of the Regionally funded program which provides a concession to the cost of a bus pass for persons with low income. Presently the committee is surveying TRIP users concerning the benefit of the program and their use of the pass.

Transit Affordability Pass Program (TAPP)
This project is a result of one of the TRIP pilot projects. Initially through Enhanced Employment funds and now as part of its regular budget, the division provides bus passes to Ontario Works participants who are upgrading their education (grade 12 or GED) or participating in its employment placement programs. This funding advances inclusion principles within SAIL and facilitates the increased employability of the individual. The E&IS division and Grand River Transit are exploring additional opportunities to increase access to affordable transportation for persons with low income. This was identified by OW participants as one of their top priorities through feedback they provided as part of the Service Delivery Evaluation. A survey is being conducted with OW and ODSP participants concerning their transportation needs and use of public transit.

Ontario Municipal Social Services Association (OMSSA)
The Region of Waterloo and Social Services in particular, remain active members of the OMSSA. OMSSA has been contracted to provide the training and delivery of SAIL. Staff from the division participates on the Employment and Income Network and other relevant working groups. Staff is also active in the front-line staff training, the OMSSA annual conference and other training events.

Provincial and Regional Partnerships
Employment and Income Support will participate in the following initiatives in 2013:
- The Region has been approved as a full-suite Employment Ontario Service Provider which has enhanced the continuum of services and support available to OW participants;
- Staff regularly meet with representatives of the Ministry of Community and Social Services and the local Ontario Disability Support Program offices to discuss issues of mutual concern and ensure effective service coordination (eg., changes to discretionary benefits program);
- Staff also participate with Ontario Works Administrators and municipal staff from the Central West Region as well as key Provincial staff from the Regional office of the Ministry of Community and Social Services in the Social Assistance Directors Forum;
• The Region of Waterloo supports staff through professional development opportunities provided by the Association of Municipal Employment Services (AMES). This organization provides learning opportunities through its yearly conference. E&IS is represented on the AMES executive committee;
• Employment Services continues to provide enhanced services to its users through co-location opportunities in its three Employment Resource Centres. Project Read, Conestoga College, and other organizations utilize Resource Centre space for the services they provide and as a site for local employment Job Fairs; and,
• The Region continues to support its rural communities through a Rural Outreach project. This project has expanded from one rural site to a total of four sites in 2013, whereby the E&IS employment desktop and resources can be accessed electronically with Regional staff support available by telephone.

Section 3: Program Management

3.0 Introduction
Employment and Income Support offers service out of three locations within Waterloo Region. The Waterloo office is located at 99 Regina Street and provides income support and some employment services including an Employment Resource Area to citizens living in the cities of Kitchener and Waterloo as well as the Townships of Woolwich, Wilmot and Wellesley. Employment programming and services are offered to citizens living in Kitchener-Waterloo and the surrounding Townships largely from the Kitchener office, which is located at 235 King Street. Citizens living in the City of Cambridge and the Township of North Dumfries are provided both income support and employment services at a co-located site situated at 150 Main Street in Cambridge. As an approved Employment Ontario service provider the full suite of employment services are offered at all three locations. The Region continues to review the division’s structure and has plans to introduce a number of key changes to enhance service and delivery outcomes throughout 2013 and 2014. This section of the plan provides an overview of key organizational drivers and supports and services to participants including Intake and Emergency Assistance, Case Management and Program Integrity.

3.1 Service Delivery Rationale & Business Practices

Organizational Drivers
Divisional Restructuring
There are a number of reasons that suggest the need for restructuring: good business practice; changes in service delivery in recent years; service pressures; uneven spans of control; the need to maximize the skills and abilities of all staff; the value of a structure that integrates services in the best interests of program participants; and the potential impact of the SAMS and Social Assistance Review. Interim steps towards a longer term vision have been taken in 2013 with
consolidation and further work to be done in 2014. These are discussed in more detail below.

Social Assistance Management System (SAMS)
The Social Services Solutions Modernization Project (SSSMP) is part of a broader government initiative (The Major Application Portfolio Strategy) which is modernizing aging technology that supports service delivery across the Ontario Public Service. Within the Region of Waterloo the project encompasses implementation of the Online Application; implementation of the replacement of the SDMT including review and revision of business procedures, roles and responsibilities as appropriate; and finally, evaluation of the implementation of SAMS. An Executive Steering Committee of internal stakeholders has been established to oversee this project. Staff engagement is actively supported on several levels including work groups and involvement as Subject Matter Experts and “Champions.”

Supports to Participants
Discretionary Benefits
In response to the capping of Provincial funding the Region will be contributing an additional $2 million above the provincial funding cap for discretionary benefits in calendar year 2013. Some of the changes to discretionary benefits that were introduced in 2013 are; the removal of last month’s rent (now provided as a Rapid Re-housing benefit through CHPI funds); a reduction in the dental services provided to adults; and changes to the eligibility criteria and maximum benefit amounts for many items. The division will monitor expenditures throughout 2013 to assess the service experience within these new parameters. This program will be revisited in the Region’s 2014 Budget process.

Tax Information and Canada Learning Bond
The Region continues to participate in local initiatives to reduce poverty including collaboration with community groups such as Opportunities Waterloo Region (a local poverty group), Service Canada and two banks to promote the Canada Learning Bond available to OW and ODSP participants. The Employment and Income Support division hosted two sign up events for eligible families to enroll in the Canada Learning Bond (CLB) in May 2013 and successfully enrolled seventy (70) new children into this bond. The Region hosts three free tax clinics in its Resource Centres and offers a new “drop off” service to assist persons with low income to complete their income tax returns.

Intake, Eligibility Determination and Emergency Assistance
Intake Services staff assess the needs of individuals to determine eligibility and the appropriate level of support. Available supports include: emergency assistance; assistance with utility arrears/disconnection (Waterloo Region Energy Assistance Program); discretionary benefits for Ontario Disability Support Program participants; and/or ongoing Ontario Works assistance. Prior to the restructuring initiative individuals determined eligible for ongoing Ontario Works
assistance were scheduled for a documentation interview with a Caseworker, Eligibility. In 2012, Intake Services received a monthly average of 762 general inquiries, booked an average of 696 intakes to “the field” each month, and provided discretionary or emergency assistance to an average of 96 individuals each month. The Online Application for Social Assistance was successfully implemented as another avenue for residents to apply for social assistance. On average, approximately 5% of the monthly applications for Social Assistance are received via the online process. In June 2013 the Region of Waterloo will move to an Enhanced Intake where Intake Assessment Coordinators will complete the entire application process through to issuance of first payment for enhanced service to participants. With this change and the introduction of the SAMS, the online application process will be promoted more aggressively.

In addition to the services described above, the Social Services After Hours Emergency Service provides on-call support to assist individuals outside of regular business hours. The First Response Protocol responds to individuals who have lost their housing as a result of a catastrophe. Through an agreement with the Red Cross, immediate shelter and support is provided. As well, the Region purchases emergency shelter services (six shelter agencies, with 177 regular beds, 79 internal overflow beds and capacity to overflow into motels). In recent years, the Region has increased housing programming and outreach supports for vulnerable populations including youth, young single parents and those with addiction and mental health issues through the addition of new service providers and the enhancement of existing services.

**Case Management**

The composition of Caseworkers was at a ratio of 75% Caseworker, Participation and 25% Caseworker, Eligibility at the outset of the year. In June 2013 the division will move to Caseworkers managing the ongoing case and will develop a separate team to manage the Eligibility Verification Process (EVP) to enhance service and outcomes to ongoing participants. Caseworkers will use the Participation Agreement to work collaboratively with participants to identify a realistic plan to move toward self-reliance and sustainable employment; this is a change from the use of the Individual Service Plan developed by the division and anticipates the introduction of SAMS. While committed to program integrity and ongoing case management, service pressures continue to challenge the division; the current focus is upon ensuring people are granted assistance in a timely manner. As the division moves toward SAMS implementation, workload management strategies will be introduced to support staff in acquiring the skills and knowledge to ensure successful implementation.

**Program Integrity**

**Eligibility Review**

Eligibility review refers to the full investigation that is carried out in the event of an allegation of fraud. Table 3.1.1 listed below shows the 2012 yearly totals for Eligibility Review. While committed to the Eligibility Review Officer program, this
too has been impacted by the reallocation of resources necessitated by the economic downturn. As workload and staffing levels stabilize, the resources associated with eligibility activities will be revisited.

Table 3.1.1: Eligibility Review: 2012 Yearly Totals

<table>
<thead>
<tr>
<th># of Cases Referred</th>
<th>418</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Cases Completed</td>
<td>297</td>
</tr>
<tr>
<td># of Withdrawals</td>
<td>124</td>
</tr>
<tr>
<td># of Overpayments</td>
<td>158</td>
</tr>
<tr>
<td># of Fraud Referrals</td>
<td>24</td>
</tr>
<tr>
<td>Amount of Overpayment</td>
<td>$963,465</td>
</tr>
</tbody>
</table>

Casefile/Overpayment Review
The Casefile Review process, while reinstated in 2011-2012 was suspended due to caseload size and other priorities. A new internal audit program will be developed to align with the divisional restructuring including the role of supervisors. A new approach has been tested in early 2013 with the issuance of transit support through the TAPP and will be used to review the implementation of changes to the Discretionary Benefits program.

Family Support
The goals of the Family Support Unit (FSU) are to increase and maintain the percentage of sole support parents receiving Ontario Works with support provisions; to increase the average amount of support in pay within the Child Support guidelines; and, to defend arrears owed to the Province and/or to a municipality. Family Support Workers also provide individual clarification and information regarding support issues to Caseworkers. In 2012, there were eight (8) Family Support Workers and the Family Support Unit received a monthly average of 235 referrals. The FSU continues to support arrears, but changes to the process now require FSU prepared statements to be sent directly to the Family Court Judge who makes a decision on obligation for payment. The efficacy of this approach will be revisited in 2013. As a result of an amalgamation of courts in Kitchener, the Family Support Unit has been consolidated at the 235 King Street East site.

3.2 Financial Oversight Strategy
The Region uses information provided by the SDMT and the Regional General Ledger system to prepare its financial reports. These reports are reconciled to the Region’s bank accounts. The Region reconciles amounts submitted to the Province to the subsidy approved by the Province. The claim is reviewed by staff independent from those preparing the claim to ensure accuracy and integrity, followed by review and signature by the Manager, Financial Services.

3.3 Overview of Learning Supports
SAIL continues to be promoted throughout 2013 through creative strategies to maintain interest in the concepts as developed by a frontline advisory group.
Children’s Services and Housing staff will join this advisory group, which will consider a second roll out in 2014 engaging their staff and recognizing the turnover in E&IS since the introduction of SAIL. In the fall 2012, Children’s Service, Housing and some E&IS management staff received the SAIL management orientation as a first step. The Region’s Performance Development Program permits staff, with their supervisor, to shape their own personal development plan. Staff are supported to attend conferences and courses through the Association for Municipal Employment Services (AMES); OMSSA (e.g., FSW training, Policy Writing); as well as local workshops dealing with issues such as addiction and inter-agency events. Our tuition refund program continues to be fully utilized each year as staff use formal education opportunities to upgrade skills. The 2012 Employee Engagement survey identified “Opportunities for Development” as the area of focus for the division. Staff will identify actions in 2013 with implementation to begin in 2014.

Section 4: Outcome Strategies

4.1 Service Strategy Rationale

Services are being developed in response to the 2012 service experience and changes that will be brought on by the E&IS restructure, the caseload profile and the labour market analysis which were discussed in previous sections, as well as information from the Social Services Solutions Modernization Project (now SAMS).

Responding to limitations in the current structure in Employment & Income Support, the divisional restructuring looks to anticipate changes and be flexible enough to accommodate them. It is the vision to build a structure that: incorporates staff/participant feedback; is responsive to the changing environment; maximizes staff knowledge and abilities; and aligns with the Social Assistance Management System (SAMS). By restructuring, we are operationalizing the concepts of SAIL and the Regional values of service, respect, integrity, innovation and collaboration while ensuring resources are aligned and integrated to best support the delivery of service to the community.

The restructuring lays out a longer term vision for service. Immediate changes include an enhanced intake capacity and a separate/stand alone Eligibility Verification Process (EVP) team. Employment staff will be asked to implement strategies to integrate employment and income support functions. The leadership culture will be developed to clarify roles/responsibilities and facilitate decision-making at the most appropriate and lowest organizational level.

A wide range of employment services and supports are provided to Ontario Works participants directly through Employment and Income Support, through purchase of service agreements with external brokers and in collaboration with community partners. These form the core of the division’s service strategy.
Programs and services currently available to Ontario Works participants offer a full continuum of opportunities including self-serve Employment Resource Areas and employment groups dealing with a variety of topics (career counseling, job-seeking methods and tools, job retention strategies, skill based training). These are being retooled in light of an external review in 2012. All groups have a life skills component embedded within them. In addition, E&IS offers individual job coaching in partnership with Conestoga College, the GED program and Employment Placement (now delivered directly by E&IS). The Region is an approved Employment Ontario service provider. Employment Services is reviewing its Employment Ontario and Ontario Works employment programs for opportunities to integrate the two programs, moving towards a vision of providing a seamless continuum of services.

The division has a well established Learning Earning and Parenting Program and works closely with Children’s Services, Social Services to ensure that child care supports are readily accessible. Finally, for those who would benefit the division provides social work support directly and purchases this service for OW and ODSP participants from a number of counseling agencies. While not an approved Addiction Services Initiative provider E&IS staff refer participants to the variety of high quality addiction related services in the community offering individual and group supports including counseling, medical treatment and withdrawal management.

**Linking of Strategies to Outcome Measures**

In setting outcome targets for the 2013 Budget, the following factors were taken into consideration:

- Our experience since 2008;
- The Region’s unemployment rate remains stubborn; this is compounded by the very high participation rate, which makes job entry without the required education and skills most challenging;
- SAMS implementation and impact upon workload;
- Restructuring of program delivery within Employment & Income Support;
- Changes to Employment Programs (eg., the management of Employment Placement);
- The 2012 caseload profile and labour market analysis, which speak to longer stays and the disconnect between the strengths of participants and the demands of the current labour market; and,
- The anticipated and yet unknown impact of the changes to asset levels and employment earnings in September (eg., may increase length of stay while increasing potential for earnings).

**Action Steps and Resources**

As discussed the division is undergoing a restructuring to better position itself for the future and respond to the needs of its community. At the same time the division is reviewing delivery of its employment services. While the caseload appears to be stabilizing, it still remains much higher than the 2008 pre-recession
totals and is faced with the continuing challenges of the labour market. The Region is committed to the hiring of additional Casework staff as a result of these pressures. The asset and employment income changes to be introduced in September are likely to increase the size of the caseload. Workload pressures are exacerbated further by activity around restructuring and SAMS.

The Region through Social Services continues to participate in local initiatives to reduce poverty including leadership in a poverty reduction strategy for the corporation and implementation of the Canada Learning Bond and free income tax services and supports for those living in low income. E&IS continues to build on its past experience and learning through continued evaluation and ongoing internal working groups, which often directly involve program participants.

4.2 Stakeholder Linkages
Section 2.6 describes the diversity of relationships and linkages upon which the division will draw to support its work. We continue to work closely with the MCSS on many initiatives. The Region is a Service Delivery site for Employment Ontario, funded in part by the Ministry of Training, Colleges and Universities. This permits us to extend the continuum of opportunities available to Ontario Works participants. The division relies upon its relationships with the community through the EISCAC and nurtures partnerships such as the Workforce Planning Board on the Labour Market Analysis and the Long-Term Unemployed Manufacturing Worker Case-Study, Conestoga College with the GED program, and the rural communities/providers through its outreach initiative. New partnerships are being developed with groups such as Opportunities Waterloo Region, Service Canada and bank providers for the Canada Learning Bond initiative.

4.3 Service Gaps
Service gaps are identified through our commitment to service excellence and in a variety of ways. Issues can be raised in a forum such as the Community Advisory Committee or the Community Employment Linkages Committee for discussion and potential coordinated action. The Social Assistance Directors’ Forum for Central West Region has been an excellent resource to identify and potentially resolve issues with Provincial Staff, although its future is uncertain given the recent restructuring announcement. As a result of mutual interest the WPB prepared a study on the Long-term Unemployed Manufacturing Worker. As noted above evaluations of specific services have yielded valuable information which can be used to identify and address service gaps (eg., recidivism, transportation needs and patterns of OW and ODSP participants). The annual caseload and labour market profiles ensure the division is current with the needs of program participants and labour market trends. Finally, E&IS is reviewing its discretionary benefits program changes in response to the capping of Provincial funds and the impact on the community in anticipation of the 2014 Budget process.
4.4 Increased Employability Strategies
The Region has put in place a number of strategies to enhance employability. At the core of increased employability strategies are the Caseworker and the principles of SAIL. There is a commitment to looking at our employment model and partnerships.

For example, based on continued attention to our participant population, E&IS has continued the GED program as a way of supporting participants in the face of today’s labour market demands. While Waterloo region continues to struggle with a higher unemployment rate, obtaining a grade 12 diploma or equivalent prepares participants for future employment and a potential move to further education and skill development through other community college programs. This will assist participants as the region continues to see the demand for a higher skilled labour force. In 2012, the curricula of employment groups were reviewed. These now all include a life skills element and are being retooled to better serve our participants. Work is underway to explore the integration of Employment Ontario within Ontario Works Employment Services. In this way a richer continuum of options will be available and these can be accessed more easily.

The Region has made a decision to provide continued funding for Small Steps to Success, a program geared to moving women from dependency to employment. Enhanced Employment Service Funding provided the impetus for the GED program and the resurrection of the Experienced Worker Program, which is delivered to those unskilled persons ages 45+ who have been displaced in the current labour market. The latter is administered by two agencies, which also deliver the Province’s Targeted Initiative for Older Workers.

Income Support Staff continue to work actively in areas such as transportation, housing, food security and community support to identify and facilitate access to resources that will enable Ontario Works recipients to participate fully in the life of the Region consistent with the SAIL principle of inclusion.

4.5 Monitoring Service Strategies
The Provincial update of Employment Assistance target achievements which are provided on the Extranet are reviewed with all managers within Employment and Income Support. The results (and any issues) are discussed with the Program Supervisor (Ministry of Community and Social Services). As appropriate, a business case is presented to Provincial Staff if the targets must be adjusted.

As previously described, Staff are engaged in (and have already conducted) a number of evaluations of the various elements of the Region’s Ontario Works service model. For example, an evaluation is now being planned for the enhanced intake delivery model being introduced in June 2013. Services and supports are refined based upon the findings with a view to the impact upon the achievement of earnings and employment outcomes.
The Region participates in the Ontario Municipal Benchmarking Initiative (OMBI) and the division has additionally set its own Individual Performance Management Targets. These performance indicators or measures further enhance accountability and promote effective service delivery.

Section 5: Next Steps

5.1 Next Steps

The priorities identified at the outset of this document are reviewed by the senior management team three (3) times per year and updates are shared with staff electronically. The leadership team including supervisory staff will meet to review these in early 2014. In 2014 an update to this plan will be submitted as a Service Plan Addendum. The update will capture changes in external influences such as the labour market and caseload demographics; report on any changes in service delivery and business processes; and outline any changes in service strategies for 2014.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 10, 2013

FILE CODE: S13-40

SUBJECT: 2012 HOMELESSNESS TO HOUSING STABILITY REPORTS

RECOMMENDATION:

For information

SUMMARY:

This report reviews the results of the Homelessness to Housing Stability 2012 Data Summary Report (attached as Appendix 1) and the 2012 Emergency Shelter Data Report (attached as Appendix 2).

In previous years, the Homelessness and Housing Umbrella Group (HHUG) released an annual two-page report card summarizing homelessness and rental housing data for Waterloo Region. Funding to complete this project was time-limited, and has now expired. As the HHUG will no longer be producing a report card, Region of Waterloo Social Planning, Policy and Program Administration in partnership with Planning, Housing and Community Services are committed to producing an annual data summary report to help inform the community of current trends in housing and homelessness in Waterloo Region. The 2012 Homelessness to Housing Stability Data Summary Report (the “Data Summary Report” attached as Appendix 1) does not provide “grades” but covers similar topics such as emergency shelter use, income, rental housing affordability and availability, and supportive housing.

Analysis of the Data Summary Report shows significant increases in the number of people accessing emergency shelter in Waterloo Region. Between 2008 and 2012, there was a 45 per cent increase in bed nights, and a 24 per cent increase in the number of people accessing emergency shelter. Further, the number of families accessing emergency shelter has grown 229 per cent, from 65 families in 2008 to 214 families in 2012.

With these unprecedented increases in emergency shelter use, it is timely to provide more detailed 2012 Emergency Shelter Data Report (attached as Appendix 2), which includes trends from 2006 to 2012. This Emergency Shelter Data Report is also intended as a tool with which to report on trends in homelessness for use by community stakeholders, advocates and agencies who serve people experiencing homelessness.

Both of these reports support community planning efforts regarding both short term and longer term housing needs, and provide information used by the Region and many agencies and groups for community education and advocacy. Trends illustrated in the Data Summary Report and the Emergency Shelter Data Report are discussed below.
REPORT:

1.0 Data Summary Report

The Data Summary Report (attached as Appendix 1) compares data between 2008 (the year the recession began in Canada) and 2012 (the most recent full year of data and a point where the effects of the recession are beginning to be quite evident in homelessness and housing trends).

Research shows that communities will experience increased rates of homelessness two to three years after the beginning of a recession, due to the financial hardship caused by job loss and a lack of jobs available post-recession. These researchers speculate that this lag occurs because the use of an emergency shelter is often a last resort – people will attempt to exhaust all other avenues (Employment Insurance, Social Assistance, ‘doubling-up’ with family or friends) before going to a shelter\(^1\). Therefore, there is often a few years lag time from the beginning of a recession, to a significant increase in the numbers of people experiencing homelessness. This trend has been seen in local data, with the marked increase in homelessness, particularly among families with children, beginning in 2011 and continuing on an upward trend in 2012.

1.1 Emergency Shelter Use

In Waterloo Region, the emergency shelter system has served an unprecedented number of people in 2012 (3,447 unique individuals). This is a 24 per cent increase since the beginning of the recession in 2008. In addition, people accessing shelter are staying longer and accessing shelter more often with an increase of 45 per cent in bed nights since 2008 (63,277 bed nights in 2008 to 91,697 bed nights in 2012).

Data in Waterloo Region is consistent with the research indicating that families most often experience homelessness due to economic hardship as the result of income-loss or unaffordable housing options\(^2\). In 2012, 214 families accessed emergency shelter in Waterloo Region, representing a 229 per cent increase since 2008. There was also a distressing 300 per cent increase of children in emergency shelter since 2008 (from 105 children to 420). More detailed data related to emergency shelters is included in Appendix 2.

1.2 Income (Affordability)

Minimum housing wage refers to the minimum amount of income earned per hour that is necessary to afford a unit at the average market and meet basic needs for the long term. The 2012 Data Summary Sheet shows that the average minimum housing wage have increased at the same rate for all unit types since 2008 (13 per cent for a bachelor apartment, 8 per cent for a one bedroom apartment and 7 per cent for two or more bedroom apartments).

While minimum wage in Ontario has increased 15 per cent from $8.75 per hour in 2008 to $10.25 per hour in 2012, at no point did the Ontario minimum wage meet the minimum housing wage required to maintain affordable housing. The housing wage required for a bachelor apartment was $10.78 in 2008 and $12.38 in 2012. Furthermore, the minimum wage rate has not changed since 2010.

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An even greater gap exists for people in our community who access social assistance. For a single Ontario Works (OW) recipient, the shelter allowance has increased 7 per cent from $349 in 2008 to $376 in 2012. For a single Ontario Disability Support Program (ODSP) recipient, the shelter allowance has increased 8 per cent from $445 in 2008 to $479 in 2012. Given these rates, even a bachelor rental apartment (at an average cost of $644 per month) is impossible to afford using the shelter portion of the OW or ODSP allowance. Further, the above only considers the cost of housing and does not include the cost of food and other living expenses (an analysis of the overall ability to maintain housing stability including the cost of food and other living expenses is examined in the Region of Waterloo Public Health Report “The Cost of the Nutritious Food Basket Fact Sheet 2013”). When these costs are considered, the gap for people who access social assistance is even greater.

1.3 Rental Housing Availability

The number of completed Community Housing rental units increased by 3 per cent (from 10,034 in 2008 to 10,320 in 2012) and the number of households on the Community Housing Waiting List increased by 2 per cent during this same time frame (from 3,100 in 2008 to 3,162 in 2012). The average wait time for bachelor and one bedroom community housing units has remained relatively long at four to six years, and for a family requiring three or more bedrooms, the wait time is two years or more.

The number of private market rent units available in Waterloo Region remained unchanged from 2008 to 2012. Further, while the vacancy rate increased marginally from 1.8 per cent in 2008 to 2.6 per cent in 2012, this still falls below what housing researchers indicate is a ‘healthy rate’ of 3 per cent. A low vacancy rate and no increase in available private market rental units can create increased competition for the stock available, often shutting out people in our community who experience marginalization, therefore increasing housing instability and contributing to greater rates of homelessness.

1.4 Supportive Housing

Supportive housing in the Region includes both “specific” supportive housing and “non-specific” supportive housing. Overall, the total number of housing spaces with specific and non-specific support has increased 5 per cent from 1,473 in 2008 to 1,552 in 2012. However, the number of households waiting for support has increased 16 per cent from 1,176 to 1,361 within the same timeframe.

Specific supportive housing is showing a decrease of 8 per cent with 658 households on the waitlist in 2008 and 603 households waiting in 2012. This decrease does not necessarily reflect decreased need, but rather is largely the result of changes to the way waitlists are managed. For non-specific supportive housing, the waitlist has increased 46 per cent from 518 households in 2008 to 758 households in 2012. The high number of people in Waterloo Region waiting for supportive housing, increases the likelihood that housing stability may be threatened without these supports, placing people at risk of homelessness.

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3 “Specific” Supportive Housing refers to housing intended for people in the community who have diagnosed physical disabilities, developmental disabilities, acquired brain injuries, mental health issues, or problematic substance use issues

4 “Non-specific” Supportive Housing refers to housing intended for people who generally require support to maintain housing but are not required to have diagnosed disability
2.0 Emergency Shelter Data

Appendix 2 provides more detailed emergency shelter data and analysis, including trends from 2006 to 2012.

As illustrated in the report, there has been a steady increase in the number of people accessing emergency shelter in Waterloo Region from 2006 to 2012. The number of unique individuals who accessed shelter between 2006 and 2012 has increased by 20 per cent. The highest increase was seen at YWCA-Mary’s Place, with a 64 per cent increase since 2006.

While single adult males make up the largest population group in the shelter system, the total number of single adult males accessing emergency shelter has remained relatively stable between 2006 and 2012; however, the number of women accessing emergency shelter has increased 21 per cent (from 656 in 2006 to 795 in 2012). The number of seniors increased 45 per cent between 2006 and 2012 (from 31 in 2006 to 45 in 2012). Most notable is the 193 per cent increase in families between 2006 and 2012.

3.0 Implications and Next Steps

These reports indicate continued issues with housing affordability and distressing increases in the number of people accessing emergency shelter and on supportive housing waitlists. Emergency shelters, while extremely busy, continue to manage capacity pressures through the Emergency Shelter Referral Protocol and overflowing people into motels when necessary. Opportunities to address the needs of particular populations and make changes to improve the Housing Stability System were identified in the Homelessness to Housing Stability Strategy and are underway as identified in the Community Homelessness Prevention Initiative Update report SS-13-030, also provided at this time.

Some key housing needs in the community are being addressed through the Affordable Housing Strategy. On October 29, 2008, Regional Council endorsed the Affordable Housing Strategy (AHS) for the period 2008 to the end of 2013 to help create at least 500 new units of sustainable affordable housing (P-08-105). Two priority areas identified in the AHS relate to affordability for lower income households and to create 100 supportive housing units. The Region is on target to meet the overall goal of 500 new units and the two priority areas. Staff are working on a new draft Affordable Housing Strategy for the period 2014-2019 that will be the subject of a future report for consideration by Regional Council later this year. Housing Staff are also updating Waterloo Region’s longer term Community Action Plan for Low to Moderate Level Housing for consideration by Regional Council that will encompass actions that will contribute to the Region’s vision, working to address community-identified housing needs and barriers, covering both rental and ownership market housing for households with low to moderate incomes.

These reports support these community planning efforts and provide information used by the Region and many agencies and groups for community education. These reports are available on the Region of Waterloo’s website and will be provided to the Homelessness Hub (national research clearinghouse at www.homelesshub.ca). The 2-page Homelessness to Housing Stability 2012 Data Summary Report (Appendix 1) will be published and distributed through the HHUG’s listserv and hard copies of the report will be sent to community agencies within the Housing Stability System in Waterloo Region. The Emergency Shelter Data Report (Appendix 2) will be published and broadly distributed in the community through community agencies, meetings, and established networks.
CORPORATE STRATEGIC PLAN:

Working to strengthen the housing stability system and build the community’s capacity to address issues of homelessness is consistent with the 2011-2014 Region’s Corporate Strategic Plan, Focus Area 4: 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” (Strategy). Development of data summaries supports Action 37b related to the Region’s Service Manager Role in data integration and dissemination.

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

Appendix 1 - Homelessness to Housing Stability 2012 Data Summary Report
Appendix 2 - 2012 Emergency Shelter Data Report

PREPARED BY:  
Lynn Randall, Director, Social Planning, Policy and Program Administration  
Deb Schlichter, Director of Housing  
Van Vilaysinh, Manager, Social Planning  
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Jennifer Walker, Social Planning Associate  
Cris Renna, Social Planning Associate

APPROVED BY:  
Douglas Bartholomew-Saunders, Commissioner, Social Services  
Rob Horne, Commissioner of Planning, Housing, and Community Services
Appendix 1

Homelessness to Housing Stability 2012 Data Summary Report

The Homelessness to Housing Stability 2012 Data Summary Report captures key indicators around homelessness and housing in Waterloo Region, in an effort to demonstrate the possible economic and structural barriers to housing stability for people at risk or experiencing homelessness in our community. Given the significant increase in rates of homelessness in the last four years, this report compares 2008 (the year the recession began in Canada) and 2012 (the most recent full year of data and a point where the effects of the recession are beginning to be quite evident in homelessness and housing trends) as a way to illustrate the realities of the current economic climate and how it has affected housing and homelessness in Waterloo Region.

The chart below assesses some of the factors that may influence the ability of people living in Waterloo Region to find or maintain housing, including vacancy rates and income levels. This assessment is underscored by the understanding that in order to maintain housing stability, three major elements must be met:

- **Housing** - Housing must provide security of tenure and be desirable, affordable, safe, adequately maintained, accessible, and a suitable size. The more “at home” someone feels both in their community and in their housing, the more likely it is the person will stay housed and avoid re-entering the cycle of homelessness.
- **Income** - People must have enough income to sustain minimum standards for rent, utilities, food, health, clothing, education, transportation, and recreation.
- **Support** - People must have the opportunity to access additional support, as needed, to help them live as independently as desired and to connect to others in meaningful ways.

This report evaluates some barriers to adequate housing, income and support in Waterloo Region, in the context of a community experiencing the negative effects of a national recession.

<table>
<thead>
<tr>
<th>Emergency Shelter Use</th>
<th>2008</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of emergency shelter bed nights</td>
<td>63,277</td>
<td>91,697</td>
<td>+45%</td>
</tr>
<tr>
<td>Number of people served by emergency shelters</td>
<td>2,784</td>
<td>3,447</td>
<td>+24%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of people utilizing shelter by group:</th>
<th>2008</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth (ages 12-24)</td>
<td>738</td>
<td>912</td>
<td>+24%</td>
</tr>
<tr>
<td>Families</td>
<td>65</td>
<td>214</td>
<td>+229%</td>
</tr>
<tr>
<td>Children in Families</td>
<td>105</td>
<td>420</td>
<td>+300%</td>
</tr>
<tr>
<td>Older Adults (65+)</td>
<td>30</td>
<td>45</td>
<td>+50%</td>
</tr>
<tr>
<td>Women (16+ years)</td>
<td>596</td>
<td>795</td>
<td>+33%</td>
</tr>
<tr>
<td>Men (16+ years)</td>
<td>1423</td>
<td>1614</td>
<td>+13%</td>
</tr>
<tr>
<td>Transgender (16+ years)</td>
<td>0</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

In previous years, the Homelessness and Housing Umbrella Group (HHUG) released an annual two-page report card summarizing homelessness and rental housing data for Waterloo Region. This 2012 Data Report replaces the report card but will cover similar topics such as emergency shelter use, income, rental housing affordability and availability, and supportive housing availability.
<table>
<thead>
<tr>
<th>Percentage of emergency shelter residents returning:</th>
<th>2008</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Returning within the same year</td>
<td>27%</td>
<td>20%</td>
<td>-25%</td>
</tr>
<tr>
<td>Returning in more than one calendar year over the past five years</td>
<td>27%</td>
<td>30%</td>
<td>+11%</td>
</tr>
</tbody>
</table>

**Income (Affordability)**

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum wage</td>
<td>$8.75</td>
<td>$10.25</td>
<td>+17%</td>
</tr>
<tr>
<td>Monthly shelter allowance for a single person on Ontario Works (OW)</td>
<td>$349</td>
<td>$376</td>
<td>+7%</td>
</tr>
<tr>
<td>Monthly shelter allowance for a single person on Ontario Disability Support Program (ODSP)</td>
<td>$445</td>
<td>$479</td>
<td>+8%</td>
</tr>
</tbody>
</table>

**Rental Housing Cost**

<table>
<thead>
<tr>
<th>Average Market Rent</th>
<th>2008</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor</td>
<td>$561</td>
<td>$644</td>
<td>+15%</td>
</tr>
<tr>
<td>One bedroom</td>
<td>$712</td>
<td>$773</td>
<td>+9%</td>
</tr>
<tr>
<td>Two bedrooms</td>
<td>$845</td>
<td>$908</td>
<td>+7%</td>
</tr>
<tr>
<td>Three or more bedrooms</td>
<td>$978</td>
<td>$1,053</td>
<td>+8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average Wage Needed to Afford Rental Housing</th>
<th>2008</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor</td>
<td>$10.78</td>
<td>$12.38</td>
<td>+15%</td>
</tr>
<tr>
<td>One bedroom</td>
<td>$13.69</td>
<td>$14.87</td>
<td>+9%</td>
</tr>
<tr>
<td>Two bedrooms</td>
<td>$16.25</td>
<td>$17.46</td>
<td>+7%</td>
</tr>
<tr>
<td>Three or more bedrooms</td>
<td>$18.81</td>
<td>$20.25</td>
<td>+7%</td>
</tr>
</tbody>
</table>

**Rental Housing Availability**

<table>
<thead>
<tr>
<th>Number of households on Community Housing Waiting List</th>
<th>3,100</th>
<th>3,162</th>
<th>+2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average wait time for Community Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seniors</td>
<td>1-2.5 yrs</td>
<td>1-2 yrs</td>
<td>-</td>
</tr>
<tr>
<td>Non-seniors (bachelor or 1 bedroom)</td>
<td>4-6 yrs</td>
<td>4-6 yrs</td>
<td>-</td>
</tr>
<tr>
<td>Small family (2 bedrooms)</td>
<td>2+ yrs</td>
<td>2+ yrs</td>
<td>-</td>
</tr>
<tr>
<td>Small family (3 bedrooms)</td>
<td>0.5-2 yrs</td>
<td>2+ yrs</td>
<td>-</td>
</tr>
<tr>
<td>Large family (4-5 bedrooms)</td>
<td>3-5 yrs</td>
<td>3-4 yrs</td>
<td>-</td>
</tr>
<tr>
<td>Number of Community Housing rental units (completed)</td>
<td>10,034</td>
<td>10,320</td>
<td>+3%</td>
</tr>
<tr>
<td>Vacancy rate – private market rent units</td>
<td>1.8%</td>
<td>2.6%</td>
<td>+44%</td>
</tr>
<tr>
<td>Number of private market rent units</td>
<td>31,205</td>
<td>31,226</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Supportive Housing**

<table>
<thead>
<tr>
<th>Number of housing spaces with support</th>
<th>1,473</th>
<th>1,552</th>
<th>+5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households waiting for long-term support to maintain housing</td>
<td>1,176</td>
<td>1,361</td>
<td>+16%</td>
</tr>
<tr>
<td>Non-specific (general)</td>
<td>518</td>
<td>758</td>
<td>+46%</td>
</tr>
<tr>
<td>Specific</td>
<td>658</td>
<td>603</td>
<td>-8%</td>
</tr>
</tbody>
</table>
Appendix 2
2012 Emergency Shelter Data Report

Homelessness in Waterloo Region:
Emergency Shelter Data 2006 – 2012

Overview and Context

The recent increase in emergency shelter usage is unparalleled in Waterloo Region. The increases in people accessing emergency shelters and increasing bed nights point to the heightened vulnerability of people living with low income or who are facing other kinds of barriers to housing stability and community inclusion in the current economic climate.

As explored through key data points below, significant upwards trends in shelter use (especially among families) become evident in 2011. This may be largely attributable to the difficult economic realities of some people given the recent recession. Research shows that communities will experience increased rates of homelessness two to three years after the beginning of a recession, due to the financial hardship caused by job loss and a lack of jobs available post-recession. Researchers speculate that this lag in increased rates of homelessness occurs because the use of an emergency shelter is often a last resort – people will attempt to exhaust all other avenues (Employment Insurance, Social Assistance, or ‘doubling-up’ - moving in with family or friends) before going to a shelter. Therefore, there is often a few years lag time from the beginning of a recession, to witnessing significant increases in the number of people experiencing homelessness. This trend has been seen in local data with the marked increase in homelessness - particularly among families with children - beginning in 2011 and continuing on an upward trend in 2012.

In Waterloo Region, the emergency shelter system has served an unprecedented number of people in 2012 (3,447 unique individuals). This is a 24 per cent increase since the beginning of the recession in 2008. In addition, people accessing shelter are staying longer and accessing shelter more often with an increase of 45 per cent in bed nights since 2008 (63,277 bed nights in 2008 to 91,697 bed nights in 2012).

Data in Waterloo Region is consistent with the research indicating that families most often experience homelessness due to economic hardship as the result of income-loss or unaffordable housing options. In 2012, 214 families accessed emergency shelter in Waterloo Region, representing a 229 per cent increase since 2008. There was also a distressing 300 per cent increase of children in emergency shelter since 2008 (from 105 children to 420).

The charts below capture pertinent data points for the emergency shelter system in Waterloo Region for the years 2006 to 2012, as this timeframe reflects the most reliable and consistent data from emergency shelters, obtained through the Homeless Individuals and Families Information System (HIFIS).

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Emergency Shelter Bed Nights

The number of bed nights (how many nights a resident stayed at an emergency shelter) has increased by 37 per cent from 2006 to 2012, totaling over 90,000 bed nights in 2012. The most bed nights are seen at YWCA-Mary’s Place (33,506 bed nights in 2012), then at Cambridge Shelter (19,961 in 2012). As these shelters both serve families experiencing homelessness, these numbers may be attributable to a trend toward longer lengths of stay for families.

Notes:
K-W Out of the Cold operates during the winter season only on an annual basis from November to April. Data is based on the 2011/2012 season estimate. Safe Haven Shelter data is collected through DANIC. All other data is collected through the Homeless Individuals and Families Information System (HIFIS) and derived from the Family Roles Report. ROOF-PAR began providing emergency shelter service in mid-2010.

People Served by Emergency Shelters by Year

There has been a steady increase in the number of people accessing Emergency Shelter in Waterloo Region from 2006 to 2012. The number of unique individuals who accessed shelter between 2006 and 2012 has increased by 20 per cent. The highest increase was seen at YWCA-Mary’s Place, with a 64 per cent increase since 2006. This is likely due to the high number of families accessing emergency shelters in recent years.

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8 Emergency shelter bed nights count the number of nights a shelter bed is occupied by an individual. For example, if a family of four entered a shelter for one night, this would count as four bed nights, and eight bed nights for a two-night stay. If this family of four stayed in a shelter for seven nights, this would result in a total of 28 bed nights.
K-W Out of the Cold operates during the winter season only on an annual basis from November to April. Data is based on the 2011/2012 season estimate. Safe Haven Shelter data is collected through DANIC. All other data is collected through the Homeless Individuals and Families Information System (HIFIS) and derived from the Family Roles Report. ROOF-PAR began providing emergency shelter service in mid-2010. Numbers may be duplicated across shelters (for example, if one person was served at ROOF, then went to Argus, they would be counted once at each shelter).

### Percentage of People who Returned to Emergency Shelter 2006 – 2012

The data below illustrates the percentage of people who returned to emergency shelter in the seven year period 2006 - 2012 (not within each year). This information is used to understand the possible cycling of experiences of homelessness for people who may be facing multiple barriers to housing stability, or who may be approaching or who are persistently homeless.

Across all emergency shelters in Waterloo Region, 31% of residents returned to shelter in this seven year period. This percentage is equivalent to approximately 5,223 people who experienced homelessness more than once in seven years. The rate of return for Argus Residence for Young People is the highest at 49%\(^9\). This speaks to the multiple barriers and challenges faced by youth.

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\(^9\) While ROOF is also a youth-specific shelter, they have limited data available as they began operating in mid-2010. It is therefore, not possible to directly compare rate of return for this shelter – the information is included to give a benchmark for future data.
experiencing homelessness, especially for youth who experience homelessness while under 18. Many youth who lose their homes at a young age have a higher chance of cycling back into homelessness.

### Percentage of People who Returned to Emergency Shelter 2006 – 2012

<table>
<thead>
<tr>
<th>Percentage of People who Returned to Shelter between 2006 - 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argus Residence for Young People</td>
</tr>
<tr>
<td>49%</td>
</tr>
</tbody>
</table>

**Notes:** This data is calculated using the HIFIS - Family Roles Report, taking the total people served in each year at each shelter and totaled for the entire period. The HIFIS – Returning Clients Report, with the parameters of all clients including dependents from 2006-2012 is used to calculate how many unique individuals accessed shelter in seven years of service provision. The percentage of people who returned is the total people served each year, compared with the unique individuals served in the seven year period. The difference equals the number of people who returned to shelter in the seven year period. It is possible that there may be duplications between shelters as someone would be counted as a unique individual at each shelter but not necessarily within the shelter system if they accessed more than one shelter within the period. Statistics for ROOF are included for benchmarking reasons – this shelter began operating in mid-2010; the above information does not represent seven years of data.

### People Accessing Emergency Shelter by Population Group

Single adult males make up the largest group of people who experience homelessness in Waterloo Region – a trend that is seen in many communities across Canada. While single adult males make up the largest population group in the shelter system, the total number of single adult males accessing emergency shelter has remained relatively stable between 2006 and 2012; however, the number of women accessing emergency shelter has increased 21 per cent (from 656 in 2006 to 795 in 2012). The number of seniors increased 45 per cent between 2006 and 2012 (from 31 in 2006 to 45 in 2012). Most notable is the 193 per cent increase in families between 2006 and 2012. The number of families accessing emergency shelters is discussed in more detail below.

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (ages 12 – 15)</td>
<td>131</td>
<td>101</td>
<td>115</td>
<td>108</td>
<td>108</td>
<td>117</td>
<td>114</td>
</tr>
<tr>
<td>Youth (ages 16 – 24)</td>
<td>708</td>
<td>617</td>
<td>623</td>
<td>644</td>
<td>730</td>
<td>829</td>
<td>798</td>
</tr>
<tr>
<td>Men (ages 16+)</td>
<td>1,521</td>
<td>1,404</td>
<td>1,423</td>
<td>1,350</td>
<td>1,459</td>
<td>1,571</td>
<td>1,614</td>
</tr>
<tr>
<td>Women (ages 16+)</td>
<td>656</td>
<td>639</td>
<td>596</td>
<td>651</td>
<td>672</td>
<td>841</td>
<td>795</td>
</tr>
<tr>
<td>Transgender/Other Gender Identity (ages 16+)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Families</td>
<td>73</td>
<td>72</td>
<td>65</td>
<td>110</td>
<td>103</td>
<td>135</td>
<td>214</td>
</tr>
<tr>
<td>Children in Families</td>
<td>145</td>
<td>137</td>
<td>105</td>
<td>214</td>
<td>189</td>
<td>374</td>
<td>420</td>
</tr>
<tr>
<td>Seniors (ages 65+)</td>
<td>31</td>
<td>26</td>
<td>30</td>
<td>30</td>
<td>39</td>
<td>51</td>
<td>45</td>
</tr>
<tr>
<td>K-W Out of the Cold</td>
<td>450</td>
<td>550</td>
<td>545</td>
<td>535</td>
<td>420</td>
<td>346</td>
<td>495</td>
</tr>
</tbody>
</table>

**Notes:** K-W Out of the Cold (OOTC) operates during the winter season only on an annual basis from November to April. OOTC Data is based on the 2011/2012 season estimate. Safe Haven Shelter data is collected through DANIC. All other data is collected through the Homeless Individuals and Families Information System (HIFIS) and derived from the Family Roles Report. As some individuals are double counted across population groups (‘seniors’ and ‘youth’ are counted in ‘men’ and ‘women’, for example) this analysis.

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chart can not be totaled to find the total number of individuals served in a given year. For this information, please see the chart above under ‘number of people served by emergency shelters’.

**Families with Children Accessing Emergency Shelter**

Emergency shelters within the region that serve families are YWCA-Mary’s Place and the Cambridge Shelter. Possibly the most dramatic increase from 2006 is the number of families who have accessed emergency shelter at YWCA-Mary’s Place in Kitchener and the Cambridge Shelter in Cambridge. The most significant increase was seen at YWCA-Mary’s Place, with an increase of 217 per cent since 2006.

![Chart showing number of families accessing emergency shelter from 2006 to 2012 by shelter.](image)

**Notes:** Data for both shelters is derived from the HIFIS – Family Roles Report for each year.

**Youth Accessing Emergency Shelter**

Youth-specific emergency shelters include Argus Residence for Young People in Cambridge, and ROOF-PAR in Kitchener. Cambridge Shelter, House of Friendship and YWCA-Mary’s Place also serve youth who access emergency shelter. The number of young people accessing emergency shelter.
A shelter in Waterloo Region has remained fairly stable (708 youth in 2006; 798 youth in 2012).

### Youth Accessing Emergency Shelter by Gender Identity

More young men access emergency shelter in Waterloo Region, which is consistent with trends seen among single adult males. There has been a slight increase of 9 per cent in the number of young men accessing emergency shelter from 2006 to 2012. There has been an 18 per cent increase in young women accessing emergency shelter over the same period. The numbers for young people identifying as transgender or another gender identity have increased, though this data point may be underreported (e.g. due to safety concerns related to disclosure).
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 10, 2013

FILE CODE: S13-30

SUBJECT: COMMUNITY HOMELESSNESS PREVENTION INITIATIVE UPDATE

RECOMMENDATION:

THAT the Regional Municipality of Waterloo request the Province to make the $42M in one-time Community Homelessness Prevention Initiative (CHPI) transition funding a permanent allocation under CHPI as outlined in Report SS-13-030, dated September 10, 2013;

AND THAT this request be forwarded to the Ministers of Municipal Affairs and Housing and Community and Social Services;

AND FURTHER THAT this request be shared with the Ontario Municipal Social Services Association (OMSSA), the Association of Municipalities of Ontario (AMO) and local Members of Provincial Parliament (MPPs).

SUMMARY:

This report provides an update on the implementation of the Community Homelessness Prevention Initiative (CHPI) since the last report to Community Services Committee in January 2013 (SS-13-001).

REPORT:

1.0 CHPI Background

CHPI is a consolidation of five previous provincial homelessness programs and a portion of the former Community Start Up and Maintenance Benefit into a single funding envelope under the Ministry of Municipal Affairs and Housing (MMAH) effective January 1, 2013. CHPI Program Guidelines outline the details of the program including identifying implementation as a three year transition process between 2013 and 2016. Overall funding for the initiative was based on a formula and the Region’s allocation is $7.7 million. On December 27, 2012 the Ministry of Community and Social Services (MCSS) announced $42M in one-time funding to support municipalities across Ontario in transitioning to the new CHPI program. The Region’s allocation for January 1, 2013 to March 31, 2014 is $1.5 million. Therefore the total funding available for 2013/14 is about $9.2 million.

Under the CHPI reporting Guidelines, the Region is required to provide an Investment Plan. The Region submitted the 2013/14 CHPI Investment Plan by the required deadline of February 15, 2013 (SS-13-005). At the same time, the Region submitted a Business Case to MMAH requesting additional base funding given the shortfall for emergency shelters in the original base funding formula (SS-13-006). MMAH has responded that they do not anticipate extra funding, however if funds do become available due to under expenditure, they will review requests on a case by case
basis. Region staff submitted the fourth quarter (January-March 2013) CHPI report to MMAH as required by May 31, 2013 showing fully spent for that time period. CHPI data collection began April 1, 2013 with data due to be submitted with the 2013/14 fourth quarter report.

CHPI is funded on the fiscal year April 1 to March 31. Based on this, Region staff have aligned over 60 community service agreements to be consistent with the new CHPI program and funding cycle. This involved a significant amount of time and communication with third party providers. At this point, funding is being closely monitored with contingency plans created for any unanticipated pressures within the program areas.

Part of the implementation of the CHPI is a call to redesign the entire Housing Stability system. To assist with this a Housing Stability System Review Advisory Committee was initiated in June 2013. This group is chaired by the Commissioner of Social Services and was formed to help guide changes over the three year CHPI implementation period to improve system functioning towards ending homelessness. The Local Implementation Project has been conceptualized to include three phases realign with the Province’s CHPI transition period 2013-2016:

- Phase I – Pre-Planning & Immediate Requirements (Jan - Dec 2012) – Gather information to help inform decision-making and determine the process(es) for considering any local changes that may be undertaken as a result of consolidation (e.g., who involved, method of discussion etc.). Address any immediate requirements for January 1, 2013.
- Phase II - Planning (Jan 2013 - March 2014) - Determine what changes will take place and how they will be implemented. This will be based on a review of actual usage, best practice reviews, pilots, consultations and focus groups. (See Appendix B).

2.0 Updates

Previous reports to Council provided information regarding the new program and local plans for implementation (SS-12-044, SS-12-50, and SS-13-001). In the January 2013 report (SS-13-001), a number of implementation activities were identified for 2013/14. These included: a review of the emergency shelter system and supportive housing programs; activities to understand how to best support prevention and rapid re-housing within new funding constraints; and, support for community inclusion which was identified as a key goal in the Homelessness to Housing Stability Strategy. These activities and progress to-date are summarized in Appendix A.

3.0 Implementation Challenges

In the January 2013 report, a number of areas were identified to have a potential impact on the timing and planned implementation of CHPI. The following continue to be current and future anticipated challenges:

- The CHPI base funding allocation does not match actual expenditures. The CHPI base calculation used a three year average (2009-2011) of emergency shelter funding rather than actual funding levels for 2012. Unfortunately the use of shelters was sharply increasing in Waterloo Region and results in a $1m shortfall (see Business Case report SS-13-006).
- The shortfall in base funding is further impacted by the one-time nature of the CHPI transition funding which limits significant system change as funding can’t support new programs (e.g. coordinated intake, further rapid re-housing, prevention and emergency shelter diversion programs) that would have a real impact in shifting the system towards ending homelessness. In addition, caution is being taken to ensure funding is not being used in ways that will create program and community expectations that can’t be sustained beyond March 2014. Use of the funding and implementation of pilots has been carefully considered in order to maximize support to people experiencing or at-risk of homelessness, ensure adequate funding for current programs, optimize our understanding as well as

DOCS #1426447 Page 2 of 8
current and future partnership opportunities, and reduce negative impacts.

- We are continuing to understand and respond to the complexities created with removal of emergency shelters from OW legislation and changes with social assistance benefits and exemptions.
- The unknowns associated with MMAH’s plans to develop new CHPI Housing with Related Supports Standards/Guidelines. Originally, it was anticipated that this work would be completed over 2013 but no further information has been provided by MMAH to-date.
- While the Federal Government has now announced as part of its 2013/14 budget its intention to extend the Homelessness Partnering Strategy for five more years, details regarding the program application, funding levels and allowable uses has not yet been provided. Changes to this funding source may have ripple effects in terms of how CHPI and Regional funding are utilized.

All pilot project evaluations will be completed between January and June 2014. Some pilot results will support program implementation as early as April 2014 while others will provide data and information on promising practices for future program planning should additional funding become available either within the funding envelope or with the injection of new funds.

CHPI funding will be closely monitored with contingency plans in place to address program pressures and ensure the funding is fully spent by March 31, 2014. The Ministry’s timelines are as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 31</td>
<td>Quarter 3 plan update to MMAH</td>
</tr>
<tr>
<td>Feb 15</td>
<td>2014/15 Investment Plan to MMAH</td>
</tr>
<tr>
<td>April 1</td>
<td>First day of fiscal year</td>
</tr>
<tr>
<td>May 31</td>
<td>Annual Year-end Report, and performance indicators</td>
</tr>
<tr>
<td>Oct 31</td>
<td>Mid-year investment plan update</td>
</tr>
</tbody>
</table>

Work is already underway to create the 2014/15 CHPI Investment Plan to reflect the anticipated reduced funding envelope given the end of one-time transitional funding come April 2014. Region staff plan to provide a report to Community Services Committee twice annually during the 2013 to 2016 CHPI implementation and transition phase.

**CORPORATE STRATEGIC PLAN:**

Implementing CHPI in Waterloo Region is consistent with the Region’s Corporate Strategic Plan (2011-2014), Focus Area 4: Healthy and Inclusive Communities: to “reduce inequities and enhance community health, safety, inclusion and quality of life”; and specifically, Strategic Objective 4.5 to “work collaboratively to increase the supply and range of affordable housing and reduce homelessness”.

**FINANCIAL IMPLICATIONS:**

CHPI 2013/14 funding through the Ministry of Municipal Affairs and Housing totals $7,653,382. One-time CHPI Transition funding through the Ministry of Community and Social Services totals $1,517,140. All CHPI funding is projected to be fully spent by March 31, 2014.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Planning, Housing and Community Services participates on the Ending Family Homelessness Project Reference Group and has been involved with discussions related to relevant pilot projects and system redesign. Public Health and the Community Safety and Crime Prevention Council are included in the Ending Family Homelessness broader stakeholder workshops.

ATTACHMENTS

Appendix A  CHPI Activities
Appendix B  CHPI 2013/14 Planning Timeline

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

APPROVED BY:  Douglas Bartholomew-Saunders, Commissioner, Social Services
APPENDIX A – CHPI ACTIVITIES

Activities within the four CHPI Service Categories

Service Category #1 - Emergency Shelter Solutions

The Emergency Shelter system has been meeting monthly to implement CHPI changes including disentanglement from the previous OW legislation and funding requirements which involve piloting grant rather than per diem funding. The group continues to ensure the shelter system is “never full” through implementation of the referral protocol and overflow into motels when necessary to address capacity pressures. Argus Residence for Young People and Reaching Our Outdoor Friends (ROOF) are piloting a financial trusteeship program for youth ages 16 and 17 in emergency shelters between August 2013 and March 2014. Cambridge Shelter will be piloting central intake and emergency shelter diversion for families in partnership with Lutherwood’s Housing Services. The Emergency Shelter system continues to meet to consider future emergency shelter approaches, funding model and quality assurance and accountability measures.

Service Category #2 - Housing with Related Supports

There are a number of CHPI implementation activities taking place within this service category including:

- A grant funding pilot began January 1, 2013 with specialized supportive housing and time-limited housing programs previously funded through either the Domiciliary Hostel Program or Emergency Shelter per diem (i.e., SHOW, Saginaw, Argus 5 Beds to Home, Marillac Place and Families in Transition Houses). Previously these programs would have been funded on a per diem basis with eligibility determined under OW legislation. Given that there is no longer a need to determine eligibility under OW legislation through CHPI, there is an opportunity to optimize the funding process.

- The Personal Needs Benefit within the CHPI Domiciliary Hostel Program was increased from $132 to $134 as of August 1, 2013 to align with the increase that occurred within the Ontario Disability Support Program. This is the amount that an individual residing in a Hostel receives for personal needs beyond that which is being provided.

- A pilot is underway to extend use of the Homelessness Individuals and Families Information System (HIFIS) beyond emergency shelters to include supportive housing programs. A total of ten homes will be piloting the use of HIFIS between July 2013 and March 2014 including Argus 5 Beds to Home, Cambridge Shelter’s two supportive housing programs (Saginaw House and Bridges), House of Friendship’s three supportive housing programs (Eby Village, Charles Village and Cramer House), YWCA-Lincoln Road, Supportive Housing of Waterloo (SHOW), KW Underhill, and Housing Under Group Organization (HUGO). This information system will allow for a compilation of data beyond the shelter system to provide a better understanding of the whole Housing Stability system. Further expansion opportunities will be reviewed based on this pilot.

- A pilot is also underway to provide one-time funding totalling up to $100,000 across 20 supportive housing programs for “tenant quality of life initiatives” (e.g., recreation activities on or off-site, community events and attractions, life-skills activities). The goal of the pilot is to understand the impact of such an initiative on tenant well-being and quality of life, community inclusion, and social cohesion amongst tenants. Information about the pilot was sent to eligible homes in July 2013 with applications due in August. Funding will be available between September 2013 and March 1, 2014. An evaluation of the pilot will be completed in the spring of 2014.

- A draft of the new local Supportive Housing Program Framework is underway with consultations taking place between July 2013 and March 2014. This Framework will outline the new local CHPI Supportive Housing Program and will be the basis under which a request for proposals will be issued in 2014.
Staff also participate on various provincial working groups including participation in a series of
counters with the Ontario Municipal Social Services Association (OMSSA) to share
information regarding implementing CHPI, and the provincial review of Housing with Related
Supports Guidelines/Standards.

Service Category #3 - Other Services and Support

Programs under the Other Services and Supports category include both on-going programs
(Families in Transition Program and Lutherwood Housing Counselling) as well as the Rapid-Re-
Housing Discharge Fund pilot introduced in the earlier report (SS-13-001) and some newer
pilots. Further information about the pilots is discussed below.

- Rapid Re-Housing – Discharge Fund Pilot - The January 2013 report to Council
  identified that community feedback placed priority on last month’s rent when considering
  mitigating the reduction of other housing stability funding. The Discharge Fund pilot,
delivered through Employment and Income Support (EIS), began in January 2013. The
initial pilot provided up to $400 for individuals and couples and up to $1,000 for families
for last month’s rent when exiting emergency shelter, institutions (e.g. corrections,
hospital), time-limited housing, substance use treatment, or when connected with
Women’s Crisis Services or in instances when existing housing had been deemed
unsafe/uninhabitable. A mid-point evaluation conducted over May and June included
feedback from over 450 people through surveys and focus groups engaging OW/ODSP
participants, community service providers and EIS staff which provided valuable insights
for pilot program adjustments. One of the main points of feedback was that the
maximum amounts were set too low which resulted in some people losing housing they
were set up to rent or people taking small loans from the Rent Bank to make up the
difference. Based on this feedback, the maximum amounts were adjusted - up to $550
for singles and up to $800 for couples (families remain at up to $1,000) as of September
2, 2013.

The second main point of feedback related to situations where people experiencing or
at-risk of homelessness required access to last month’s rent but were not included in the
Discharge Fund criteria. This issue resulted in situations where people accessed
emergency shelter simply to receive the Discharge Fund placing unnecessary pressure
on the shelter system.

This issue is addressed through the Expanded Lutherwood Housing Services Pilot
outlined below.

- Expanded Lutherwood Housing Services Pilot - It has been identified that a lack of
  housing services hours in Cambridge is creating pressures on other housing stability
  services and challenges in ensuring coordinated responses in Cambridge. As such, this
  pilot seeks to expand housing services at Lutherwood (including Housing Counselling
  and Rent Bank and Eviction Prevention) in Cambridge from the current two days a week
to five days a week starting August 1, 2013. In addition, this also allows capacity for
Lutherwood to deliver through both its Kitchener-Waterloo and Cambridge offices the
Rapid Re-Housing – Last Month’s Rent Pilot for those not eligible for last month’s rent
support through the current Discharge Fund Pilot. This pilot was rolled out to referrals
from STEP Home in August and to the broader community for more general referrals to
Lutherwood Housing Services beginning September 2, 2013.

- Community Connections Pilot – This time-limited project through House of Friendship
  will seek to build the capacity of all STEP Home programs to enhance informal supports
  for participants of STEP Home between August 2013 and March 2014.
Service Category #4 - Homelessness Prevention

CHPI implementation is taking place in a number of homelessness prevention programs outlined below.

- Waterloo Region Energy Assistance Program (WREAP) - the WREAP 2012 Annual Report was completed (SS-13-009). A meeting was held with utility partners in February 2013 to discuss the report, changes related to CHPI with the ending of the Provincial Energy Assistance Program, pressures due to capping of OW Discretionary Benefits, and the planned usage of CHPI one-time transitional funding to mitigate these changes over 2013/14. Use of CHPI one-time transitional funds over 2013/14 defers use of energy Settlement Funds which are anticipated to be available until 2016 thereby reducing pressure on OW Discretionary Benefits until this time.

- Rent Bank and Eviction Prevention Program - the Rent Bank and Eviction Prevention Program has continued with only slight adjustments since last year. Region staff are in the process of developing a flow chart for all eviction prevention funding supports to assist in the review of existing programs and services including the Rent Bank and Eviction Prevention Program.

Ending Family Homelessness Research Project

This project was initiated with $64,000 in federal Homelessness Partnering Strategy Knowledge Development funding between December 2012 and March 2014. A Reference Group of community service providers who provide housing stability support to families experiencing or at-risk of homelessness was formed in January and has been meeting monthly to guide the project. A literature review was completed this spring to inform the final report and has been posted to the Homeless Hub (www.homelesshub.ca – a national clearinghouse). Over the summer, interviews were conducted with 25 families currently experiencing or with recent past experience of homelessness to gather their input into what is working and what more can be done towards ending family homelessness in Waterloo Region. Two half-day workshops have been scheduled for a broader service providers stakeholder group (e.g. school boards, Family and Children’s Services, funders, Region Children’s Services and Public Health etc.) on September 20th and October 4th. All the input will be incorporated into a draft report which will be further reviewed by families with lived experience and service providers before being finalized.

One-Time Social Enterprise Transition Grants

The Region recognizes and values the contribution that social enterprises make. A number of existing social enterprise programs support people to find, establish, and retain housing (e.g., moving, storage, furniture, appliances, bed bug treatment preparation etc.). With cuts to social assistance benefits, a total of up to $100,000 was set aside for one-time grants to mitigate the impact to existing programs that relied on this funding. Conversations have been held with many groups and an inventory of these services has been drafted. A call was released in early September with proposals due by the end of September. This one-time funding will supports these groups with in-year financial and transitional planning support to explore plans for alternative funding, program changes and/or wind-down activities.

Other Initiatives

One-time CHPI transition funding has also been used to support a one-time 1.5% cost of living adjustment to current CHPI grant programs and to provide all STEP Home programs with additional flex funds that will be used to support individualized plans towards housing stability for people experiencing persistent homelessness. The Working Centre’s Psychiatric Outreach Project is being provided with one-time funding to support their transition to a new funding model under the WW-LHINS Specialized Outreach Program and will also be purchasing a van to pilot enhanced moving supports.
## APPENDIX B – CHPI PHASE II PLANNING OVERVIEW 2013/14

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operationalizing January 1, 2013 CHPI changes - continued to May 2013</td>
<td>Jan 2013</td>
</tr>
<tr>
<td>New Supportive Housing Program Draft Framework development initiated with draft to be prepared for community consultation Jan 2014</td>
<td>Jan 2013</td>
</tr>
<tr>
<td>Emergency shelters begin meeting monthly to plan updated emergency shelter program</td>
<td>Jan 2013</td>
</tr>
<tr>
<td>Planning initiated for CHPI One-Time Transition funding pilot programs/ expenditures and Housing Stability System Advisory Group and continued to June 2013</td>
<td>Feb 2013</td>
</tr>
<tr>
<td>Housing Stability System Advisory Group initial meeting</td>
<td>June 2013</td>
</tr>
<tr>
<td>CHPI One-Time Transition funding pilot programs initiated and continuing to March 2014</td>
<td>July 2013</td>
</tr>
<tr>
<td>Housing Stability System Advisory Group Meeting</td>
<td>Sept 2013</td>
</tr>
<tr>
<td>One-Time Social Enterprise Transition Grants Released</td>
<td>Sept 2013</td>
</tr>
<tr>
<td>Ending Family Homelessness Report Stakeholder Meeting</td>
<td>Sept 2013</td>
</tr>
<tr>
<td>System Advisory Group Meeting</td>
<td>Oct 2013</td>
</tr>
<tr>
<td>Ending Family Homelessness Report Stakeholder Meeting</td>
<td>Oct 2013</td>
</tr>
<tr>
<td>Housing Stability System Community Forum</td>
<td>Nov 2013</td>
</tr>
<tr>
<td>New Supportive Housing Program Draft Framework consultations initiated and continuing through to April 2014</td>
<td>Jan 2014</td>
</tr>
<tr>
<td>CHPI One-Time Transition funding pilot programs evaluated and continuing through to Mar 2014</td>
<td>Dec 2013</td>
</tr>
<tr>
<td>System Advisory Group Meeting</td>
<td>Jan 2014</td>
</tr>
<tr>
<td>2014/15 CHPI Investment Plan due to Province</td>
<td>Feb 2014</td>
</tr>
<tr>
<td>Ending Family Homelessness Report Completed</td>
<td>Mar 2014</td>
</tr>
</tbody>
</table>
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 10, 2013

FILE CODE: S15-80

SUBJECT: PURCHASE OF SERVICE CONTRACT, CHILDREN’S SERVICES

RECOMMENDATION:


SUMMARY:

NIL

REPORT:

The Region currently has service agreements with 133 licensed early learning and child care programs. These service agreements allow the Region of Waterloo to purchase child care space on behalf of subsidy eligible families in a licensed early learning and child care program. These agreements support choice for subsidy eligible families with a wide range of requirements including special needs placements. In addition, the service agreement is a requirement for a licensed early learning and child care program to receive additional funding such as wage subsidy, transition operating, play-based materials and equipment, repairs and maintenance and minor capital retrofits.

Staff is recommending entering into a purchase of service agreement with EDUKIDS, at their newly opened for profit licensed child care centre. The newly licensed program will provide child care for 10 infants, 10 toddlers, 32 preschool children, and 24 junior and senior kindergarten children. EDULINKS Child Care Centre is located at 499 Hespeler Road in Cambridge. The following table outlines the 2013 rate structure for the new centre:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hours of Care</th>
<th>Per Diem Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>6 or more hours</td>
<td>$53.00</td>
</tr>
<tr>
<td>Toddler</td>
<td>6 or more hours</td>
<td>$42.00</td>
</tr>
<tr>
<td>Preschool</td>
<td>6 or more hours</td>
<td>$37.00</td>
</tr>
<tr>
<td></td>
<td>Less than 4</td>
<td>$32.00</td>
</tr>
<tr>
<td>JK/SK</td>
<td>6 or more hours</td>
<td>$36.00</td>
</tr>
</tbody>
</table>
CORPORATE STRATEGIC PLAN:

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

FINANCIAL IMPLICATIONS:

The 2013 fee subsidy budget totals $16.8M, this funding provides fee subsidy for an average of 2800 children each month. Subsidy eligible children are placed in centre based, home based or school based programs based on parental preference and need. The Region currently has purchase of service agreements with 133 licensed early learning and child care programs and 2 school boards. This new agreement and rates will be accommodated from within the current budget allocation for fee subsidy.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The implementation of service agreements requires the assistance of Finance and Legal Services staff.

ATTACHMENTS

NIL

PREPARED BY:  Candace Goudy, Manager, Child Care Administration  
Nancy Dickieson, Director, Children’s Services

APPROVED BY:  Douglas Bartholomew-Saunders, Commissioner, Social Services
TO: Chair Sean Strickland and Members of the Community Services Committee  
DATE: September 10, 2013  
FILE CODE: S14-20  
SUBJECT: CHILD CARE CENTRAL REGISTRATION AND WAIT LIST – “ONELIST”

RECOMMENDATION:
For information only

SUMMARY:
NIL

REPORT:
This report provides an update on the development and launch of OneList Waterloo Region. OneList Waterloo Region is an online central registration and waitlist system that provides a single source for all licensed early learning and child care (ELCC) programs in Waterloo Region. Parents wishing to search for and register their children in child care programs can now do so on the OneList Waterloo Region website. The website provides a variety of search options ranging from geographic location, types of program, age of care required and a direct link to the online fee subsidy application. The site allows parents to add their names to multiple waitlists for ELCC programs and before and after school programs in one simple process.

The development of OneList Waterloo Region began in January 2013 when the Waterloo Region District School Board and the Waterloo Catholic District School Board piloted the system as an electronic means of having parents register their children for before and after school programs. Viability of these programs for September 2013 was declared based on system registration. In May 2013, OneList Waterloo Region was introduced to the early learning and child care community. All programs with a purchase of service agreement with the Region are on the system. Training was provided to all licensed operators and the system was launched in early July. At that time, a letter was sent to more than 2000 parents on existing waitlists asking them to go into www.OneListWaterlooRegion.ca and register on the new system. Currently there are approximately 4000 applications in the system representing over 1100 children and 900 families.

With OneList, parents seeking ELCC are provided with a simple process to register their children on several waitlists all at the same time, eliminating the need to contact multiple programs and complete multiple applications. Also, parents are able to complete an online subsidy application through OneList. Training has occurred with support staff at a variety of agencies to support families who may experience barriers to accessing the website due to language barrier. Families who may not have access to a computer are able to login from public computers available for their use such as libraries.

OneList Waterloo Region provides all ELCC operators with an effective tool to manage their waitlists and plan for service demands. Open spaces in an ELCC program can be filled much more quickly.
which helps to support the program’s financial viability.

The system provides the Region as the CMSM, the ability to monitor utilization, analyze community demand and better plan for services. The system also provides the benefit of an unduplicated list of child care registrations, something that has not existed before. Statistical reports can be generated to support planning, and system management. Several other municipalities in Ontario (Sault Ste. Marie, Thunder Bay, Niagara, London, Chatham-Kent and Brantford) have also partnered with RBB Innovations, to offer a similar waitlist system.

A community launch is planned for September 16, 2013 at the Early Learning and Child Care Information Forum, along with a press release. OneList Waterloo Region is being marketed through distribution of print materials, print advertising, social media such as Facebook and Twitter, various websites and in the fall edition of Region News.

CORPORATE STRATEGIC PLAN:

This initiative aligns with the Region’s 2011-2014 Corporate Strategic Plan; Focus Area 4: Healthy Inclusive and Caring Communities; Corporate Strategic Objective 4.5: To work collaboratively with the community to support the development of services for children.

FINANCIAL IMPLICATIONS:

The total one time costs for implementation of the centralized registration and waitlist platform have been covered through 100% Provincial transition operating funding in 2012 and 2013 as approved in report SS-12-038 The ongoing annual fees for the platform totalling $48,000 will be accommodated within the 2013 100% Provincial transition operating funds.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The assistance of Finance and Information Technology has been required to ensure successful implementation.

ATTACHMENTS

NIL

PREPARED BY:  
Judi Neufeld, Manager, Early Learning Program  
Nancy Dickieson, Director, Children’s Services

APPROVED BY:  
Douglas Bartholomew Saunders, Commissioner, Social Services
REGION OF WATERLOO
PLANNING, HOUSING AND COMMUNITY SERVICES
Community Planning

TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: September 10, 2013
FILE CODE: D12-40/KISSINGBRIDGE
SUBJECT: FIFTEENTH ANNUAL REPORT OF THE KISSING BRIDGE TRAILWAY ADVISORY COMMITTEE

RECOMMENDATION:
For information.

SUMMARY:
When the County of Wellington and Regional Municipality of Waterloo jointly created the Kissing Bridge Trailway Advisory Board in May 1998, the Terms of Reference required the Board to report to both Councils each year on its activities. The Board adopted the attached report as its Fifteenth Annual Report for the year 2012 (Attachment 1).

Some notable highlights of 2012 are:
- The provincial lease on the Trailway was renewed for a further five years to August 31, 2017.
- The Counties of Perth and Huron initiated a process to lease the abandoned rail right-of-way and open the door to extending the Trailway to Goderich, as originally envisioned in the early 1990s.
- Fund-raising activities brought in about $19,000.
- The Trailway now has its own website, kissingbridgetrailway.ca.

REPORT:
The Kissing Bridge Trailway runs through parts of the County of Wellington and the Region of Waterloo from Guelph to Millbank. Currently there are three discontinuities in the Trailway due to missing bridges across the Grand and Conestogo Rivers and a tributary of the Nith River east of Millbank.

In 2012, operation and maintenance work on the Trailway was conducted by members of the Steward Groups. Resurfacing, maintenance and beautifying the Trailway were among the major activities. The second annual spring on the Trail event was held at various locations along the length of the Trailway, with a good turnout by members of the public as they participated in various events at different locations along the Trailway.

In 2012, monetary and in-kind donations raised in large part due to the spring on the Trail fundraising efforts, totaled over $19,000 including a $2,000 donation received from the Grand River Amazing Race. The monies and donations will be used toward trail improvements including the anticipated installation of bridges across the Conestogo and Grand Rivers.
The following are highlights from the Fifteenth Annual Report of the Kissing Bridge Trailway. The full report is attached as Attachment 1.

**Activities Undertaken in 2012**

**Advisory Board Meetings** - The Trailway Advisory Board met three times in 2012. For the most part, the meetings focused on activities involving development of infrastructure, promotion of trail use and maintenance required to ensure that Trailway users are provided with a safe and enjoyable experience.

**Renewal of Trailway Lease** - The Trailway Lease expired in 2012 and a renewal has been arranged for the five-year period ending in 2017. During the next lease period, both the Region and the County intend to seek a more permanent arrangement with the Province in light of the investment that would be involved in replacing the bridge over the Grand River.

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

**Spring on the Trail** - On May 12, 2012, the second annual “Spring on the Trail” event was held. Attendance for this year’s event was very good, with over 1,000 participants and volunteers. Thanks to various sponsors and donors a total of $17,225 was raised in prizes and donations, as well as the Grand River Amazing Race which raised approximately $2000 for the trail.

**Promotion, Marketing, Awareness** - In addition to the website devoted to promoting the spring on the Trail event, a new Kissing Bridge Trailway website (www.kissingbridgetrailway.ca) was launched through the volunteer efforts of a BlackBerry employee. This website provides another way to expand awareness and provide information about the trail.

**Trailway Extension through Huron and Perth counties** - Discussions have been ongoing with the Counties of Huron and Perth with regard to extending the Trailway through Perth and Huron Counties to Goderich, the historic terminus of the Guelph and Goderich Railway constructed in the early 1900s. (See also Memo to Council, dated September 10, 2013, The Guelph to Goderich (G2G) Rail Trail: Expanding the Kissing Bridge Trailway Westward to Goderich)

**Capital Improvements**

*Stairs to Trailway at Katherine Street* - The completion of the Cox Creek bridge has forced the Board and the Guelph Hiking Trail Club to install stairs from the Trailway up to the east side of Katherine Street North because this intersection is grade separated, and the side slopes of the Trailway are very steep and densely treed with cedars. Construction of the stairs began in the spring of 2013 thanks in part to generous monetary and in-kind donations. The stairs will include a trough for bicycle wheels designed to assist in transporting bikes up and down the stairway.

*Bridge(s) over the Grand and Conestogo Rivers* - DEL Management, which looks after the province’s real estate holdings, has indicated that they would be willing to entertain proposals for suspension bridges over the Grand and Conestogo River provided that there would be barricades and the bridges were properly designed. Previously, it had been understood that all bridge crossings had to permit the passage of a small pickup truck.
Fencing - In recent years, the requests for fencing have been infrequent, indicating that in general there are few problems being experienced by landowners adjacent to the Trailway. Recently, there have been some concerns identified by DEL management and neighbouring landowners that may be addressed through additional fencing. These concerns were related to issues of safety on the trail near problem areas such as ponds and roads as well as several cases of encroachment of farming practices onto trail property.

Concerns Raised

Trail Conditions - The Spring on the Trail event has brought Advisory Board members into more contact with neighbouring residents. With this increased contact has come additional comments about the need to address trail maintenance in specific areas. The comments have been communicated back to the responsible steward groups. Trail steward groups were asked to review their trail sections for hazards and routine maintenance requirements, particularly in light of increased use during the Spring on the Trail event.

Fundraising - The completion of the Trailway depends in large measure upon successful fundraising by the Trailway Steward Groups. The Spring on the Trail event is proving to be an effective means for raising funds as well as awareness of the Trailway. It is anticipated that the level of funds raised will continue to increase each year. Currently, efforts are underway to investigate means by which people will be able to make donations electronically and receive a municipal tax receipt.

Motorized vehicles - Electric Bikes (E-bikes) are becoming a concern on Trails throughout the province. After some discussion, the Board concluded that these sorts of vehicles would be considered a motorized vehicle and therefore, not be allowed. It was also noted that a motorized wheel chair would be allowed for accessibility purposes. No action is being taken at this time, but the issue will be discussed further as needed.

Activities Planned for 2013

Bridge Construction - Regional staff will continue to explore financial and engineering options to replace the Grand River and Conestogo River bridges.

Trail Inspection and Maintenance - Each steward group will continue to conduct periodic inspection of their section of the Trailway and complete a Trail Condition Report. Deficiencies and shortfalls not corrected by the steward groups themselves are reported to Regional and County staff for remediation.

Fundraising - The amount of money raised to date by the respective Trailway Steward Groups from private and corporate donors in the community demonstrates that local individuals value the Trailway in their community, and are prepared to provide financial support for its completion. Further, in the past, the Trailway has also attracted contributions from larger fundraising organizations such as the Trillium Foundation, TD Friends of the Environment, RInC, Wellington County and Waterloo Region. Improved signage at road intersections and kiosks is anticipated to further motivate additional giving.

Area Municipal Consultation/Coordination:

Staff liaise with the Townships of Wellesley and Woolwich staff as required. The Township of Woolwich trails coordinator attends Trailway Advisory Board meetings on a regular basis, and the Mayor of Woolwich is the Regional representative on the Board. A draft copy of this report was circulated to all Area Municipalities.
CORPORATE STRATEGIC PLAN:

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

FINANCIAL IMPLICATIONS:

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

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

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

ATTACHMENTS:

Attachment 1 - Fifteenth Annual Report of the Kissing Bridge Trailway Advisory Board for the Year 2012.

PREPARED BY:  Albert Hovingh, Principal Planner, Environmental and Stewardship Planning

APPROVED BY:  Rob Horne, Commissioner of Planning, Housing and Community Services
Fifteenth Annual Report
of the Kissing Bridge Trailway Advisory Board
for the Year 2012

Submitted to the Councils of

The County of Wellington
and
The Regional Municipality of Waterloo

February 2013
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Fifteenth Annual Report of the Kissing Bridge Trailway Advisory Board

Introduction
In September 1997, the County of Wellington and Region of Waterloo jointly leased a 44.5 kilometre stretch of abandoned rail right-of-way from the Province for development as a multi-use recreational trailway between the outskirts of the City of Guelph and the Village of Millbank. During the winter and spring of 1998, the County and Region concluded Trailway Steward agreements with five community groups to develop and operate sections of the Trailway. They are as follows:

<table>
<thead>
<tr>
<th>Segment</th>
<th>Trailway Steward Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guelph to Grand River</td>
<td>Guelph Hiking Trail Club</td>
</tr>
<tr>
<td>Grand River to East Limit of Elmira</td>
<td>Conestogo-Winterbourne Optimist Club</td>
</tr>
<tr>
<td>East Limit of Elmira to Wallenstein</td>
<td>Lions Club of Elmira</td>
</tr>
<tr>
<td>Wallenstein to Linwood (Ament Line)</td>
<td>Linwood Lions Club</td>
</tr>
<tr>
<td>Linwood (Ament Line) to Millbank</td>
<td>Golden Triangle Snowmobile Association</td>
</tr>
</tbody>
</table>
In May 1998, the County and Region jointly approved Terms of Reference for the Trailway Advisory Board, and appointed fifteen persons and four alternate representatives to the Board. Section 1.8 of the Terms of Reference states that the Board "will prepare an annual report to the Councils of the County of Wellington and Regional Municipality of Waterloo on its activities, initiatives, and proposals for the coming year." This fifteenth annual report covers the year 2012.

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

During 2012 the steward groups carried out a range of activities including trail maintenance, installation of distance markers, and generally improving the overall appearance of the Trailway. The new Spring on the Trail Event has also been successful in promoting the Trailway and raising funds for the trail. These activities have had a positive impact on the profile and use of the trail, particularly among local residents.

**Trailway Advisory Board Activities**

The Trailway Advisory Board met three times in 2012. For the most part, the meetings focused on activities involving development of infrastructure, promotion of trail use and maintenance required to ensure that Trailway users are provided with a safe and enjoyable experience.

Mike Curtis, representative of the Guelph Hiking Trail Club was re-elected Chair of the Trailway Advisory Board for 2012 and Doug Cerson, a business representative, was elected as vice-chair.

**Renewal of Trailway Lease**

The Trailway Lease expired in 2012. The County and Region have now renewed the lease for a five year term expiring August 31, 2017. During the next lease period, both the Region and the County intend to seek a more permanent arrangement with the Province in light of the investment that would be involved in constructing a bridge over the Grand River. The Ontario Realty Corporation (ORC) has at different times indicated that it is satisfied with the maintenance of the property to date. During the lease negotiation, the Trans Canada Trail will also be addressed.

**Trans Canada Trail**

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

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

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

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

**Spring on the Trail**

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

On May 12, 2012, the second annual “Spring on the Trail” event was held. Attendance for this year’s event was very good, with over 1,000 participants and volunteers. Based on conversations with visitors, it appears that there is still an uneven level of awareness of trail within the communities it traverses. Thanks to various sponsors and donors who helped raise $17,225 in prizes and donations, as well as the Grand River Amazing Race which raised approximately $2000 for the trail. The next Spring on the Trail event is planned for May 11, 2013.

A website dedicated to the promotion of Spring on the Trail has been established at [www.springonthetrail.com](http://www.springonthetrail.com) and continues to develop as time goes on. The website provides information on the event itself as well as about the Trailway in general and provides visitors with an opportunity to purchase a “passport” for the event on-line.

**Promotion, Marketing, Awareness**

In addition to the website devoted to promoting the annual trail event, a new Kissing Bridge Trailway website ([www.kissingbridgetrailway.ca](http://www.kissingbridgetrailway.ca)) was also launched through the volunteer efforts of a BlackBerry employee. This website provides another way to expand awareness and provide information about the trail.
Regional Tourism Organization 4 (RTO4) which takes in Huron County, Perth County, Waterloo Region and Wellington County fits the trail geography well. The overall vision for the extension to Goderich provides a strong tourism draw across the RTO4 area. RTO4 sees trails and waterways as a huge tourism asset.

**Trailway Extension**

**Huron and Perth.** Discussions have been ongoing with the Counties of Huron and Perth with regard to extending the Trailway to the west. The Ontario Trails Council has been present at these discussions and is committed to working with the various organizations seeking to make it happen. Having Perth and Huron join Wellington and Waterloo in leasing the rail bed in its entirety from Guelph to Goderich would be of value in the renegotiation of the lease as well as securing a new lease in Perth and Huron. Also lending credence to the notion of the Guelph to Goderich trail is the fact that residents living in the vicinity of rail corridor are already using the old rail bed in an informal fashion and are willing to support extension of the Kissing Bridge Trailway. Perth County has approved moving forward with the lease, while Huron County had yet to commit at the end of 2012. Continuing to work along side with Huron County on the rail bed lease is an important factor which must be continued. This partnership will contribute to the comprehensiveness of the Kissing bridge trail and its lasting success.

**Capital Improvements**

**Stairs to Trailway at Katherine Street.** The completion of the Cox Creek bridge has forced the Board and the Guelph Hiking Trail Club to consider installing stairs from the Trailway up to the east side of Katherine Street North because this intersection is grade separated, and the side slopes of the Trailway are very steep and densely treed with cedars. Board members were updated about recent progress toward the installation of the new stairs at Katherine Street. This project will proceed due to the monetary and in-kind donations. The stairs will include a bike trough and have turns incorporated into them.

The access will permit users easy access between the Trailway and Katherine Street which is the designated detour route on the east bank of the Grand River. Such a trail will also likely be associated with a small staging area and parking lot off Katherine Street. Even after the anticipated replacement of the Grand River bridge, a staging area will be required at this location to permit easy access to the Grand River.

**Bridge(s) over the Grand and Conestogo Rivers.** DEL Management, which looks after the province’s real estate holdings, has indicated that they would be willing to entertain proposals for suspension bridges over the Grand and Conestogo River provided that there would be barricades and the bridges were properly designed. Previously, it had been understood that all bridge crossings had to permit the passage of a small pickup truck.

As part of the planning process, an Engineering Feasibility Study will be required to evaluate the condition and usability of the existing abutments and piers. Recent inquires into bridge...
construction provided an approximate value of 1 to 1.5 million dollars for the project; costs can be reduced if existing in-water piers can be utilized as a support structure.

The Trans Canada Trail (TCT) Foundation has previously expressed interest in investing in the bridge, however, prior to any move toward building the bridge over the Grand River, appropriate consultation with Six Nations will be required. In response to a TCT Foundation request that a contribution from Kissing Bridge Trailway be made toward the cost of a feasibility study, the Advisory Board approved a contribution of up to $1,000.00.

Fencing
At times, the Advisory Board receives requests from adjacent neighbours to have fencing installed between the Trailway and land that is being used for crops or pasture. The Fencing Sub-committee is headed by Glen Martin who is the agricultural community representative from Woolwich Township and is responsible for recommending reimbursement for fences. In recent years, the requests for fencing have been infrequent indicating that in general there are few problems being experienced by landowners adjacent to the Trailway.

There have been some concerns identified by DEL management and neighbouring landowners that may be addressed through additional fencing. These concerns were related to issues of safety on the trail near problem areas such as ponds and roads. Fencing requests were also brought forward regarding the encroachment of farming practices onto trail property. These concerns will be further investigated by Trailway Steward Groups and Regional staff to help ensure the safety of users on the trail and define the right-of-way boundary of the trail.

Concerns

Trail Conditions
The Spring on the Trail event has brought Advisory Board members into more contact with neighbouring residents. With this increased contact have come additional comments about the need to address trail maintenance in specific areas. The comments have been communicated back to the responsible steward groups. Trailway Steward Groups were asked to review their trail sections for hazards and routine maintenance requirements, particularly in light of increased use during the Spring on the Trail event.

Fundraising
The completion of the Trailway depends in large measure upon successful fundraising by the Trailway Steward Groups. Each group has held activities to generate moneys for trail construction. The Board has developed a brochure for use by steward groups in fundraising initiatives. Experience to date has shown that fundraising is more effective when members of the community groups approach others in their respective social and business networks to solicit contributions to their group’s Trailway project rather than seek a donation to the Kissing Bridge Trailway as such.

The Spring on the Trail event is proving to be an effective means for raising funds as well as awareness of the Trailway. As the event goes forward each year, it is anticipated that the level of funds raised will continue to increase. Currently, efforts are underway to investigate means by which people will be able to make donations electronically and receive an appropriate tax credit.

Motorized vehicles
Electric Bikes (E-bikes) are becoming a concern on Trails throughout the province. After some discussion, the Board concluded that these sorts of vehicles would be considered a motorized vehicle and therefore, not be allowed. It was also noted that a motorized wheel chair would be allowed for accessibility purposes. No action is being taken at this time, but the issue will be discussed further as needed.
Activities Planned for 2013

Bridge Construction
Regional staff will continue to work with the Trans Canada Trail Foundation to explore financial and engineering options to replace the Grand River and Conestogo River bridges.

Trail Inspection and Maintenance
Each steward group will continue to conduct periodic inspection of their section of the Trailway and complete a Trail Condition Report. The steward groups will make sure that any required repairs are made in a timely fashion to ensure the safety and wellbeing of Trailway users and to provide a pleasurable experience for all. Steward groups will also check to see that signage and informational markings are intact and easily readable by Trailway users. Deficiencies and shortfalls not corrected by the steward groups themselves are reported to Regional and County staff for remediation.

Fundraising
The amount of money raised to date by the respective Trailway Steward Groups from private and corporate donors in the community demonstrates that local individuals value the Trailway in their community, and are prepared to provide financial support for its completion. Further, over its existence, the Trailway has also attracted contributions from larger fundraising organizations such as the Trillium Foundation, TD Friends of the Environment, RiNC, Wellington County and Waterloo Region. Improved signage at road intersections and kiosks is anticipated to further motivate additional giving.

The Spring on the Trail event has been a successful fundraising initiative for the trail. The event has also had spin off benefits in monetary, material and in-kind donations for specific trail improvements.

Conclusion
In conclusion, the Advisory Board is confident that the enthusiasm generated by the ongoing “Spring on the Trail” event and the increased interest in extending the Trailway into Perth and Huron Counties will provide increased overall support for the Kissing Bridge Trailway. The board is looking forward to a year of ongoing maintenance and promotional activities in 2013.

Respectfully submitted,

Mike Curtis, Chair (2012)
Trailway Advisory Board

February 2013
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 10, 2013

FILE CODE: D04-12/G2G

SUBJECT: THE GUELPH TO GODERICH TRAIL - EXPANDING THE KISSING BRIDGE TRAILWAY WESTWARD TO GODERICH

RECOMMENDATION:

For information.

SUMMARY:

The Guelph to Goderich (G2G) Rail Trail Advisory Committee is a small group of volunteers throughout the Counties of Huron, Perth and Wellington, and the Region of Waterloo who have a plan to see that the entire length of the abandoned CPR rail right-of-way from Guelph to Goderich, is developed as a year-round recreational trail, accessible to the public and open to all non-motorized uses.

The steering committee’s vision is to initiate a community-based movement resulting in the conversion of the former CPR right of way to a non-motorized trail connecting local, primarily agricultural and rural communities across the top of southwestern Ontario. They envision that the trail can become a safe and accessible, completely off-road connection, between populations in the Golden Horseshoe area and the Lake Huron shoreline. The potential of the trail would be to provide a significant contribution to local, regional and provincial cultural and economic development capacity.

REPORT:

The Guelph to Goderich (G2G) Rail Trail Advisory Committee is a small group of volunteers throughout the Counties of Huron, Perth and Wellington, and the Region of Waterloo who have a plan to see that the entire length of the abandoned CPR rail right-of-way from Guelph to Goderich, is developed as a recreational trail, open to all non-motorized uses. In winter, snowmobiles are permitted on designated segments.

The Region of Waterloo and the County of Wellington are already involved with the trail through the Kissing Bridge Trailway which runs from Guelph to Millbank, while Huron and Perth counties are taking steps to lease the rights-of-way from the province of Ontario which purchased the land in the early 1990s from the Canadian Pacific Railway. The G2G Rail Trail Advisory Committee was created to encourage and develop a unified and uninterrupted trail system from Guelph to the Lake Huron shores. The trail is to be fully accessible to the public with parking areas and rest stops at regular intervals.

Background

In 1884, Guelph incorporated the Guelph Junction Railway (GJR) in order to build a rail line 24 km south to the CPR main line and onward to Burlington. In 1886 the GJR charter was revised
to allow for an extension to Goderich to serve that harbour, and in 1904 the Guelph Junction Railway announced it would be applying to Parliament seeking a charter to incorporate the Goderich & Guelph Railway, between Guelph and Goderich along with branches to Listowel, St. Mary's, Stratford and Clinton. The CPR began construction of the 129 km extension in 1904. The line was opened between Guelph and Elmira in June 1906 and on to Millbank and Milverton by November. The final section between Goderich and Blyth was completed in August 1907 and the first passenger train left Goderich at the end of that month. The line to Guelph Junction totalled 170 km with an additional 26 km to Hamilton Junction.

In December 1988, the Canadian Pacific Railway was given permission to abandon the right-of-way from Goderich to Guelph. Numerous petitions were sent to the Inter-Ministerial Association Co-ordinating Committee on Alternative Uses of Abandoned Railway Rights-of-ways by municipalities and interest groups recommending that the right-of-way be preserved for public users. The Regional Municipality of Waterloo and the Counties of Wellington, Perth and Huron all expressed a strong interest in the retention of the right-of-way for future use for a pipeline corridor to carry water from Lake Huron south to the urbanizing areas. Various environmental and recreational groups also expressed interest in maintaining the right-of-way as a corridor for public use. In June 1990 the Province approved the acquisition of the Goderich to Guelph abandoned rail right-of-way by the Ministry of Transportation to protect the long-term use as a pipeline/utility corridor. In the interim period, it was decided appropriate agencies would be allowed to use and manage the corridor under the guidance of the Inter-Ministerial committee.

The Province acquired the right-of-way from CPR in 1994, and in 1997, the Region of Waterloo and the County of Wellington were successful in obtaining joint lease on the 44.5 kilometre stretch between the outskirts of the City of Guelph and the Village of Millbank for development as a multi-use recreational trailway. During the winter and spring of 1998, the County and Region concluded Trailway Steward agreements with five community groups to develop and operate sections of the Trailway. They are as follows:

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

In May 1998, the County and Region jointly approved Terms of Reference for the Trailway Advisory Board, and appointed fifteen persons and four alternate representatives to the Board.

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

**Moving Ahead: The Guelph to Goderich Rail Trail**

Based on the success of fifteen years of managing the Kissing Bridge Trailway by the Kissing Bridge Trailway Advisory Board under the supervision of the County of Wellington and Region of Waterloo, a group of interested trail users is seeking to expand the trail corridor along the entire length of the original Guelph to Goderich Railway.

In 2012 a steering committee was formed to develop the Guelph to Goderich trail under the guidance of Doug Cerson, a Wellington-Waterloo based business consultant and advisor to
multiple trail organizations; Doug Coda, a North Perth bike shop owner and creator of Cycle Ontario; and Paul VanderMolen, owner of a Huron County based landscaping business and member of the Maitland Valley Trail Association.

The steering committee’s vision was to initiate a community-based movement resulting in the conversion of the former CPR right of way to a non-motorized trail connecting local, primarily agricultural and rural communities across the top of southwestern Ontario. They envisioned that the trail could become a safe and accessible, completely off-road connection, between populations in the Golden Horseshoe area and the Lake Huron shoreline. The potential of the trail would be to provide a significant contribution to local, regional and provincial cultural and economic development capacity.

In the spring of 2013, the G2G Rail Trail Advisory Committee was formed and obtained legal standing as a not-for-profit organization able to accept donations and issue tax receipts for interested donors and participants. Currently, the Advisory Committee is in the process of getting trail enthusiasts, stakeholders and volunteer groups together to develop a vision and implementation guide based in large part on the previously completed work of the Kissing Bridge Trailway. Meetings occur on a regular basis in various communities scattered along the length of the proposed trailway.

The G2G Trail Advisory Committee intends to collect all of the required information and materials and to make it available to interested groups and parties in Huron and Perth counties. The end goal is to have a trail that offers safe passage for all types of active transportation in order that once it is completed can become “the backbone of Ontario Trails connecting thousands of people from the 401 corridor to Lake Huron.” The vision gained some real momentum in the summer of 2013, when Perth County voted to become an active participant in the process.

Perth County represents a large section of the undeveloped Rail Trail that requires grooming and clearing along with several larger capital projects in the form of bridges and culverts. Although much of the infrastructure along the corridor was removed for liability concerns as part of the abandonment process, a spectacular 212 metre (695’) steel bridge over the Maitland River in Goderich has survived to become part of a local hiking trail.

In addition to the Perth County capital projects, there are two additional major infrastructure concerns to the G2G Trail Advisory committee, namely the bridges that were removed from across the Grand and Conestoga Rivers in the Region of Waterloo. In order to make the G2G rail trail completely off-road, replacement bridges will be required at these locations. DEL Management, which looks after the province’s real estate holdings, has indicated that they would be willing to entertain proposals for suspension bridges over the Grand and Conestogo River provided that there would be barricades and the bridges were properly designed. Previously, it had been understood that all bridge crossings had to permit the passage of a small pickup truck.

As part of the planning process, an Engineering Feasibility Study will be required to evaluate the condition and usability of the existing abutments and piers. Recent inquiries into bridge construction provided an approximate value of 1 to 1.5 million dollars for the Grand River bridge project; costs can be reduced if existing in-water piers can be utilized as a support structure. The Conestoga River, being of somewhat lesser width, will also involve a substantial capital cost.

While the Trans Canada Trail (TCT) Foundation has previously expressed interest in investing in the bridge over the Grand River, it will be necessary that appropriate consultation with Six
Nations take place. In response to a TCT Foundation request that a contribution from the Kissing Bridge Trailway be made toward the cost of a feasibility study, the Kissing Bridge Trailway Advisory Board recently approved a contribution of up to $1,000.00.

The development of the trail includes the marketing of the trail as a destination trip, with links to nearby accommodation and eateries. The G2G Advisory Committee has been working closely with the RTO4 (Regional Tourism Organization - Region 4) which encompasses Huron County, Perth County, Waterloo Region and Wellington County. RTO 4 was incorporated in October 2010 pursuant to the Ontario Ministry of Tourism’s request to create “an organization that will coordinate the diverse interests of the tourism industry to build and support a competitive tourism region through marketing and destination management.” With the boundaries of the RTO4 coinciding with the extent of the Guelph to Goderich railbed, the match seems to be ideal and the partnership has already shown much promise including participation in two successful Trails and Tourism forums (Waterloo 2011, Brussels 2012) and a third upcoming event in Fergus on September 19, 2013.

Once the Rail Trail is open to users, the Advisory Committee has indicated that it will be pushing to have three suspension bridges completed over the Grand, Conestogo and Maitland rivers. The bridges would create a unique tourist attraction, potentially drawing outdoor enthusiasts from around the world.

The vision statement of the G2G Rail Trail Advisory Committee notes that it strives to enrich the quality of life for all people and the sustainable development of communities by advancing and promoting the development, preservation, and enjoyment of diverse, high quality trails and greenways.

The G2G Advisory Committee hopes to attract members who will be the core of volunteer maintenance committees along the trail, as has been done with the Kissing Bridge Trailway.

**Area Municipal Consultation/Coordination:**

Staff liaise with the Townships of Wellesley and Woolwich staff as required with regard to trails linkages and connections and potential uses for events designed to raise the public’s awareness of the trails network within and without the Region. A draft copy of this report was circulated to all Area Municipalities.

**CORPORATE STRATEGIC PLAN:**

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

**FINANCIAL IMPLICATIONS:**

There is no Regional Budget allocation to the development and operation of the Kissing Bridge Trailway, nor to its extension beyond the boundaries of the Region. Regional staff does provide in-kind support to the Kissing Bridge Trailway Advisory Board and also provides some support and advice to the G2G Advisory Committee.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
Legal Services has provided advice on legal matters pertaining to the operation of trailways including the process of entering into rental agreements with the province.

ATTACHMENTS
NIL

PREPARED BY:  Albert Hovingh, Principal Planner, Environmental and Stewardship Planning
APPROVED BY:  Rob Horne, Commissioner of Planning, Housing and Community Services
The new Director/Chief of EMS for Region of Waterloo, Stephen Van Valkenburg, started with the Region of Waterloo on Monday August 26.

Chief Van Valkenburg brings a wealth of experience in EMS. This includes serving as Deputy Chief in Middlesex –London, Emergency Medical Services Authority since January 2012, and Deputy Chief in Niagara Emergency Services Division from April 2008 to January 2012. His EMS leadership experience also includes serving in a variety of roles: Manager of Administration, Communications Training Officer, Communications Operations Supervisor, Manager of Lambton County EMS, and Transition Coordinator for County of Lambton Land Ambulance.

His experience includes a number of leadership roles in a variety of EMS Services and municipalities. This experience prepares him well to collaborate with EMS partners and direct EMS staff. With his leadership, Region of Waterloo EMS will build on the strengths of our Service. Together we will continue to deliver “Excellence in Patient Care”.
MEMORANDUM

To: Chair Sean Strickland and Members of the Community Services Committee
From: Lynn Randall, Director Social Planning, Policy and Program Administration
Copy to: Douglas Bartholomew-Saunders, Commissioner, Social Services
Subject: Poverty Myth Busters
Housing Stability System Newsletter
Comprehensive Approach to Poverty Reduction Progress

File No: S13-80

Staff are pleased to provide to Council the following:

- The first edition of the Housing Stability System Evolution Newsletter - the purpose of the newsletter is to provide an update on system change processes for housing stability service providers who are receiving funding through the Region of Waterloo. The newsletter will be issued 3 times per year.

- Progress Report #1 of the Comprehensive Approach to Poverty Reduction – provides an update on some of the accomplishments that have taken place over the first part of 2013 related to addressing the priority areas of the Comprehensive Approach. The Progress report will be produced twice yearly.

- Poverty Myth Busters – this booklet has been developed as an initiative under the Comprehensive Approach to Poverty Reduction. The purpose of the booklet is to help change attitudes about poverty and encourage action.

All three documents will be shared broadly and will be posted to the Region’s website.

For further information please use the contact information at the back of the documents or please contact Lynn Randall at 883-2190 or lrandall@regionofwaterloo.ca
Poverty Myth Busters for Waterloo Region

We are all part of the puzzle – we all have a piece to play.
Did you know that there are misconceptions about poverty that exist in our community?

In speaking with regional staff and the community including people with lived experience, we heard that these myths can sometimes get in the way of poverty reduction. By designing these Myth Busters we are attempting to help change attitudes about poverty and encourage action because we all have a role to play in solving poverty.

These Myth Busters highlight some of the popular myths about poverty and responses to these myths.

Next time you hear any myths, help change attitudes about poverty by sharing the realities and busting the myths.
MYTH: Poverty is not an issue in Waterloo Region.

REALITY: Although Waterloo Region is a great place to work, live and play, poverty is an issue in our community. In 2006, approximately 10.2 per cent of residents (48,000 people) in Waterloo Region were living with low income.¹

More than 1 in 10 people in Waterloo Region live in poverty.

Imagine - you could fill the Kitchener Memorial Auditorium seven times with this many people!

Did you know...

- 12.2% or 13,750 children 0 to 17 years in Waterloo Region are living in low income.²
- 451,411 meals were served in 2011 through meal programs throughout Cambridge, Kitchener and Waterloo.³
- In May 2013, there were 8,727 cases on the Ontario Works (OW) caseload. This is a 39% increase in the caseload from September 2008.⁴
MYTH: We can’t keep throwing money at the problem – we can’t afford to solve poverty.

REALITY: We can’t afford poverty. Not only does poverty have a negative effect on the health and wellbeing of those who directly experience it, but it affects us all. The financial costs of poverty, both direct and indirect can impact areas such as health care, social services, policing, corrections and lost potential for our community and its residents.

Did you know...

- Local research demonstrates that managing homelessness by providing emergency services is 10 times more expensive than ending homelessness by providing adequate housing and support.
- In terms of increased costs to the health care system, poverty - not simply lifestyle choices - is generating huge costs for the health care system. It has been proven that with each step up the income ladder, Canadians have less sickness, longer life expectancies, and better health.
- In 2008 it was estimated that in Ontario, every household pays a minimum of $2,300 per year to cover the costs of poverty.
- Poverty means that our society and economy are losing out on a lot of talent and potential.
MYTH: Being employed is the key to not living in poverty.

1 in 3 people living with low income in Waterloo Region are working.

REALITY: 1 in 3 people who are living with low income in Waterloo Region are working. Working full-time at minimum wage does not provide enough income to raise a family above the poverty line.

Unstable or precarious forms of employment including temporary, part-time and casual forms of work are becoming increasingly more common in Ontario. Growing numbers of people are employed in jobs that have unpredictable hours, provide no benefits, pay low wages and provide less job security.

Did you know…

- Locally, 37% of people who are living with low income in the Waterloo Region are working, and 68% of these people are working full time.
- Between 2000 and 2005 there was a 24% increase in the rate of working poverty among Ontario’s working-age population.
- In 2007, 34% of all children in Ontario living in low income lived in a family where at least one parent was working the equivalent of a full time, full year job.
REALITY:
Social Assistance payments are far below the poverty line. In fact, they are so low that people who receive Social Assistance are often unable to meet basic needs such as food, shelter, and clothing.

Did you know…
After paying market value rent and purchasing healthy food, a single person on Ontario Works would have no money to purchase other basic necessities such as utilities, clothing and transportation. In fact, they would have negative $236.57 left over for the month.

The table below illustrates that individuals who are receiving Ontario Works (OW), Ontario Disability Support Program (ODSP) and individuals who are working full time at minimum wage are living below the Low Income Cut-Off.

<table>
<thead>
<tr>
<th>Type of Income Support</th>
<th>Monthly Income Benefit for an Individual*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario Works</td>
<td>$606</td>
</tr>
<tr>
<td>Ontario Disability Support Program</td>
<td>$1,075</td>
</tr>
<tr>
<td>Person Working Full-Time At Minimum Wage</td>
<td>$1,655</td>
</tr>
</tbody>
</table>

*LICO $1,672

The OW, ODSP rates are based on the 2012 rates for individuals. The full-time minimum wage is based on $10.25/hour x 37.5 hours/week. LICO is based off the 2011 before tax figures.

MYTH:
There is no motivation to get off Social Assistance because payments on Social Assistance are too high.
**MYTH:**
Poverty is the fault of people living in poverty.

**REALITY:**
Poverty could happen to anyone. Many people are only one step away from poverty (such as a serious illness or job loss). There are also a number of population groups who experience significant systemic barriers (such as new immigrants and Aboriginal populations).

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**Did you know…**

- Increases in employment income have typically benefited households that already make over $100,000, while employment rates have fallen among less-educated people.\(^{21}\)
- In 2006, 30.2 per cent of all individuals who immigrated to Canada within the last five years in Waterloo Region live in low income.\(^{22}\)
- 1 in 5 Aboriginals in Waterloo Region live in low income.\(^{23}\)
- It has been well documented that “the system that is intended to lift people out of poverty is substantially broken, often entraps people in poverty, and needs an overhaul.”\(^{24}\)

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The wealthiest groups in our community have roughly **seven times** the income of the poorest, a figure which has been rising since 1995 (from 5.9 to 7.1 times in 2010).\(^{20}\)
REALITY:
People living with low income can be some of the most resourceful budgeters but it is very challenging to budget if you don’t have enough money to meet your daily needs.

Almost half of Canadians feel they are 1 to 2 paycheques away from living in poverty.²⁵

MYTH:
Poor people are bad at budgeting.

Did you know…
• If you use a payday loan program to put food on the table you can end up paying alarming interest rates on the loan (interest annualized to 546% in Ontario).²¹
• In 2009, students in Ontario were graduating with debt close to an average of $25,778.²⁷
• For a 3 year old child to attend a centre-based licensed early learning and child care program in Waterloo Region for 1 year on a full time basis it costs between $8,680 and $14,875.²⁸
REALITY:
Everyone has a role to play to address poverty. You too can make a difference.

We are all part of the puzzle — we all have a piece to play. What’s your part?

Did you know…
There are many ways you can help reduce poverty and together we can make a difference. Consider the following important activities that you can do to help:

• Share this document with friends, family and coworkers and talk about poverty and poverty reduction
• Use inclusive language that respects the diversity of individuals by focusing on people’s strengths rather than their challenges
• Advocate for more resources and encourage long-term solutions
• Volunteer your time to directly support people in your community
• Donate used household goods and furniture to local organizations
Endnotes


15. Ibid.


18. A LICD is an income threshold below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family. The approach is essentially to estimate an income threshold at which families are expected to spend 20 percentage points more than the average family on food, shelter and clothing (Source: Statistics Canada, 2012)


23. Ibid.


For more information about the Region of Waterloo’s Comprehensive Approach to Poverty Reduction visit the Region’s website at www.regionofwaterloo.ca/socialservices and search “poverty” or contact Social Planning, Policy and Program Administration 519-883-2117.

Alternative formats of this document are available upon request.
As you know, a number of changes and planning activities have been happening in the housing stability system since late fall 2012. There were three main factors that are influencing the evolution of our housing stability system:

1. Changes with Funding/Legislation
   - The Provincial Community Homelessness Prevention Initiative (CHPI) was implemented in January 2013. This new program consolidated funding for five separate programs (Consolidated Homelessness Prevention Program; Emergency Energy Fund; Emergency Hostel Services; Domiciliary Hostel Program; and Provincial Rent Bank) into one funding envelope.
   - The current Federal Homelessness Partnering Strategy (HPS) concludes March 31, 2014. Additional Federal funding for five years has been announced, but details of the new program are unknown at this time.
   - Changes to social assistance were implemented by the Province over 2012 and 2013. Among other impacts, these changes significantly reduced the amount of social assistance funding available locally for expenses related to housing stability.

2. Service Demand
   - Many housing stability services are experiencing capacity pressures and demands. For example, there was a 35% increase in Emergency Shelter bed nights between 2010 and 2012.

3. Call for System Improvements
   - The Homelessness to Housing Stability Strategy (2012) provides a common point of reference for thinking about how to end homelessness and supports the community to take action. Some opportunities for system improvements identified by the Strategy and through discussion with partners included: enhanced access (information and service); improved coordination; improved data; improved housing outcomes; quality assurance; and consistent administrative practices.

We know that these three factors necessitate some change to our housing stability system. What we don’t know is what our system will look like when the change process is finished. A Housing Stability System Advisory Committee has been formed to support system planning activities. Membership includes agencies receiving housing stability funding through the Region for more than one program as well as other key community stakeholders (e.g., LHIN). The committee will meet regularly throughout the whole change process.
Please plan to attend a Housing Stability System Forum on November 1st, from 9am-12pm at 99 Regina St. S. (Rm. 508)

This important community Forum will provide a chance for you to hear more about housing stability system changes (see page 1) and to provide feedback.

Further information to follow

2013/14 Housing Stability Pilots

The Ministry of Community and Social Services (MCSS) provided Ontario municipalities with one-time funding for January 1, 2013-March 31, 2014 to support the transition to the new CHPI program. Locally, this funding is, in part, being used to pilot a number of one-time initiatives that address emerging needs:

Financial Trusteeship: Reaching Our Outdoor Friends (ROOF) and Argus Residence for Young People are piloting a financial trusteeship program for youth ages 16 and 17 in emergency shelters.

Emergency Shelter Diversion for Families: Cambridge Shelter will be working in partnership with Lutherwood’s Housing Services to pilot central intake and emergency shelter diversion for families experiencing or at-risk of homelessness.

Homelessness Individuals and Families Information System (HIFIS) Expansion: Ten supportive housing programs will pilot the use of HIFIS for data collection.

Tenant Quality of Life: All Region-funded supportive housing programs have the opportunity to apply for funding to support activities to promote tenant wellbeing and community inclusion.

Rapid Re-Housing Discharge Fund: Employment & Income Support through the Region of Waterloo is delivering a pilot that provides last month’s rent for people leaving emergency shelter or other institutions (see page 3 for details).

Last Month’s Rent Fund: Lutherwood is offering support for last month’s rent for households not eligible for the Discharge Fund (see page 3 for details).

Expanded Housing Services in Cambridge: Lutherwood is expanding their Cambridge Housing Counselling and Rent Bank and Eviction Prevention services to five days a week.

The Connect Project: This STEP Home pilot, delivered by House of Friendship, will seek to build the capacity of STEP Home programs to enhance informal supports for participants.

Moving Supports: The Working Centre will be purchasing a van. The van will be used to support people experiencing or at-risk of homelessness to move.
Throughout community consultations, funding for last month’s rent for households experiencing or at-risk of homelessness was consistently identified as a clear housing stability priority. Changes to social assistance created a need for a new local approach to last month’s rent. Two pilots, running until March 31, 2014 have been developed to address this need. In response to feedback during a mid-point review of the approach to last month’s rent, a number of changes were implemented. A final evaluation of the pilots will take place in early 2014. The results of the final evaluation will inform the development of the 2014/15 approach to last month’s rent. The two last month’s rent programs are outlined below:

<table>
<thead>
<tr>
<th>Last Month’s Rent Funding Maximums (payable to the landlord) for Both Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can be accessed once during the pilot per household, up to the maximum pending funding availability</td>
</tr>
<tr>
<td>Singles – Up to $550</td>
</tr>
</tbody>
</table>

### Discharge Fund Pilot

**Who is eligible?** Households in receipt of OW, ODSP, OAS/GIS OR whose before-tax income levels are below $16,000 (singles), $25,000 (couples) or $32,000 (families with children) who are:
- Exiting emergency shelter
- Being discharged from institutions (hospital, corrections)
- Exiting a local time-limited housing program
- Exiting substance use treatment
- Fleeing domestic violence and connected with Women’s crisis Services of Waterloo Region
- Forced to move due to their current housing being certified as unsafe/uninhabitable

**How can the Discharge Fund be accessed?**

The Discharge Fund is administered by Employment and Income Support at the Region of Waterloo.

- **Ontario Works recipients:** Call their Caseworker
- **All others (not receiving Ontario Works):** Call the Region of Waterloo Employment and Income Support Application Line at 519-883-2100 and select option #1

### Last Month’s Rent Fund Pilot

**Who is eligible?** Households in Waterloo Region who are not eligible for the Discharge Fund who meet the following criteria:

- In receipt of OW, ODSP, OAS/GIS OR whose before-tax income levels are below $16,000 (singles), $25,000 (couples) or $32,000 (families with children)
- Have exhausted their existing resources
- Experiencing homelessness OR current rent is not sustainable/affordable OR experiencing a threat to health or welfare in current housing
- New rent is affordable on an ongoing basis

**How can Last Month’s Rent Fund be accessed?**

Last Month’s Rent Fund is administered by Lutherwood. To access the fund anyone can drop-in to Lutherwood Housing Services to meet with staff. Additionally, eligible program staff can make a direct referral. Staff are available at Lutherwood Housing Services during the following hours:

- **Cambridge:** 35 Dickson St., Mon-Fri, 8:30-4:30
- **OR Langs:** 1145 Concession Road, Fridays 8:30-4:30
- **Kitchener:** 41 Weber St. W. Mon-Fri, 8:30-4:30

**Questions?** Contact 519-749-8305 and press 0
Ending Family Homelessness Research

The Ending Family Homelessness Research Project was initiated with federal Homelessness Partnering Strategy Knowledge Development funding. A reference group of community service providers who support families experiencing or at-risk of homelessness was formed in January and has been meeting monthly to guide the project. A literature review was completed this spring and is available at http://tinyurl.com/FamLitReview. During the summer, interviews with families currently experiencing or with recent experience of homelessness were conducted to gather their input into what is working and what more can be done towards ending family homelessness in Waterloo Region. Two half-day workshops are planned for the fall for a broader service provider stakeholder group. All the input will be incorporated into a draft report which will be further reviewed by families with lived experience and service providers before being finalized.

Future Communication

The purpose of this newsletter is to provide an update on system change processes for housing stability service providers who are receiving funding through the Region of Waterloo and other interested stakeholders. We intend to release similar newsletters approximately 3 times/year for the duration of the system planning activities.

Upcoming Council Report

An update on CHPI will be provided to the Community Services Committee on September 10, 2013. This newsletter summarizes the key information provided in the Committee report. You can find the report in the Agenda after September 10 at this link: http://tinyurl.com/CSCagendas

Housing Action Plan

The Region of Waterloo’s Housing division is leading the development of a new Housing Action Plan. The Housing Action Plan, along with the Homelessness to Housing Stability Strategy, will help the Region to fulfill new provincial requirements for a 10-year Housing and Homelessness plan (due by January 1, 2014).

During the spring of 2013, the first community consultations were conducted regarding housing issues in Waterloo Region. Follow-up consultations have been planned to discuss local housing solutions. The consultations, titled “Thinking About... Housing Solutions for Waterloo Region” are scheduled for:

- Tuesday, October 8 from 1-4pm at Knox Presbyterian Church (50 Erb St. W, Waterloo)
- Thursday, October 10 from 1-4pm at Cambridge City Hall (50 Dickson St., Cambridge)

For more information regarding the Housing Action Plan, or to register for the consultations please visit: http://tinyurl.com/HousingActionPlan

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

Marie Morrison

📞 519-575-4757x5042

✉️ mmorrison@regionofwaterloo.ca
The Region’s Comprehensive Approach to Poverty Reduction was approved by Regional Council on December 19, 2012. Below are some of the accomplishments that have taken place from January to July 2013 related to addressing the priority areas of the Comprehensive Approach:

A Dialogue on the Diversity on the topic poverty and precarious employment took place on June 24, 2013 with over 170 attendees. The group generated ideas for addressing precarious employment in Waterloo Region.

Stories were shared by staff across the corporation to reveal how they contribute to poverty reduction in their jobs. Sample stories were posted in the Region’s Connections Newsletter.

Myth Busters were developed to help change attitudes and actions about poverty. Regional staff and community groups including participants with lived experience of low income helped develop the myth buster’s factsheet.

Inclusive Language Guidelines were developed in partnership with the Diversity & Inclusion Strategy through a Working Group. The guidelines include helpful tips used to talk about poverty (and other topics) in a way that is unbiased and respectful.

A Knowledge Exchange took place with more than 30 staff participants on May 14, 2013. The event was a partnership between Social Planning and Corporate Communications to share tips and resources for writing stories that create impact.

We are all part of the puzzle - We all have a piece to play.
The **Comprehensive Approach** was shared with all departments in the Region, and with community and government partners. Information was also included in the Connections Newsletter and Regional News.

A **Multi Departmental Initiative** was approved on April 15, 2013 by the Corporate Leadership Team for the implementation of the Region’s Comprehensive Approach.

A **Leadership Team** was established with corporate-wide representation including several departments, Waterloo Regional Police Services and the Crime Prevention Council. The Leadership team exists to monitor and guide the implementation of the Comprehensive Approach.

**Links were Established with other Regional initiatives** including the Region’s Diversity & Inclusion Strategy and the Public Participation Project team.

The Region joined the Canada wide **Cities Reducing Poverty Initiative** through Vibrant Communities Canada. This is a network of Canadian communities with poverty reduction strategies. The goal is to reduce poverty for over 1 million Canadians through aligned poverty reduction strategies at the municipal, provincial and federal levels.

**Evaluation & Planning** progress includes the recently awarded $20,000 Innoweave Developmental Evaluation Implementation grant from the J.W. McConnell Family Foundation and Social Innovation Generation. The funds will be used for two developmental evaluations: one an external community-based initiative with the Children’s Planning Table, and the second is an internal initiative through the Comprehensive Approach to Poverty Reduction.
Staff and Community Engagement of more than 400 people provided valuable input into the implementation of the Comprehensive Approach.

Groups consulted include:

- Awareness of Low Income Voices (ALIVe)
- Data Networking Group
- Diversity & Inclusion Steering Committee
- Employment & Income Support Community Advisory Committee (EISCA)
- Seniors’ Advisory Committee
- STEP Home Participant Advisory Group (STEP Home PAG)
- STEP Home Direct Support Worker Advisory Committee (Step Home DSWAG)
- Social Planning, Policy & Program Administration Division

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

Social Planning, Policy and Program Administration

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

Or visit us on the web at www.regionofwaterloo.ca/socialservices

and search “poverty”

Alternate formats of this document are available upon request.

DOCS # 1453893
To: Chair Sean Strickland and Members of the Community Services Committee
From: Lynn Randall, Director Social Planning, Policy and Program Administration
Copy to: Douglas Bartholomew-Saunders, Commissioner, Social Services
Subject: Regional Poverty Reduction Steering Committee Recognized for Local Municipal Champions Award, 2013

File No: S16-02

In June 2010, the Ontario Municipal Social Services Association (OMSSA) in celebration of its 60th anniversary created the Local Municipal Champion award to recognize the great work done by municipalities across the province. Teams include partners from community organizations and/or initiatives working together with a CMSM or DSSAB.

The Region of Waterloo’s Regional Poverty Reduction Steering Committee (RPRSC) was submitted and chosen for the Local Municipal Champions award program. The work of the RPRSC was on display at the OMSSA Spring Symposium in Ottawa from June 16-19, 2013.

Many communities across Ontario and Canada are engaged in planning for poverty reduction. Some plans have been driven by the community, others by municipalities in partnership with community. The approach created by the RPRSC is somewhat unique in that the Region of Waterloo is starting at home by focusing on what the corporation can do to effect positive change or make improvements within existing programs in the Region’s direct control.

The RPRSC provided the leadership, direction and input necessary for the development of the Comprehensive Approach. The committee consisted of 12 Regional staff from across the corporation and four community representatives. (See attached membership list)

A couple of unique approaches for which they were recognized include:

- An innovative planning process called a U-process which provides a step by step approach for addressing highly complex social issues such as poverty.
- A comprehensive approach recognizing there are multiple levers to reducing poverty and that many levers fall outside of traditional social services. The Comprehensive Approach works to bring all of the departments to the table to find sensible, innovative and lasting solutions.
• An innovative approach for a government led initiative that is not about developing new programs but rather putting existing programs and services together in new ways to have greater impact. In this regard broad input was sought from staff including a 16 member Building Resilient Communities Working Group (BRCWG) that was struck to provide input into the approach. Staff represented 17 Regional strategic initiatives. The BRCWG discussed how and when plans can complement one another and developed recommendations to inform the RPRSC’s work.

The RPRSC has developed a Comprehensive Approach which will allow the Region to focus on aligning and coordinating its resources across all department and program areas in order to avoid duplication, find efficiencies and maximize its corporate-wide impact on poverty reduction.

For further information please contact Lynn Randall, Director, Social Planning, Policy and Program Administration at 519-883-2190 or lrandall@regionofwaterloo.ca.
### Appendix A:
**Membership of the Regional Poverty Reduction Steering Committee**
*October 2011 to September 2012*

<table>
<thead>
<tr>
<th>Regional Staff</th>
<th>Title/Division/ Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Schuster (Chair)</td>
<td>Commissioner, Social Services</td>
</tr>
<tr>
<td>Lynn Randall (Alternate Chair)</td>
<td>Director, Social Planning, Policy and Program Administration Social Services</td>
</tr>
<tr>
<td>Lucille Bish</td>
<td>Director, Community Services Planning, Housing &amp; Community Services</td>
</tr>
<tr>
<td>Mark Bullock</td>
<td>Inspector, Support Services Waterloo Region Police Services</td>
</tr>
<tr>
<td>Lorie Fioze</td>
<td>Manager, Strategic Planning &amp; Strategic Initiatives Chief Administration Office</td>
</tr>
<tr>
<td>Graeme Fisken</td>
<td>Manager, Employment Services Social Services</td>
</tr>
<tr>
<td>Heather Froome</td>
<td>Administrator, Social Development Programs, Social Planning Social Services</td>
</tr>
<tr>
<td>Cheryl Grove</td>
<td>Social Planning Associate, Social Planning Social Services</td>
</tr>
<tr>
<td>Neil Malcolm</td>
<td>Project Manager, Transportation Planning Planning, Housing &amp; Community Services</td>
</tr>
<tr>
<td>Marie Morrison</td>
<td>Manager, Social Planning Social Services</td>
</tr>
<tr>
<td>Karen Quigley-Hobbs</td>
<td>Director, Infectious Disease, Dental &amp; Sexual Health Public Health</td>
</tr>
<tr>
<td>Christiane Sadeler</td>
<td>Executive Director Waterloo Region Crime Prevention Council</td>
</tr>
<tr>
<td>Deb Schlichter</td>
<td>Director, Housing Planning, Housing &amp; Community Services</td>
</tr>
<tr>
<td>Sharlene Sedgwick-Walsh</td>
<td>Director, Healthy Living, Planning &amp; Promotion Public Health</td>
</tr>
<tr>
<td>Bethany Wagler-Mantle</td>
<td>Social Planning Associate, Social Planning Social Services</td>
</tr>
</tbody>
</table>

**Community Stakeholders**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brice Balmer</td>
<td>Associate Professor Waterloo Lutheran Seminary</td>
</tr>
<tr>
<td>Carol Simpson</td>
<td>Executive Officer Workforce Planning Board of Waterloo Wellington Dufferin</td>
</tr>
<tr>
<td>Linda Terry</td>
<td>Executive Officer Social Planning Council of Cambridge &amp; North Dumfries</td>
</tr>
<tr>
<td>Jan Varner</td>
<td>Chief Executive Officer United Way of Kitchener-Waterloo and Area</td>
</tr>
</tbody>
</table>
To: Chair Sean Strickland and Members of the Community Services Committee

From: Tracy Jasmins, Communications Coordinator and Anthony Piscitelli, Supervisor, Planning & Research

Date: September 10, 2013

Subject: Volunteer Today Campaign

File No.: C06-60

In 2012, the Waterloo Region Crime Prevention Council released the research report “From One System to Another: Crossover Children in Waterloo Region”. Recommendations in the report led to the development of a campaign, Volunteer Today, to encourage adults to volunteer in the lives of children and youth in our community as a way of increasing social capital and engagement. When young people have just one positive adult role model present in their life, it opens the door to opportunity. They are more engaged in school, have better relationships, and are more connected to their community.
The Volunteer Today campaign encourages adults to get involved with children and youth through volunteering with a sports team, arts group, literacy or nutrition program, mentoring program or even as a foster parent. The year-long campaign was launched at the Justice Dinner on May 2nd, 2013.

It will be visible throughout Waterloo Region via TV, radio and newspaper ads, digital billboards, transit shelters, posters and social media. The campaign was made possible with over $260,000 of in-kind local media support for the campaign from Rogers Television, Rogers Radio Group (CHYM-FM, 570 News, KIX-FM), Pattison Outdoor Advertising and the Waterloo Region Record.

The WRCPC has partnered with the Volunteer Action Centre (serving Kitchener, Waterloo and townships) and the United Way Volunteer Centre (serving Cambridge and North Dumfries) who will coordinate the volunteer opportunities and facilitate the matching of the volunteers with children and youth/programs.

A Research & Planning (RAP) Sheet has been developed that examines Volunteering with Children & Youth (http://www.preventingcrime.ca/documents/RapSheet_Volunteer_0713v4.pdf).

Stories about people’s volunteer experiences will also be collected and shared on the campaign website www.volunteertoday.ca where a promotional campaign video featuring real local volunteers is also posted.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 10, 2013

FILE CODE: P24-20

SUBJECT: REQUESTING THE RELEASE OF THE HUMAN DEVELOPMENT AND SEXUAL HEALTH COMPONENT OF THE ONTARIO GRADES 1-8 HEALTH AND PHYSICAL EDUCATION CURRICULUM

RECOMMENDATION:

THAT the Regional Municipality of Waterloo request the Minister of Education implement the Human Development and Sexual Health component of the 2010 Ontario Grades 1-8 Health and Physical Education Curriculum;

AND THAT the Regional Municipality of Waterloo, for information, forward a copy of Report PH-13-034, dated September 10, 2013, to the Premier of Ontario, Minister of Education, Minister of Health and Long-Term Care, local area Members of Provincial Parliament (MPP) and the Ontario Physical and Health Education Association.

SUMMARY:

In 2012, the Board of Health approved the Waterloo Region Sexual Health Youth Strategy (refer to Report PH-12-027, dated June 27, 2012). The Strategy focuses on three key areas: access to programs and services, education, and parents with emphasis on beginning earlier\(^1\), continuing later\(^1\), and technology. Activities in all three focus areas are underway; however, there are some challenges with moving forward on some of the education-related activities (refer to Section 2.0) given the outdated curriculum in schools.

In 2010, the provincial government released the Grade 1-8 Health and Physical Education curriculum. Due to concerns from some groups, the provincial government chose to withdraw the Human Development and Sexual Health component and use the 1998 curriculum in its place until further review and consultation could occur. That 1998 portion of the curriculum has not been updated.

Cancelling the implementation of the Human Development and Sexual Health component (2010) of the curriculum is problematic for educators and students. The 1998 curriculum is dated and does not account for advances in technology and how students obtain and process information. In addition, the 1998 curriculum places greater emphasis on learning facts; whereas, the revised curriculum (2010) empowers children and youth to make better decisions and develop skills that will enable them to make healthier choices. These skills are now essential for students to possess.

Region of Waterloo Public Health and its community partners have an interest in ensuring that children and youth have up-to-date information regarding human development, including sexual health. Support for releasing the revised (2010) curriculum is of special interest to our community.

\(^1\) Currently, the majority of sexual health services are provided in grade nine.
partners, including the local school boards, who are supporting the Board of Health to implement the revised curriculum.

It is recommended that the Board of Health request the Minister of Education implement the Human Development and Sexual Health component of the 2010 Ontario Grades 1-8 Health and Physical Education Curriculum. Doing so will help ensure we, as a community, collectively improve the health and well-being of the youth in Waterloo Region and the province.

REPORT:

1.0 Background

In 2012, the Board of Health approved the Waterloo Region Sexual Health Youth Strategy (refer to Report PH-12-027, dated June 27, 2012). Developed by Region of Waterloo Public Health and several community partners (refer to Attachment 1 for a full list of partners), the strategy outlines a multi-year plan to promote healthy sexuality among youth in Waterloo Region, and to provide strategic direction for youth sexual health education, programs and services for implementation.

The Strategy focuses on three key areas: access to programs and services, education, and parents with emphasis on beginning earlier\(^2\), continuing later\(^1\), and technology. Activities in all three focus areas are underway; however, there are some challenges with moving forward on some of the education-related activities (refer to Section 2.0) given the outdated curriculum in schools.

Education in school settings is important as health and human development education impacts lifelong health by providing students, across all grades and ages, with the knowledge and skills necessary to lead and live a healthy and active lifestyle. In fact, the Ontario Physical Education and Health Education Association refers to the health and physical education curriculum used in schools as “the single largest health promotion intervention in Ontario.”\(^3\) Therefore, Region of Waterloo Public Health and its community partners have an interest in ensuring the curriculum is relevant and developmentally appropriate (meets the learning needs of students at all ages and stages of development). To meet this objective, the Strategy includes activities where the local school boards, Public Health and other community partners work to improve resources and tools for both educators and students. A major challenge, however, is the outdated content of the school curriculum.

2.0 Grade 1-8 Health and Physical Education Curriculum

In 2010, the provincial government released the Grade 1-8 Health and Physical Education curriculum. Due to concerns from some groups, the provincial government chose to withdraw the Human Development and Sexual Health component and use the 1998 curriculum in its place until further review and consultation could occur.

Many of the arguments presented by some of these groups are incorrect; in some instances, they misrepresent the revised curriculum. Refer to Attachment 2 for an overview of the Human Development and Sexual Health topics by grade and refer to Attachment 3 for a “Myths and Facts” overview of the component of the curriculum.

Cancelling the implementation of the Human Development and Sexual Health component (2010)

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\(^2\) Currently, the majority of sexual health services are provided in grade nine.

of the curriculum is problematic for educators and students. In particular:

- The 1998 curriculum currently in use was developed well in advance of most modern information technology. The increased use of mobile phones by youth, in addition to Twitter, Facebook, Google, Pinterest and other media, have dramatically changed how youth communicate and access information. The revised curriculum (2010) places greater emphasis on decision making and skill development which would better enable youth to better process the level and type of information they now have access to.
- Health risks, and the associated risk factors, have changed over this time period as well. The 1998 curriculum places greater emphasis on learning facts; whereas, the revised curriculum (2010) places greater emphasis on empowering children and youth to make better decisions and develop skills that will enable them to make healthier choices.

Most importantly, the 2010 curriculum covers far more than the physical aspects of sexual and reproductive health. It includes topics, and works to build student competencies, in the critical areas of:

- Diversity and respect
- Managing stress
- Mental health and resilience
- Relationships and decision making
- Stereotypes and discrimination

With the removal of the Human Development and Sexual Health component of the curriculum all of the updated (culturally and developmentally appropriate) topics listed above are not formally being covered in the classroom.

3.0 Support for Releasing the Revised Curriculum and Recommendations

Region of Waterloo Public Health and its community partners have an interest in ensuring that children and youth have up-to-date information regarding human development, including sexual health. Support for releasing the revised (2010) curriculum is of special interest to our community partners, including the local school boards, who are formally supporting the Board of Health request to the Minister of Education to implement the revised curriculum (refer to Attachments 4, 5 and 6 for their letters of support). Many other organizations, including the Association for Local Public Health Agencies (alPHa), have made similar requests.

The 2010 curriculum would address the current needs of both educators and students and would ensure the information provided to students meets their current learning needs and is provided at the appropriate stage of development.

Consequently, it is recommended that the Board of Health request the Minister of Education implement the Human Development and Sexual Health component of the 2010 Ontario Grades 1-8 Health and Physical Education Curriculum. Doing so will help ensure we, as a community, collectively improve the health and well-being of the youth in Waterloo Region and the province.

Finally, it is recommended this report be sent to the Premier of Ontario, Minister of Education, Minister of Health and Long-Term Care, local area Members of Provincial Parliament (MPP) and the Ontario Physical and Health Education Association.

ONTARIO PUBLIC HEALTH STANDARDS:

This report relates to Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV) Program Standard Requirement 6:
• The board of health shall collaborate with community partners, including school boards, to create supportive environments to promote healthy sexuality and access to sexual health services.

This report also relates to Foundational Standard Requirement 4:
• The board of health shall tailor public health programs and services to meet local population health needs, including those of priority populations, to the extent possible based on available resources.

CORPORATE STRATEGIC PLAN:

The Sexual Health Youth Strategy relates to Strategic Focus Area 4 – Healthy and Inclusive Communities.

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

Attachment 1 — Sexual Health Youth Strategy Steering Committee Membership
Attachment 2 — Human Development and Sexual Health Component of the Curriculum: Overview of Sexual Health Education by Grade
Attachment 3 — Myths and Facts Overview of the Revised Curriculum
Attachment 4 — Letter of Support from the Waterloo Catholic District School Board
Attachment 5 — Letter of Support from the Waterloo Region District School Board
Attachment 6 — Letter of Support from the AIDS Committee of Cambridge, Kitchener, Waterloo and Area, Developmental Services Resource Centre, Planned Parenthood of Waterloo Region and Sexual Assault Support Centre

PREPARED BY: Chris Harold, Manager, Information and Planning (IDDSH)
Lesley Rintche, Manager, Sexual Health and Harm Reduction

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
Attachment 1
Sexual Health Youth Strategy Steering Committee Membership

- AIDS Committee of Cambridge, Kitchener, Waterloo and Area
- Developmental Services Resource Centre (Waterloo Region)
- Planned Parenthood Waterloo Region
- Reaching Our Outdoor Friends (ROOF)
- Region of Waterloo Public Health
- Sexual Assault Support Centre
- Waterloo Catholic District School Board
- Waterloo Region District School Board
Attachment 2
Human Development and Sexual Health Component of the Curriculum: Overview of Sexual Health Education by Grade

Grade 1
- Body parts
- Senses and functions
- Personal hygiene

Grade 2
- Stages of development
- Oral health

Grade 3
- Healthy relationships
- Physical and emotional development
- Visible, invisible differences, respect

Grade 4
- Puberty – changes; emotional, social impact
- Puberty – personal hygiene and care

Grade 5
- Reproductive system
- Menstruation, spermatogenesis
- Emotional, interpersonal stresses – puberty

Grade 6
- Development of self-concept, understanding of puberty changes, healthy relationships
- Decision making in relationships
- Stereotypes and assumptions – impacts and strategies for responding

Grade 7
- Delaying sexual activity
- Sexually transmitted infections
- Sexually transmitted infection and pregnancy prevention
- Sexual health and decision making
- Relationship changes at puberty

Grade 8
- Decisions about sexual activity; supports
- Gender identity, sexual orientation, self-concept
- Decision making, contraception
- Relationships and intimacy
# Attachment 3

**Myths and Facts Overview of the Revised Curriculum**
 *
 *(as presented by the Ontario Physical Health and Education Association)*

<table>
<thead>
<tr>
<th>Myth The revised curriculum does not...</th>
<th>Fact The revised curriculum does...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teach sex in grade 1</td>
<td>Teach students in grade 1 to identify body parts (including genitalia), learn about the five senses and their functions, as well as addresses proper hygienic procedures for protecting their own health and preventing disease transmission</td>
</tr>
<tr>
<td>Teach gender fluidity in grade 3</td>
<td>Teach students in grade 3 about respect and visible and invisible differences (including gender identity and sexual orientation among nine other <em>non-mandatory</em> examples of potential invisible differences) and how these differences make each person unique</td>
</tr>
<tr>
<td>Focus on gender identity, homophobia, and personal satisfaction in grade 6</td>
<td>Teach students in grade 6 how to identify factors that affect the development of a person’s self-concept (including cultural and gender identity among ten other <em>non-mandatory</em> examples of potential factors), refer to puberty changes and healthy relationships (including decision making), and addresses stereotypes and assumptions (including impacts and strategies for responding)</td>
</tr>
<tr>
<td>Teach students safe ways to perform oral and anal sex in grades 7</td>
<td>Teach students in grade 7 about reasons for delaying sexual activity (including <em>non-mandatory</em> information for teachers about types of intercourse including vaginal and anal intercourse and oral-genital contact among other examples of sexual activity), sexually transmitted infections, pregnancy prevention, sexual health and decision making and relationships</td>
</tr>
</tbody>
</table>

August 27, 2013

Dear Members of the Waterloo Region Board of Health:

Over the past two years our organizations have been working with Region of Waterloo Public Health to develop and implement a sexual health youth strategy for Waterloo Region. Endorsed by the Board of Health in June 2012, it outlines a multi-year plan to promote healthy sexuality among youth in Waterloo Region, and to provide strategic direction for youth sexual health education, programs and services for implementation. The strategy included feedback (through surveys and focus groups) from over 1,500 youth.

The strategy focuses on three key areas: access, parents and education. Education is of particular importance as health and physical education impacts lifelong health by providing students with the knowledge and skills necessary to live and promote a healthy active lifestyle.

In 2010, the Ministry of Education Ontario cancelled its intended implementation of the Health & Physical Education (H&PE) Curriculum for Grades 1-8. This poses challenges as the existing curriculum is dated (1998), and there is evidence to suggest a more comprehensive approach to improving education related to health and well-being is required. The new curriculum would address these challenges by:

- Bringing schools and communities together in support of a common goal (healthy active children and youth) and address social, physical, emotional, cultural and developmental aspects of learning
- Enabling public health, sport and recreation, parents and others to get involved and make connections within their community to impact student health and learning
- Addressing many contemporary health topics, including healthy eating, sexual health, bullying, mental health and others, in an integrated and holistic way

The WCDSB supports the introduction and implementation of the H&PE curriculum as it accords with our Faith-based mandate and approach to Family Life education. Human sexuality and healthy choices are a fundamental part of our learning programme and afford significant opportunities to place the learning identified in the curriculum within the broader context of the Catholic worldview. The Family Life Programme: “Fully Alive” provides these avenues and therefore we can endorse the introduction and implementation of the provincial curriculum.

The Association of Public Health Agencies (APHA) stated, “Further delay of the new curriculum represents lost opportunities for children and youth to develop the life skills they need to navigate the pressures they experience in their daily lives.” We could not agree more.

On September 10, 2013, the Board of Health will receive a report about the release of the 2016 curriculum. Our respective organizations strongly encourage the Board consider and endorse the recommendations and specifically request the Minister of Education immediately release the new curriculum assuming the curriculum remains consistent with the Family Life and Religious Education Program of a Catholic school board.

We are excited about the opportunities the updated curriculum and local sexual health youth strategy present. Further, we look forward to working with the Board of Health through Region of Waterloo Public Health as we collectively work to improve the health and well-being of the youth in Waterloo Region.

Sincerely,

Larry Clifford, Director of Education

35 Weber Street West • P.O. Box 91116 • Kitchener Ontario Canada • N2G 4G2
Telephone: 519.578.3660
Attachment 5
Letter of Support from the Waterloo Region District School Board

August 20, 2013

Dear Members of the Waterloo Region Board of Health

Over the past two years, our organizations have been working with Region of Waterloo Public Health to develop and implement a Sexual Health Youth Strategy for Waterloo Region. Endorsed by the Board of Health in June 2012, it outlines a multi-year plan to promote healthy sexuality among youth in Waterloo Region and to provide strategic direction for youth sexual health education, programs and services for implementation. The strategy included feedback (through surveys and focus groups) from over 1,500 youth.

The strategy focuses on three key areas: access, parents and education. Education is of particular importance as health and physical education impacts lifelong health by providing students with the knowledge and skills necessary to live and promote a healthy active lifestyle.

In 2010, the Ministry of Education Ontario cancelled its intended implementation of the Health & Physical Education (H&PE) Curriculum for Grades 1-8. This poses challenges as the existing curriculum is dated (1998) and there is evidence to suggest a more comprehensive approach to improving education related to health and well-being is required. The new curriculum would address these challenges by:

- Bringing schools and communities together in support of a common goal (healthy active children and youth) and to address social, physical, emotional, cultural and developmental aspects of learning
- Enabling public health, sport and recreation, parents and others to get involved and make connections within their community to impact student health and learning
- Addressing many contemporary health topics, including healthy eating, sexual health, bullying, mental health and others, in an integrated and holistic way

The Association of Public Health Agencies (aPHa) stated, “Further delay of the new curriculum represents lost opportunities for children and youth to develop the life skills they need to navigate the pressures they experience in their daily lives.” We could not agree more.

On September 10, 2013, the Board of Health will receive a report about the release of the 2010 curriculum. Our respective organizations strongly encourage the Board to consider and endorse the recommendations and specifically request the Minister of Education to immediately release the new curriculum.
We are excited about the opportunities the updated curriculum and local Sexual Health Youth Strategy present. Further, we look forward to working with the Board of Health through Region of Waterloo Public Health as we collectively work to improve the health and well-being of the youth in Waterloo Region.

Sincerely,

Linda Fabi
Director of Education
Waterloo Region District School Board
Attachment 6
Letter of Support from the AIDS Committee of Cambridge, Kitchener, Waterloo and Area, Developmental Services Resource Centre, Planned Parenthood of Waterloo Region and Sexual Assault Support Centre

August 20, 2013

Dear Members of the Waterloo Region Board of Health:

Over the past two years our organizations have been working with Region of Waterloo Public Health to develop and implement a sexual health youth strategy for Waterloo Region. Endorsed by the Board of Health in June 2012, it outlines a multi-year plan to promote healthy sexuality among youth in Waterloo Region, and to provide strategic direction for youth sexual health education, programs and services for implementation. The strategy included feedback (through surveys and focus groups) from over 1,500 youth.

The strategy focuses on three key areas: access, parents and education. Education is of particular importance as health and physical education impacts lifelong health by providing students with the knowledge and skills necessary to live and promote a healthy active lifestyle.

In 2010, the Ministry of Education Ontario cancelled its intended implementation of the Health & Physical Education (H&PE) Curriculum for Grades 1-8. This poses challenges as the existing curriculum is dated (1998), and there is evidence to suggest a more comprehensive approach to improving education related to health and well being is required. The new curriculum would address these challenges by:

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On September 10, 2013, the Board of Health will receive a report about the release of the 2010 curriculum. Our respective organizations strongly encourage the Board to consider and endorse the recommendations and specifically request the Minister of Education to immediately release the new curriculum.

We are excited about the opportunities the updated curriculum and local sexual health youth strategy present. Further, we look forward to working with the Board of Health through Region of Waterloo Public Health as we collectively work to improve the health and well-being of the youth in Waterloo Region.
Sincerely,

Ruth Cameron  
Executive Director, AIDS Committee of Cambridge, Kitchener, Waterloo and Area

Angie Murie  
Executive Director, Planned Parenthood Waterloo Region

Laura Thies  
Director, Developmental Services Resource Centre

Joan Tuchlinsky  
Public Education Manager, Sexual Assault Support Centre of Waterloo Region
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 10, 2013

FILE CODE: P05-80

SUBJECT: EXCELLENCE IN PATIENT CARE: IMPROVEMENTS TO EMS SERVICE DELIVERY UPDATE

RECOMMENDATION:

For information

SUMMARY:

On April 9, 2013 the Regional Municipality of Waterloo approved the initiative “Excellence in Patient Care”, to improve the consistency of EMS Service Delivery in report PH-13-016. These improvements were undertaken in response to findings from an internal investigation and an external Ministry of Health investigation. Region of Waterloo has made significant improvements in the consistent provision of EMS service since that time. A progress update has been provided to the Ministry of Health and Long Term Care, which is outlined in this report. The Ministry has responded by recognizing the accomplishments of the Service since March (see appendix A).

Based on the Ambulance Service Review conducted on July 23/24, 2013 by the Ministry of Health and Long Term Care, Region of Waterloo EMS has successfully met the certification criteria and the legislated requirements, subject to responding in writing within 30 days to the findings. Region of Waterloo is in the process of responding in writing, and anticipates receiving a new certificate to operate prior to September 24, 2013. This has been a key accomplishment in demonstrating that the Ministry concerns have been addressed satisfactorily to date.

In responding to the particular items of concern raised by the Ministry, Region of Waterloo EMS has demonstrated improvements in documentation of patient care, in its quality assurance program, and in the use of warning systems when responding to code 4 calls. There continues to be no evidence of patient harm.

Since January 2013, monthly audits have revealed only one instance of warning system activation use as unsatisfactory, which occurred in March. This instance resulted in discipline. There have been no infractions in the second quarter.

REPORT:

This report provides an update on the accomplishments of Region of Waterloo EMS since March. This update was recently provided to the Ministry of Health and Long Term Care, Emergency Health Services Branch Investigation Services. The Ministry has responded by recognizing the accomplishments of the Service since March (see appendix A).
Accomplishments:

- Region of Waterloo continues to make significant progress, and has kept the Ministry informed of its progress over the last 5 months.

- Region of Waterloo EMS was informed on August 15, 2013 that as a result of the Ambulance Service Review conducted on July 23/24, it meets the certification criteria and the legislated requirements, subject to responding in writing within 30 days to the findings. Region of Waterloo EMS is preparing our response specifically addressing the areas of improvement that were noted by the Review Team.

- In particular, Region of Waterloo EMS has demonstrated improvements in documentation of patient care, in its quality assurance program, and in the use of warning systems when responding to code 4 calls. Based on follow up of individual ambulance call reports and complaints, there continues to be no evidence of patient harm. Inappropriate documentation of patient care in Ambulance Call Reports (ACRs) improved from 59% to 11% in the sample of ACRs reviewed, and further improvements are anticipated. Management practices were changed to focus on stronger quality assurance practices and supervision, and improved engagement with front line staff.

- A periodic third party audit of ambulance call reports (ACRs) has been initiated on a contract basis. Three hundred ACRs have been audited on two separate occasions and feedback has been summarized and communicated to the benefit of all staff and coaching has been provided to individual paramedics for improved performance. This process will continue into the future to ensure documentation improvements continue and are sustained.

- Region of Waterloo EMS continues to monitor the use of warning systems on code 4 calls. Since January 2013, monthly audits have revealed only one instance of warning system activation use as unsatisfactory, which occurred in March. This instance resulted in discipline. There have been no infractions in the second quarter.

- The action plan “Excellence in Patient Care” was presented to Regional Council on April 9, 2013 as a response to the Ministry Investigation findings. The action plan was approved by Council. This plan provides the framework for the implementation of all of the changes in EMS. The elements of this plan include:
  - Delivering quality patient care every time
  - Accurate and complete documentation
  - Providing paramedics with the resources they need (equipment and vehicles ready every time)

- The consulting firm Pomax was contracted to conduct an in-depth assessment of the management structure, roles, and quality assurance processes. They have been providing ongoing advice to inform changes that have already been put in place. They will be making further recommendations for a renewed approach to EMS management, quality assurance, resource optimization and culture change. This will build on changes already underway and will support sustainability of the organizational change over the long term. Pomax has completed its information gathering and their recommendations are expected in the next few weeks.
• Arthur Graham and Sheryl Jackson have been on secondment from Toronto EMS since March 4. Mr Graham’s responsibilities have included acting as Interim Director for EMS, directing operational planning and implementation of EMS programs, ensuring effective and efficient use of resources, working with myself to lead organizational change as a member of the Executive Oversight Committee for EMS, and preparing EMS for the successful completion of its certification review. Sheryl Jackson has been responsible for developing and implementing new quality assurance systems and processes to ensure compliance with all legislation, regulations and policy, and preparing EMS for the successful completion of its certification review. Arthur Graham’s secondment will end on October 4 and Sheryl Jackson’s secondment will end on November 1. This provides sufficient time for smooth knowledge transfer and transition of responsibility to the new Director/Chief of EMS.

• The EMS Executive Oversight Committee has met every two weeks since March with the Commissioner of Public Health as Chair. Membership includes Penny Smiley, Commissioner of Human Resources, Arthur Graham, Sheryl Jackson, and other members of EMS Management (Roger Mayo and Kevin Petendra) and Human Resources. This group has provided oversight for follow through on the action plan “Excellence in Patient Care”, as well as reorientation of management activities.

• Director/Chief of EMS, Stephen Van Valkenburg, started work on Monday August 26, 2013. Chief Van Valkenburg brings senior leadership experience in EMS including Deputy Chief experience from both Niagara and Middlesex- London EMS services.

• To support the implementation of the organizational change plan “Excellence in Patient Care”, job descriptions and recruitment processes have been revised.

• There has been enhanced dialogue and collaboration between EMS management and key stakeholders including CACC, Base Hospital, local hospital Emergency rooms, and the Ministry of Health and Long Term Care. This will ensure ongoing improvements in service provision and quality assurance initiatives.

• The first quarterly EMS Performance Measurement report has been developed (for the period April-June 2013, produced on August 29), for Council approval and public information.

Mid Term (the next 3-6 months):

• Engage with Chief Van Valkenburg and review the Pomax recommendations to develop further actions to optimize resource utilization and support culture change over the long term.

• Engage other 3rd parties (including the Ministry) as necessary to support and monitor the culture change. Continue to have third party oversight for ACR audits

• Continue to optimize quality assurance practices in partnership with Base Hospital

• Support management team skill development and business process redesign through focused performance development plans
Long Term (over the next 12 months):

- Institute comprehensive development plans to support opportunities for development for all staff and management positions.
- Plan for mock certification review exercise using external reviewers, to occur in the subsequent 12 months
- Continue to monitor and report on progress to the Ministry, Council and the public

CORPORATE STRATEGIC PLAN:

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

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

ATTACHMENTS

Appendix A: Ministry Response to Region of Waterloo progress update, Ministry of Health and Long Term Care, Emergency Health Services Branch Investigation Services, August 28, 2013

PREPARED BY: Arthur Graham, Interim Director EMS
Dr Liana Nolan, Commissioner and Medical Officer of Health

APPROVED BY: Dr. Liana Nolan, Commissioner and Medical Officer of Health
Appendix A: Ministry Response to Region of Waterloo progress update, Ministry of Health and Long Term Care, Emergency Health Services Branch Investigation Services, August 28, 2013

Dr. Liana Nolan
Commissioner / Medical Officer of Health
Region of Waterloo
Public Health
P.O. Box 1633
99 Regina Street
Waterloo ON N2J 4V3

RE: Region of Waterloo EMS Action Plan “Excellence in Patient Care”

Dear Dr. Nolan,

I am writing in response to your letter of August 26, 2013 which outlined the progress that has been made since our investigation report 12IS-02-184 was issued in March 2013.

You and your management team at the Region of Waterloo EMS have been working very diligently over these past few months to accomplish a great deal. Your strong leadership, with the assistance of Arthur Graham, Sheryl Jackson and the Deputy Chiefs, has been effective in ensuring the front line staff are engaged and are participating in the changes to the service. The Region of Waterloo EMS’s determination in moving forward with improvements in the delivery of vital pre-hospital emergency care is obvious given the items outlined within your letter.

We will continue to monitor the continued progress in the implementation of the Excellence in Patient Care action plan and will provide any assistance you may require.

I look forward to your next report.

Yours truly,

Rick Brady
Manager – Investigation Services

Cc:  R. Jackson, Director EHS Branch
     M. Hull, A/ Sr. Manager Operations, EHS Branch
     M. Vahaviolos, Sr. Field Manager Southwest EHS Branch
     M. Murray, CAO Region of Waterloo
     S. Van Valkenburg, Director Chief Region of Waterloo EMS
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 10, 2013

FILE CODE: P05-80

SUBJECT: EMERGENCY MEDICAL SERVICES (EMS) PERFORMANCE MEASUREMENT QUARTERLY REPORT

RECOMMENDATION:

THAT the Regional Municipality of Waterloo endorse the EMS Performance Measurement Quarterly Report framework as described in PH-13-036.

SUMMARY:

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

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

Volume and Service Level

- Call volumes continue to increase generally year over year, as projected in the EMS Master Plan. However, based on year to date numbers, call volumes for 2013 are projected to be similar to 2012 values.

Compliance and Quality Assurance

- EMS Response Time to emergency calls (Code 4) remains above the historical benchmark of 10:30 for the 90th percentile. However, EMS Response Time improved over the course of 2012 and continues to trend in the right direction, likely due to improvements in offload delay, resource additions in 2012, as well as a limited growth in call volume over the first two quarters of 2013. Note that resource additions in 2013 did not occur until July, and the subsequent impact will not be reflected in this report.
- No warning system infractions were identified through internal reviews in the last 3 months. In the first quarter there was one episode of non compliance that resulted in discipline.

Efficiency and Cost

- Over the course of the last 3 months, offload delay losses have been trending in the right direction due to significant collaboration between EMS and local hospitals.

Service and Quality Impact

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

Report Production:
In follow up to report PH-13-016, *Improvements to EMS Service Delivery*, dated April 9, 2013, this EMS Performance Measurement Quarterly Report provides the first quarterly performance update measuring and monitoring a range of EMS service outcomes. It is intended as a companion report to PH-13-035, *Progress Report on Improvements to EMS Service Delivery*, which more specifically details progress on the action plan related to “Excellence in Patient Care”.

The proposed EMS Performance Measurement Quarterly Report aims to provide Regional Council with an update on key EMS indicators and service outcomes for the previous three months timeframe, as well as trending on indicators over time. All future reports will be made publicly available with updated information on a quarterly basis by posting on the Public Health internet site. The EMS Performance Measurement Quarterly Report will continue to be presented to Regional Council through the Community Services Committee on a quarterly basis for the at least next three quarters, after which time a comprehensive performance report will be brought forward on an annual basis.

The report contains four indicator categories:
1. Volume and Service Level (*How much did we do?*)
2. Compliance and Quality Assurance (*How well did we do it?*)
3. Efficiency and Cost (*How efficiently did we do it?*)
4. Service and Quality Impact (*How well is the service being performed?*)

To ensure that a best-practice approach in developing the draft quarterly report and key indicators was carried out, multiple methods were used to gather information:

- An environmental scan was conducted with other EMS units to understand what they currently have in place to monitor their operations. Information was received in multiple formats (e-mail, phone and face to face) and to varying degrees of detail.
- A literature review was conducted to understand EMS indicators from an academic and potential best practice standpoint.

To produce this report and the indicators included in it, a number of data sources were utilized. Due to the nature of EMS, the Region of Waterloo relies on a joint effort with external parties to access accurate and reliable data in as timely a fashion as possible. The Ambulance Dispatch Reporting System (ADRS), Central Ambulance Communications Centre (CACC) and St. Mary’s Hospital are data sources for a number of indicators. For the remaining indicators, data values have been pulled from the EMS TabletPCR (an internal tool used to track information and data relevant to calls and patient care reporting).

The proposed EMS Performance Measurement Quarterly Report was reviewed by the EMS Response Time Working Group on August 27, 2013. The EMS Performance Measurement Quarterly Report will undergo additional development in the future. Additional indicators currently not included in the draft report have been identified for future inclusion, for example additional compliance and efficiency indicators. An updated reporting framework will be presented in 2014 for Regional Council’s review once further development is complete. The EMS Response Time Working Group will be provided with drafts for their review and feedback as part of the development process.
Summary of Results:

Volume and Service Level
- Region of Waterloo EMS transported patients approximately 80% of the time in comparison to total dispatched calls over the past three months. The remaining percentage (approximately 20%) is due to situations such as patient refusal, or other ambulance transport.
- Call volumes continue to increase generally year over year, as projected in the EMS Master Plan. However, based on year to date numbers, call volumes for 2013 are projected to be similar to 2012 values.
- Unit Hour Utilization, (a measure of the number of transports in comparison to the number of unit hours available), demonstrates that EMS resources tend to be more highly deployed during the hours of 8 am to 11 am and 8 pm to 11 pm; however the rate varies by month. Staffing is based on patterns and predictions seen in Unit Hour Utilization. Monitoring of Unit Hour Utilization allows for proactive planning to alter deployment of staff.

Compliance and Quality Assurance
- EMS response times to emergency calls (Code 4) remains above the historical benchmark of 10 MIN 30 SEC for the 90th percentile. However, EMS Response Time improved over the course of 2012 and continues to trend in the right direction, likely due to improvements in offload delay, resource additions in 2012, as well as a limited growth in call volume over the first two quarters of 2013. Note that resource additions in 2013 did not occur until July and the impact will not be reflected in this report.
- No warning system infractions were identified through internal reviews in April 2013 to June 2013. In the first quarter (January 2013 to March 2013) there was one episode of non compliance that resulted in discipline.
- Chute time adherence (time from crew notification to when they are en route) continues to stay fairly steady around 94%.

Efficiency and Cost
- Over the course of April 2013 to June 2013, offload delay losses have been trending in the right direction due to significant collaboration between EMS and local hospitals. Time spent in Code Yellow and Code Red has stayed below the year to date rolling averages.

Service and Quality Impact
- Service indicators tend to fluctuate around the average over time. Based on a 6 month rolling average, stroke patients are transported to a stroke hospital 85% of the time. The percentage of cardiac arrest patients with a return of a pulse is 17%, based on a 6 month rolling average. The percentage of heart attack patients eligible for STEMI intervention, where care was provided in less than the target of 90 minutes, was 75% based on a 12 month rolling average.

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

FINANCIAL IMPLICATIONS:
NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
Strategic and Quality Initiatives staff in Public Health and Information Technology staff in Corporate Resources collaborated on the production of this report.
ATTACHMENTS

Appendix A: EMS Performance Measurement, Quarterly Performance Report, for the period of April - June 2013, produced August 29, 2013, Summary. (Distributed Separately)

The detailed report is available online at the following link:

PREPARED BY: Arthur Graham, Interim Director EMS
Dr Liana Nolan, Commissioner and Medical Officer of Health
Jordan Steffler, Strategic & Quality Improvement Specialist

APPROVED BY: Dr. Liana Nolan, Commissioner and Medical Officer of Health
Appendix A
EMS Performance Measurement Quarterly Report, for the period of April - June 2013, summary.

A. VOLUME AND SERVICE LEVEL INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>APRIL 2013</th>
<th>MAY 2013</th>
<th>JUNE 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Calls</td>
<td>2,737</td>
<td>2,902</td>
<td>2,809</td>
</tr>
<tr>
<td>Total Number of Patient Transports</td>
<td>2,250</td>
<td>2,357</td>
<td>2,332</td>
</tr>
</tbody>
</table>

B. COMPLIANCE AND QUALITY ASSURANCE INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>APRIL 2013</th>
<th>MAY 2013</th>
<th>JUNE 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS Service Response Time to Emergency calls</td>
<td>11 MIN 59 SEC</td>
<td>11 MIN 10 SEC</td>
<td>11 MIN 20 SEC</td>
</tr>
<tr>
<td>EMS Service Warning System Use</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Chute Time Adherence</td>
<td>94%</td>
<td>95%</td>
<td>94%</td>
</tr>
</tbody>
</table>

SUMMARY BY MUNICIPALITY

<table>
<thead>
<tr>
<th>MUNICIPALITY</th>
<th>RESPONSE TIME 4</th>
<th>TOTAL CALL VOLUME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>APRIL 2013</td>
<td>MAY 2013</td>
</tr>
<tr>
<td>Cambridge</td>
<td>11 MIN 10 SEC</td>
<td>704</td>
</tr>
<tr>
<td>Kitchener</td>
<td>10 MIN 19 SEC</td>
<td>1,303</td>
</tr>
<tr>
<td>Waterloo</td>
<td>10 MIN 24 SEC</td>
<td>510</td>
</tr>
<tr>
<td>North Dumfries</td>
<td>16 MIN 29 SEC</td>
<td>40</td>
</tr>
<tr>
<td>Wellesley</td>
<td>20 MIN 53 SEC</td>
<td>95</td>
</tr>
<tr>
<td>Wilmot</td>
<td>17 MIN 50 SEC</td>
<td>59</td>
</tr>
<tr>
<td>Woolwich</td>
<td>15 MIN 52 SEC</td>
<td>21</td>
</tr>
<tr>
<td>Outside Region</td>
<td>-</td>
<td>5</td>
</tr>
</tbody>
</table>

C. EFFICIENCY AND COST INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>APRIL 2013</th>
<th>MAY 2013</th>
<th>JUNE 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offload Delay Measurement (# of 24 hour ambulance days)</td>
<td>12.26</td>
<td>9.71</td>
<td>9.53</td>
</tr>
<tr>
<td>Code Yellow Status (% of total time)</td>
<td>5.46%</td>
<td>4.64%</td>
<td>6.23%</td>
</tr>
<tr>
<td>Code Red Status (% of total time)</td>
<td>0.09%</td>
<td>0.24%</td>
<td>0.41%</td>
</tr>
</tbody>
</table>

D. SERVICE AND QUALITY IMPACT INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>APRIL 2013</th>
<th>MAY 2013</th>
<th>JUNE 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Patients to Stroke Facilities</td>
<td>97%</td>
<td>90%</td>
<td>88%</td>
</tr>
<tr>
<td>Return of Spontaneous Circulation</td>
<td>20%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Heart attack (STEMI) protocol</td>
<td>38%</td>
<td>67%</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

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


4 Year-to-Date Summary based on data as of August 27th, 2013. Code 4 (Emergency Calls) Response Times measured against the historical benchmark target time of 10 MIN 30 SEC, in the 90th Percentile.

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

6 Service and Quality Impact indicators tend to fluctuate around averages, due to the shared nature of responsibility among multiple parties. They are monitored over time for trending to understand possible patterns and improvement opportunities.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 10, 2013

FILE CODE: P05-80

SUBJECT: EMERGENCY MEDICAL SERVICES (EMS) RESPONSE TIMES PERFORMANCE

RECOMMENDATION:

THAT the Regional Municipality of Waterloo receive the EMS Response Time Performance report for the first two quarters of 2013 (as outlined in PH-13-037) on compliance to the Response Time Performance Plans established by Regional Council at their meeting of September 25, 2012 in accordance with Ambulance Act, O. Reg. 267/08, amending O. Reg. 257/00, under Part VII, Response Time Performance Plans, Sections 22-24;

AND THAT the Regional Municipality of Waterloo continue to monitor EMS Response Times against the standards established by Regional Council on September 25, 2012 and report quarterly to the Response Times Working Group;

AND THAT the Regional Municipality of Waterloo adopt a recommendation from the Response Time Working Group that the Response Time Performance Plans for 2014 remain the same as the plan that was adopted on September 25, 2012, in order to allow for the analysis of a full year’s worth of data before consideration be given to any modifications;

AND FURTHER THAT the Regional Municipality of Waterloo endorse that measurement of EMS compliance to Response Time Performance Plans for sudden cardiac arrest be based solely on EMS defibrillator response to such events, as an interim measure, since the Region of Waterloo EMS does not have universal access to community defibrillator response time.

SUMMARY:

This report was reviewed by the EMS Response Times Working Group at their meeting on August 27, 2013.

In the first two quarters, the response time target for Sudden Cardiac Arrest was not met based on the data reported (6:44 50% of the time versus 6:00), however it is anticipated that the true summary response time is better than reported. A defibrillator response to sudden cardiac arrest can also be provided by Emergency Fire personnel on scene before EMS arrival or by a member of the public using a publicly accessible defibrillator in response to such events. EMS does not have routine access at this time to these statistics and so they cannot be counted in the total at this time. EMS will continue to work towards acquiring this additional data.

In the first two quarters, the response time targets for CTAS 1 and 2 (the more serious and urgent calls) were both met. For CTAS 1 the actual response time was 7:34, 70% of the time, versus the target of 8 minutes. For CTAS 2 the actual response time was 9:50, 80% of the time, versus the target of 10:30.

For the CTAS levels 3, 4, and 5 which are less urgent calls, the target was not met. For CTAS 3 the
actual response time was 10:45. For CTAS 4 the actual response time was 11:12. And for CTAS 5 the actual response time was 11:23. In all cases the target is 10:30, 80% of the time.

EMS resources are appropriately being directed more quickly to more urgent calls. The inability to meet the summary target for CTAS 3, 4 and 5 is due in large part to slower response times in the rural area. One of the items under consideration by the Response Times Working Group for future consideration is whether or not to adopt different urban and rural response time performance standards.

REPORT:

Across Ontario, EMS Services are monitoring their performance against their individually established Response Time Performance Plans during their first year of implementation. Each municipality in the Province was required to establish Response Time Performance Plans for 2013 for their community, and report their targets to the Ministry by October 31, 2012. A link to the Ministry’s website is provided for background information.


On September 25, 2012, Regional Council established challenging but achievable targets for Region of Waterloo EMS (PH-12-039). EMS has established a monitoring process to review compliance to the established standards on a monthly basis and will be reporting quarterly to ensure that Council is routinely aware of our Response Times in relation to the established standard.

The availability of ambulances to respond when an emergency call is received remains an integral and primary factor in determining success in achieving the compliance to the standards. Call volumes, the number of ambulances on duty and hospital off-load delay remain as contributing factors impacting on the availability of resources.

During the first two quarters of 2013 EMS has experienced limited growth in the emergency call volume. Furthermore, statistics reveal that while call volumes change hour by hour, call volume patterns are consistent each day of the week with very little fluctuation day-to-day. As a result EMS continues to utilize a deployment model that bases staffing on the hour of the day to mirror predicted call volumes, with the same number of resources in a given day tailored to the hour of the day, 7-days a week.

The addition of the Council approved 12-hour ambulance in July 2013 has improved our ability to provide timely service, but the impact of additional resources will not yet be reflected in these first 6 months of data. An additional 12-hour ambulance was added in July of 2012. There has been a general improvement in response times across the Region since July 2102 as described in a separate report (see EMS Performance Measurement Quarterly Report, PH-13-36).
Hospital Off-Load Delays have declined throughout the first two quarters of 2013. Reduced Off-Load Delay directly influences the number of available resources to respond to emergency calls in the community. Working in collaboration with our Hospital partners has had a positive influence in reducing Off-Load Delay and improving our ability to provide emergency response in the community.

The information in the table below lists the EMS Response Time Performance for the first 2 quarters of 2013 as measured in comparison to the standards established by Council in September 2012.
In the first two quarters, the response time target for Sudden Cardiac Arrest was not met based on the data reported (6:44 50% of the time versus 6:00), however it is anticipated that the true summary response time is better than reported. A defibrillator response to sudden cardiac arrest can also be provided by Emergency Fire personnel on scene before EMS arrival or by a member of the public using a publicly accessible defibrillator in response to such events. EMS does not have routine access to these statistics and so they cannot be counted in the total at this time. EMS will continue to work towards acquiring this additional data.

In the first two quarters, the response time targets for CTAS 1 and 2 (the more serious and urgent calls) were both met. For CTAS 1 the actual response time was 7:34, 70% of the time, versus the target of 8 minutes. For CTAS 2 the actual response time was 9:50, 80% of the time, versus the target of 10:30.

For the CTAS levels 3, 4, and 5 which are less urgent calls, the target was not met. For CTAS 3 the actual response time was 10:45. For CTAS 4 the actual response time was 11:12. And for CTAS 5 the actual response time was 11:23. In all cases the target is 10:30, 80% of the time.

EMS resources are appropriately being directed more quickly to more urgent calls. The inability to meet the summary target for CTAS 3, 4 and 5 is due to slower response times in the rural area. One of the items under consideration by the Response Times Working Group for future consideration is whether or not to adopt different urban and rural response time performance standards.

**CORPORATE STRATEGIC PLAN:**

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

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS
Nil

PREPARED BY:  Arthur Graham, Interim Director EMS

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

DATE: September 10, 2013

FILE CODE: S04-20

SUBJECT: CHILDREN’S SERVICES DIVISION UTILIZATION OF UNCONDITIONAL GRANT

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the allocation of the 100% Provincial Best Start Unconditional grant funding to support the start up costs of two new non-profit child care centres being built in 2013 as follows:

$205,500 to Bright Starts Cooperative Early Learning Centre Inc. for start up costs (including furnishings, equipment and play materials) at the new child care centre to be located at the University of Waterloo, Seagram Drive, Waterloo, and

$44,500 to the Young Women’s Christian Association of Kitchener Waterlooc for start up costs (including furnishings, equipment and play materials) at the new child care centre, located at Jean Steckle Elementary School, Kitchener.

AND THAT the Regional Municipality of Waterloo approve in principle the allocation of $250,000 at the discretion of the Commissioner of Social Services as follows:

Up to $150,000 to support the development and start up costs of an Aboriginal Child and Family Resource Centre to be located in Waterloo Region; and

Allocation of the remaining balance of $100,000 to offset pressures in the fee subsidy budget on a one time basis, as outlined in report SS-13-031, dated September 10, 2013.

SUMMARY:
NIL

REPORT:

1.0 Background

The Best Start Unconditional Grant which was provided by the Province in 2005 was intended to support expansion and development of the child care system. Funds have primarily been used to support requests for start up funding for new non profit child care centres since 2005. The use of this funding has enabled a number of new child care programs to open and increase the availability of spaces in Waterloo Region. With the implementation of full day kindergarten and before and after school care provided directly in schools the focus over the past three years has been on stabilizing the existing system, rather than supporting significant new growth. The plan outlined in this report describes a plan of action for utilization of the remaining balance of the grant.
The programs identified below for funding have been committed projects for several years and are currently coming to fruition. These projects were selected to fit with community needs and service gaps identified in the annual Children’s Services Service Plan since 2009. Given the length of time to complete some of the projects timelines have been established that will allow for reallocation of the funding should the project not proceed. All funds provided are reconciled against actual expenditures to ensure integrity in the use of the funds.

2.0 Child Care Centre Start Up

Bright Starts Cooperative Early Learning Centre Inc. is a new centre being constructed on the University of Waterloo campus and represents the merger of three existing centres on the campus into one building. The newly formed non profit corporation will be responsible for operational oversight of the new facility. The new centre is scheduled to open early in 2014. The one time start up funding grant of $205,500 will provide funds for the organization to purchase furnishings, equipment and play based materials for operation of the centre. The new centre will provide care for 20 infants, 60 toddlers, 80 preschool children and 24 JK/SK children for a total licensed capacity of 184 children.

The YWCA, Kitchener Waterloo recently opened a new centre at the Jean Steckle Public School, located at 130 Woodbine Avenue, Kitchener. This centre provides new child care spaces for 10 infants, 15 toddlers, and 32 preschool aged children. This one time start up grant will be used by the operator to offset costs related to purchasing furnishings, equipment and play base materials for the new facility.

3.0 Aboriginal Child & Family Resource Centre

The Aboriginal community has limited availability of services and resource supports for young families residing in Waterloo Region. Staff continues to work with the Aboriginal organizations to support planning for the Aboriginal community. The one time funding allocation grant would be held in reserve to support the planning and start up costs associated with opening an Aboriginal child and family resource centre. Use of the grant will be contingent on the organizations securing operating funding and physical space through other funding sources before the end of 2015. Should funding not be required at that time, staff will bring a report back for Committee’s consideration recommending a plan to reallocate the funding to other early learning and child care pressures.

4.0 Child Care Fee Subsidy Funding Pressures

The Child Care Fee Subsidy program is currently experiencing pressures due to increased demand for fee subsidy. A waiting list has been in place since June, 2013 and expenditures are coming into line with budget levels. Though monthly expenditures are closely monitored staff are recommending holding up to $100,000 as a precaution to offset any over expenditures in this budget line at year end on a one time basis, should the full amount not be required to address fee subsidy pressures in 2013 it will be redirected to the minor capital allocation previously committed from the unconditional grant.

CORPORATE STRATEGIC PLAN:

This initiative aligns with the 2011-2014 Regional Corporate Strategic Plan; Focus Area 4: Healthy and Inclusive and caring communities; and Corporate Strategic Objective 4.6: (to) work collaboratively with the community to support the development of services for children.
FINANCIAL IMPLICATIONS:

The Best Start Unconditional grant currently has a balance of $868,108. Of this total $368,108 was committed to supporting minor capital costs for child care centre retrofitting in report SS-11-029. This funding is still being utilized through a minor capital grants process on an annual basis. The plan outlined in this report provides for the expenditure of the remaining balance of $500,000 in 2013. Service agreements with each provider require final verification of all expenditures to ensure use of funding was for intended purposes. It is anticipated the grant will be fully expended by January 2015.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The assistance of Finance and Legal services is required to establish service agreements, monitor expenditures and distribute funding.

ATTACHMENTS

Nil

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

APPROVED BY: Douglas Bartholomew-Saunders, Commissioner, Social Services
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: September 10, 2013  FILE CODE: D27-80

SUBJECT: HOUSING SERVICES CORPORATION INSURANCE PROGRAM - 2013 UPDATE

RECOMMENDATION:

THAT Regional Council notify the Housing Services Corporation (HSC) and the Ministry of Municipal Affairs and Housing that it supports the recent changes to the HSC Insurance Program and the current Insurance Benchmarks that are part of the community housing subsidy funding model, and does not support any move toward either increasing the insurance benchmark or creating an unlimited “pass through” model to be incurred by the Region of Waterloo as the Service Manager, as described in Report No. P-13-090, dated September 10, 2013.

SUMMARY:

The Housing Services Corporation (HSC), previously known as the Social Housing Services Corporation (SHSC), approved program changes and refinements to their insurance program that took effect for the 2012/2013 renewal year, based on feedback obtained through a series of consultation sessions with insurance program stakeholders in 2012. The key changes were:

- The creation of two streams for housing providers based on the provider's total insured property values;
- The option for all providers to obtain a quote from an alternate broker rather than on a case-by-case exemption basis;
- Removal of the premium differential of 10 percent, which was a previous pre-condition to permit use of an alternate provider; and,
- Reduction of the administration fee for those with alternate brokers to two and a half percent from the previous five percent amount.

These changes have addressed Council’s earlier concerns when HSC (then SHSC) informed Service Managers in June 2011 of a change in policy that housing providers who were prescribed to participate in their housing insurance program would be required to purchase their insurance only through the HSC approved broker, AON Reed Stenhouse, Inc. Previously, housing providers were allowed to obtain comparable coverage from independent brokers. Regional Council objected to this policy change and passed a resolution on June 29, 2011 (Report RC-11-005) to request HSC to immediately reverse its decision, and for HSC to initiate a process to ensure that all of its programs and services (including insurance) are based on open, competitive bidding processes. The resulting competitive process has already resulted in savings to the Region of over $300,000 for Waterloo Region Housing alone.

A report to Council in October 2012 (Report P-12-111) gave additional information about the HSC consultation process and outcome. Providers with total insured values under $100 million would be in Stream A of the program, and would participate in a group insurance pool, whereas providers with total insured values over $100 million would be in Stream B (e.g. Waterloo Region Housing), which would be individually underwritten by the program broker. In either
stream, all providers will have the option to solicit a quote from an alternate broker, based on minimum coverage standards and price competitiveness.

On October 24, 2012, Regional Council accepted the bid for the Waterloo Region Housing 2012/13 general insurance program from the Frank Cowan Company Limited at $329,034 (including taxes and the HSC fee of $8,387), compared to the required bid for the HSC’s Group Insurance program administered by AON Reed Stenhouse Inc. at $649,627 (including estimated taxes) (Report F-12-087). This included the previous Region of Waterloo Community Housing Inc. (ROWCHI) 132 units, which were merged with Waterloo Region Housing in January 2012.

In early 2013, Service Managers were invited by HSC to participate in an Insurance Benchmarks webinar. HSC’s concern is that the Insurance Benchmarks (part of the housing subsidy funding model) are inadequate to cover the increasing costs of insurance for housing providers. In this initial conversation, HSC suggested they may advise the Province to either increase the insurance benchmark or create a “pass through” for insurance costs similar to property taxes (where the actual costs are part of the subsidy calculations), and requested Service Manager feedback. These changes would likely have a significant financial impact increasing the Region’s level of subsidies to providers, which would require increased revenue from the Regional tax base.

The housing funding model was established in 2006 by the Province of Ontario with defined revenue and expense benchmarks, which are updated annually based on Statistics Canada Consumer price Index (CPI) data. Participation in the HSC Group Insurance program for prescribed housing providers is legislated by the Province through the Housing Services Act (HSA), which replaced the Social Housing Reform Act (SHRA), so any changes to the housing funding model would require approval from Ministry of Municipal Affairs and Housing. The report recommendation is for Regional Council to notify HSC and the Ministry of Municipal Affairs and Housing that, in the Region of Waterloo, the current benchmarks for insurance are sufficient for our housing providers’ insurance costs at this time. Further analysis will be required since providers are now allowed to obtain competitive quotes. Council will be given regular updates on any proposed changes to the insurance program.

As part of the insurance renewal process scheduled throughout summer 2013, housing providers in Waterloo Region were strongly encouraged to complete a procurement process, including multiple quotes to take advantage of the alternate broker process and the additional risk management supports available. This may help to keep insurance program costs manageable to the Region as Service Manager for Housing and within the current benchmark amounts.

**REPORT:**

There have been a number of Insurance Program changes and update reports to Regional Council:

- Resolution by Regional Council regarding SHSC insurance program policy change, dated June 29, 2011.
- Report regarding insurance quote for WRH (Report F-11-072), dated October 26, 2011.
- Letter from Chair Seiling to Chair of HSC Board of Directors dated April 10, 2012, outlining concerns with the insurance program.
- HSC recommended insurance program changes shared with providers throughout April 2012, and new program rules/guidelines that came into effect for the 2012/2013 insurance term in the summer of 2012.
• Report P-12-111 dated October 16, 2012, gave an update on the insurance program changes.
• Report F-12-087 dated October 24, 2012, outlined the competitive process for insurance for WRH, which now includes previous ROWCHI units.
• Report P-12-057 and P-13-034, Community Housing Update and Proposed Progress Plan for 2012 and 2013, respectively, gave updates on the HSC insurance program issues.

The Housing Services Corporation (HSC), previously called the Social Housing Services Corporation (SHSC), made changes to its insurance program effective the 2012/2013 insurance term (November 1/12 to October 31/13). The key insurance program change is to split the current group program model into two separate streams, based on the provider's total insured property values: Stream A (approximately 664 providers) with total insured values under $100 million; and Stream B (21 providers) with total insured values over $100 million. Stream A program participants would participate in a group pool, while Stream B would be individually underwritten by the program broker. In either stream, all providers will have the option to solicit a quote from an alternate broker, based on minimum coverage standards and price competitiveness. Waterloo Region Housing is in Stream B.

The benefits of these changes are that all providers will now have the option to obtain a quote from an alternate broker rather than on a case-by-case exemption basis. For Stream B participants, the premium calculation will be based on the merits of each individual account (building portfolio and claims history), rather than being calculated based on a single group pool, and coverage limits can be tailored to individual needs. The changes also recognize that Stream B participants' service needs may be different than Stream A participants in that they often have in-house risk management capacity.

In either stream, the provider may bind coverage with an alternate broker, where the broker offers equivalent coverage at a lower price, where previously the price differential had to be 10 percent lower. The administration fee to HSC, which is only applicable where a provider binds coverage with an alternate broker, will now be two and a half percent, where previously it was five percent. According to HSC, the fee supports the legislated role that HSC plays in establishing and managing the group insurance program, including a number of services such as publicly procuring for the program broker, third-party claims adjuster and program insurer, and providing customer service and risk management support. Given that all providers will have a choice, insurance costs for providers in this Region may be less.

In October 2012, outcome of Regional competitive process for WRH's insurance resulted in significantly lower insurance costs, with the quote from the Frank Cowan Company Limited at $329,034 (including taxes and the HSC fee of $8,387), compared to the required bid for the HSC's Group Insurance program administered by AON Reed Stenhouse Inc. at $649,627 (including estimated taxes) (Report F-12-087).

In November 2012, the CEO of HSC sent an e-mail to Service Managers to gauge their interest in a discussion about insurance benchmarks. HSC also made a presentation at the following Service Managers Housing Network meeting on November 23 regarding their concerns with the current benchmark process and amount. Regional Housing staff indicated a desire to be part of any discussion about insurance benchmarks.

HSC invited Service Managers to an Insurance Benchmark webinar on two occasions this year. The rationale for these webinars was to present information regarding premium increases and recent program claims trends and data, to discuss whether the current benchmark amount is sufficient with respect to current costs, and if there was the desire/potential to either increase the benchmarks or have the costs as a pass-through budget item. The premise is that insured
values have “tripled” leading to rising insurance premium costs that are not being fully covered by the current benchmark amount for insurance costs.

The insurance experience of housing providers in Waterloo Region can be summarized as follows:

- Over the past three years, approximately 17 of the 28 housing providers (58%) are within the insurance benchmark funding.
- Approximately 20 housing providers (70%) have produced an overall operating surplus. This indicates that there is flexibility in the funding model for providers to manage with cost fluctuations such as insurance. It has been known that there are periods where a provider may experience costs in excess of the funding model and providers are encouraged to maintain an accumulated surplus to assist during these years.
- In 2012/13, 75% of Cooperatives (9 of 12 Cooperatives) are in excess of the inflated benchmarks and 92% (11 of the 12 Cooperatives) are with Cooperators Insurance Group and not part of HSC insurance pool. Of the 9 Cooperatives, sizeable claims in recent years have caused insurance premiums to increase and the average insurance cost per unit for a Cooperative is double that of a non-profit.
- Below are the number of Non-Profits and Cooperatives with actual insurance costs in excess of insurance benchmarks over the past three years:

<table>
<thead>
<tr>
<th></th>
<th># of Prescribed HPs under administration</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
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</thead>
<tbody>
<tr>
<td>Non-Profits</td>
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<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Cooperatives</td>
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<td>10</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>28*</td>
<td>12</td>
<td>11</td>
<td>13</td>
</tr>
</tbody>
</table>

*merged Region of Waterloo Community Housing Inc. (ROWCHI) with Waterloo Region Housing (WRH)

At this point in time, there is not enough evidence to support HSC’s position that current insurance benchmarks are inadequate. Housing providers with higher actual insurance costs than their benchmarks may have been due to the fact many providers did not obtain more than one quote from an insurance provider. Providers did not learn about the new program changes in a timely manner in 2012 in order to take advantage of obtaining competitive insurance quotes, and there was some confusion regarding the program changes.

Providers are currently obtaining quotes for the 2013/14 insurance term, and Regional Housing staff have communicated to these prescribed providers that they are strongly encouraged to obtain more than one quote for insurance. It will take some more time to analyse the results after completion of the 2013/2014 insurance process to see if the competitive process results in reduced insurance program costs.

Other HSC and Insurance Program Information Updates

- Effective May 1, 2013, Marsh Canada Limited, a member of Marsh and McLennan Companies, has assumed responsibility from Aon for HSC’s insurance broker services, after an RFP process.
- There is now a new Service Manager Advisory Committee in addition to the Insurance Advisory Committee with provider representatives from both large and small organizations across Ontario.
- Tenant Insurance: the insurance underwriter for SoHo Tenant Insurance, moved from Chartis to the Cooperators, allowing residents of supportive housing and shared accommodation to now be eligible for the program. A recent decision by the Landlord Tenant Board supported a Chatham-Kent landlord in enforcing mandatory tenant insurance, setting a precedent for others in the sector.
The New Chief Executive Officer for HSC, Mr. Howie Wong, replaced Ms. Lindsey Reed effective May 1, 2012.

Area Municipal Consultation/Coordination

A copy of this report will be forwarded to each of the Area Municipalities.

CORPORATE STRATEGIC PLAN:

The Region’s Strategic Focus Areas, includes Focus Area 4: Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities; and Focus Area 5: Service Excellence: Ensure Regional programs and services are efficient and effective and demonstrate accountability to the public.

FINANCIAL IMPLICATIONS:

The changes to the insurance process allows housing providers in both Stream A and B to now have the option to obtain a quote from an alternate broker, provided that there is equivalent coverage at a lower price. Previously, the price differential had to be 10 percent lower. The administration fee to HSC, which is only applicable where a provider binds coverage with an alternate broker, has been lowered from 5% to 2.5%. These changes may reduce insurance related costs for housing providers in this Region.

An increase to housing providers’ budget insurance benchmark and/or creating a “pass through” for insurance costs similar to property taxes, where the actual costs are part of the subsidy calculations, would likely have a significant financial impact increasing the Region’s level of subsidies to providers, which would require increased revenue from the Regional tax base. Either change would require approval from Ministry of Municipal Affairs and Housing. Staff has reviewed the current benchmarks for housing providers under Stream A of the HSC insurance program and have determined that the program funding for this year is sufficient.

Future analysis will be required since providers are now allowed to obtain competitive quotes. Information will be communicated to Council through regular updates on any proposed changes to the insurance program and its financial impacts on program costs. The premium calculation for Stream B participants which includes WRH will be based on the merits of each individual account (building portfolio and claims history), rather than being calculated based on a single group pool, and coverage limits can be tailored to individual needs. A report detailing the WRH insurance costs for 2013/14 is planned to be presented to Council later in 2013.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Housing staff has consulted with staff from Finance and Legal Services in the preparation of this report.

ATTACHMENTS:

NIL

PREPARED BY: Deb Schlichter, Director of Housing

APPROVED BY: Rob Horne, Commissioner of Planning, Housing and Community Services