REGIONAL MUNICIPALITY OF WATERLOO
COMMUNITY SERVICES COMMITTEE
AGENDA

Tuesday, November 12, 2013
9:00 a.m.
Regional Council Chamber
150 Frederick Street, Kitchener, Ontario

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

2. DELEGATIONS
a) Julia Witmer and Robel Berhane, Impact, Re: PH-13-046, Youth Engagement Update

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-13-047, West Nile Virus Activity - 2013 Season End Update (Information) 1
   b) CPC-13-006, National Municipal Network Funding (Information) 4
   c) Memo: Upcoming 2013 National Housing Day Celebration 7
   d) Memo: Transportation Surveys of Persons With Low Income 9

   REGULAR AGENDA RESUMES

5. REPORTS – PLANNING, HOUSING AND COMMUNITY SERVICES
   a) P-13-111, Region Of Waterloo Affordable Housing Strategy Progress Update (Presentation) 12
REPORTS – PUBLIC HEALTH

b) **PH-13-045**, EMS Actions to Further Support “Excellence in Patient Care” Based on Consultant’s Review and Recommendations 19

c) **PH-13-046**, Youth Engagement Update 24

d) **PH-13-048**, Spark Advocacy Grant and Extension of Municipal Liability Insurance to the Waterloo Region Food System Roundtable 27

REPORTS – SOCIAL SERVICES

e) **SS-13-039**, Discretionary Benefits Update 30

6. INFORMATION/CORRESPONDENCE

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

7. OTHER BUSINESS

8. NEXT MEETING – December 3, 2013

9. ADJOURN
RECOMMENDATION

For information

SUMMARY

This report is to provide an update about the 2013 West Nile virus season as it comes to an end for this year.

Looking back at the season, there was a decrease in West Nile virus activity across Ontario in 2013 as compared to the previous two years. Provincially, Public Health Ontario reports 49 confirmed and probable human cases as of October 22, 2013. Waterloo Region has not had any confirmed human cases of West Nile virus as of October 22, 2013.

Another indicator of risk of West Nile activity is the number of positive mosquito pools detected in a region. Mirroring provincial trends, there has been a decrease in the number of positive mosquitoes detected in Waterloo Region in 2013 as compared to the previous two years.

Ontario is at the end of the 2013 mosquito season. Typically, following a significant frost, and decrease in daylight hours, mosquitoes enter into diapause or their overwintering period.

REPORT

Human Cases

Waterloo Region has not had any confirmed human cases of West Nile virus thus far in 2013. This was expected given the decreased number of human cases across the Province this year. As of October 22, 2013, there are 49 confirmed and probable human cases across Ontario. Waterloo Region has not had any confirmed cases of West Nile virus as of October 22, 2013.

The majority of people infected with West Nile virus show no symptoms. However, 1 in 5 infected individuals develop mild flu-like symptoms and 1 in 150 can develop serious neurological symptoms. While serious symptoms can occur at any age, persons over the age of 50 and persons with compromised immune systems are at highest risk. The usual time from infection with West Nile virus to onset of disease symptoms ranges from 2 – 15 days.

Vector Surveillance

Two positive mosquito pools for West Nile virus were found in the region during 2013. Public Health Ontario reported that 198 pools of mosquito tested positive for West Nile virus across Ontario this
year.

Warm temperatures are known to accelerate mosquito development and the extrinsic incubation period (i.e. the developmental stage within the mosquito required for the mosquito to be capable of transmitting the virus), thereby improving the probability of viral transmission to humans.

Temperature (mean monthly temperature) was lower this year in June, July and August than in 2012 and accumulated degree days took longer to reach high levels. A degree day occurs when the temperature is above 18.3° for a 24 hour period, the fixed temperature required for mosquito species development. It is generally accepted that greater than 100 accumulated degree days is associated with increased risk of human infarction.

July 2013 was quite wet with several heavy rainfalls compared to drier summer months during 2012. Mosquito development is negatively impacted by severe wet weather.

Active West Nile virus vector surveillance continued across the region until September 27, 2013. Mosquitoes are expected to enter into their overwintering period once the temperatures drop and the daylight hours decrease, typically by mid to late September.

<table>
<thead>
<tr>
<th>Year</th>
<th>West Nile virus Confirmed Cases</th>
<th>Positive West Nile virus Mosquito Pools</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Waterloo Region Total Case Count</td>
<td>Ontario Total Case Count</td>
</tr>
<tr>
<td>2008</td>
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</tr>
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<td>238</td>
</tr>
<tr>
<td>2013</td>
<td>0</td>
<td>45</td>
</tr>
</tbody>
</table>

Data Sources (confirmed cases):

Data Sources (mosquito pools):

**Control Efforts**

For the 2013 season, Region of Waterloo Public Health continued to perform a preventative larviciding program. The scope of the larviciding program is informed each year by the abundance of West Nile virus vector species observed during larval surveillance and by the historical incidence of positive pools and human cases. A total of three rounds of catch basin larviciding (144,325 catch basins) and 9.0 hectares of standing water were treated this season to suppress mosquito populations and ultimately reduce the risk of human exposure to West Nile virus. Control efforts ended for the season as of September 27, 2013.

Reduction of standing water throughout the region to suppress mosquito populations is promoted to the residents through the Region’s “Fight the Bite “ public education program and is also promoted
to program stakeholders (e.g. Grand River Conservation Authority, Cities and Municipalities and educational institutions). Standing water complaints regarding privately owned properties are investigated by Public Health Staff and property owners are provided with information on remediation. Standing water on public sites is investigated for the presence of mosquito larvae and control measures applied as needed.

**Public Messaging**

During the 2013 West Nile virus season, Region of Waterloo Public Health worked to promote West Nile virus public awareness and protection messaging to the residents of Waterloo Region via media releases, the “Fight the Bite” public education program, an interactive public awareness display at EcoFest and with education for community stakeholders. With the arrival of a significant frost, West Nile virus activity has ended for 2013.

**ONTARIO PUBLIC HEALTH STANDARDS**

Under the *Health Protection and Promotion Act*, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information related to the compliance with the Health Hazard Prevention and Management of the Environmental Health Program Standards and the surveillance and management of cases requirement of the Infectious Diseases Program Standards.

**CORPORATE STRATEGIC PLAN**

Focus Area #1: Environmental Sustainability: Protect and enhance the environment.  
Focus Area #5: Service Excellence: Deliver excellent and responsive services that inspire public trust.

**FINANCIAL IMPLICATIONS**

This program is implemented within existing resources and is funded 75% by the province of Ontario and 25% by the Regional Tax Levy.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRANCE:**

NIL

**ATTACHMENTS:**

NIL

**PREPARED BY:**  
*Brenda Miller*, Manager, Health Protection and Investigation  
*Kristy Wright*, Manager, Infectious Disease and Tuberculosis Control Program

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

DATE: November 12, 2013

FILE CODE: C06-60

SUBJECT: NATIONAL MUNICIPAL NETWORK FUNDING

RECOMMENDATION:

For information

SUMMARY:

The National Municipal Network for Crime Prevention (NMNCP) has received funding from the National Crime Prevention Center (NCPC) of Public Safety Canada for the proposal: Building Municipal Capacity to Harness Evidence to Prevent Crime. Funds will be housed at and administered through the City of Montreal.

REPORT:

Overview

This NMNCP’s three-year project will foster a community of practice among existing Canadian municipalities that have crime prevention entities to reduce and prevent crime and victimisation, as well as enhance community safety. The project will advance municipal capacity to harness evidence to prevent crime and to engage municipalities in comprehensive community safety strategies. The overall approach calls for a combination of municipal and community leadership, partnerships and coordination, strategic planning, public engagement and targeted preventive programmes. The project will finally support inter-municipal coaching and mentoring, harnessing and dissemination of knowledge, mobilization and engagement of local stakeholders and training of key municipal decision makers.

Background

In 2003 over 125 community practitioners, researchers and policy makers came together in Waterloo Region in a forum entitled What Works: the Power of Prevention. It was the first forum on evidence based crime prevention in Canada and marked the ten year anniversary of the Horner Commission’s seminal report: Crime Prevention in Canada towards a National Strategy. During the forum participants wrote The Agenda for a Safer Canada which included an action plan for ALL orders of Government. This agenda advocated for the implementation of the Horner Commission’s recommendation that 5% of spending in the area of criminal justice should be allocated for prevention efforts including those in local governments. In doing so the agenda recognized the key role of local government in preventing crime and building safe communities.

In 2006 15 municipalities across Canada, at the initiative of the Institute for the Prevention of Crime based at the University of Ottawa, and with the financial assistance of the NCPC began to share experiences and knowledge and to develop tools to enhance community safety. The
efforts of these municipalities were augmented by a National Working Group that focused its attention on national policies and trends.

Waterloo Region Crime Prevention Council (WRCPC) was a member of both committees. When funding ceased in 2009 the strong commitment of the municipalities that now form the National Municipal Network for Crime Prevention (NMNCP) was evident in their agreement to build on this work, and to develop further their capacity to put forward collaborative and evidence based initiatives to prevent delinquency, violence and insecurity. Waterloo Region and the City of Montreal have co-chaired the network since that time. The network currently includes: Halifax, Quebec, Montreal, Thunder Bay, Ottawa, Toronto, Waterloo Region, Winnipeg, Saskatoon, Regina, Red Deer, Calgary, Edmonton, Vancouver and Surrey. Network members meet bi-monthly in teleconference calls and once per year face to face in conjunction with the Annual General Meeting of the Federation of Canadian Municipalities (FCM). FCM featured the network and member municipalities in several conferences and supported several resolutions by the network.

Through the mechanism of the network member municipalities have been able to support each other through sharing data and best practices as well as ensured that the voices of municipalities in crime prevention receive due attention. Additionally, municipalities that are not members of the network have drawn on the collective and individual expertise of NMNCP members in the formation of their municipal crime prevention councils and programs. As one of the longest standing municipally based crime prevention initiatives, Waterloo Region Crime Prevention Council has supported many crime prevention developments across the country and continues to be upheld as a model for local government and community collaboration.

In 2009 a working group of the NMNCP developed and submitted a proposal for funding to the Federal government to support evidence based local government crime prevention efforts and to grow the capacity of municipalities across that country in establishing crime prevention centers of responsibility. In parallel to this development the Provinces of Alberta and Saskatchewan developed provincially based inter-ministerial crime prevention bodies and the Province of Ontario released a framework for crime prevention. Members of the network played a vital role in ensuring that local government and practitioner voices would be heard in these developments. The proposal to NCPC took much iteration and funding was finally announced in the summer of 2013 for a total not to exceed $900,000 over three years.

**Key elements of the proposal**

The proposal aims to highlight and share municipal expertise, to develop and expand the knowledge base, to engage new municipalities and local stakeholders in a comprehensive community safety process and to develop the capacities of key municipal managers. This will be done through:

1. Establishing 18 inter-municipal direct exchanges of expertise based in a coaching and mentoring approach. These exchanges will directly relate to community safety issues that are identified as priorities to allow for locally and regionally based interventions. These priority issues in turn will form the basis of three national meeting of the members of the NMNCP over as many years.

2. Producing and disseminating strategic and user-friendly materials and training modules on evidence based crime prevention programs and initiatives, in collaboration with the Institute for the Prevention of Crime, Ottawa.
3. Hosting five regional mobilization workshops reaching out to 50 municipalities across Canada.

4. Directly supporting 15 new member municipalities in their efforts to engage local stakeholders and in their development of locally focused community safety strategies.

5. Training 50 key municipal managers across Canada on the process, implementation and evaluation of comprehensive community safety strategies and the establishment of centers of responsibility.

Current Status and Local Implications

The City of Montreal recently completed municipal elections and the newly elected City Council will need to sign a tri-party agreement to allow for a direct transfer of funds from the Federal government to a Quebec municipality. This process was delayed through the municipal election as well as the fact that a former agreement expired before funding was announced and had to be resurrected.

Montreal and Waterloo Region continue to co-chair the network and provide leadership in this vital stage of the network’s development. The interest from municipalities across the country is immense and growing and funding will significantly augment local in-kind resources. It is expected that at least one regional training workshop will be hosted in Waterloo Region bringing together, through the federal funding, municipalities from across the Western Ontario. It is anticipated that in conjunction with FCM’s annual meeting in Niagara Falls in June 2014 a national meeting will also be hosted in Waterloo Region.

CORPORATE STRATEGIC PLAN:

To foster healthy, safe, inclusive and caring communities.

FINANCIAL IMPLICATIONS:

None

All activities of the NMNCP proposal are funded through federal sources held at the City of Montreal. This funding will be matched by significant in-kind supports from all member municipalities across the country as has been the practice since 2006. It is expected that through the hiring of staff and consultants by the City of Montreal to support the network the need for Waterloo Region Crime Prevention Council in-kind supports will in fact decrease.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

ATTACHMENTS: (none)

PREPARED BY: Christiane Sadeler, Executive Director, WRCPC

APPROVED BY: William Wilson, Chair of WRCPC & Dr. Liana Nolan, Commissioner / Medical Officer of Health
To: Chair Sean Strickland and Members of the Community Services Committee  
From: Deb Schlichter, Director of Housing  
Subject: UPCOMING 2013 NATIONAL HOUSING DAY CELEBRATION  
File No: D27-80

National Housing Day is an annual celebration to mark the importance of (affordable) Community Housing initiatives and achievements. In Waterloo Region, the 12th Annual National Housing Day celebrations will take place this year on Thursday, Nov. 14, 2013, from 9 a.m. to 11 a.m. in Council Chambers.

The focus for this year’s National Housing Day celebrations is on progressive ways to success with “Innovation Happens Here”. In his address, keynote speaker Tim Jackson will speak to how innovation – and our continuing quest for excellence – has become the necessary ingredient for success in these changing times. The keynote address will be followed by a video presentation of local Community Housing innovators.

The agenda for the event also includes greetings from Regional Council, MPs and MPPs, an update on the Affordable Housing Strategy, and updates on the development of the Region’s Housing and Homelessness Plan. National Housing Day is also an opportunity to recognize community contributions to affordable housing through the Housing Coalition Awards and Regional Special Recognition Awards.

Please join in the National Housing Day event on Thursday, Nov. 14, 2013, and help celebrate the tireless efforts of all our housing partners in advancing affordable housing solutions, and making our community a better place to live, work and grow for all citizens.
NATIONAL HOUSING DAY 2013

Join us for the 12th annual National Housing Day Celebration in support of progressive ways to success with ‘Innovation Happens Here.’ At this year’s event, the Region’s updated Affordable Housing Strategy will be released, with updates on the development of the Region’s Housing and Homelessness Plan to be shared.

Our keynote speaker, Tim Jackson, truly knows how to inspire others to achieve excellence. As the University of Waterloo’s Vice-President of University Relations, the former co-founder of Tech Capital Partners and the CEO of the Accelerator Centre, and an active community volunteer, Tim is committed both professionally and personally to fostering collaborative environments where true innovation can happen. In his address, Tim will speak to how innovation – and our continuing quest for excellence – has become the necessary ingredient for success in these changing times.

When:
Thursday, November 14, 2013
9 a.m. to 11 a.m.

Where:
Council Chambers
Regional Administrative Headquarters
150 Frederick St., Kitchener, Ontario

Reception to follow formal celebrations

Or contact:
Janine Toms
jtoms@regionofwaterloo.ca
519-575-4757 x3899

All are welcome, please circulate this information.

Celebrating Housing Excellence in Waterloo Region

Formal celebrations include:
- Greetings from Regional Council, MPs and MPPs
- Affordable Housing Strategy Update
- Housing and Homelessness Plan Update
- Housing Coalition Awards
- Regional Special Recognition Award
- Keynote Presentation, Innovation: An Indirect Route to Success
- Local Community Housing Innovators Video Presentation

Homes for Hope pins from the Homelessness and Housing Umbrella Group will be available for purchase during the reception.
To: Chair Sean Strickland and Members of Community Services Committee

From: Chris McEvoy, Social Planning Associate
      David Dirks, Director, Employment and Income Support

Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services

File No: S09-80

Subject: TRANSPORTATION SURVEYS OF PERSONS WITH LOW INCOME

Transportation is an important resource for community residents to obtain access to basic needs such as food, medical care, and employment. Access to transportation can lead to more frequent community participation, and can greatly contribute to an increased quality of life. Individuals living with low income who lack access to affordable transportation experience exclusion from full participation in community life. This exclusion contributes negatively towards their quality of life.

The Employment and Income Support division within Social Services has invested in affordable transportation options through various collaborations and programs including:

- Subsidized bus tickets for community agencies to disseminate to those living with low income.
- Providing bus tickets to individuals receiving Ontario Works to attend meetings with their caseworker.
- The Transportation for Reduced Incomes Program (TRIP), a subsidized bus pass program for persons with low income.
- The Transportation Affordability Pass Program (TAPP) for individuals who are on Ontario Works and attending St. Louis Adult Education full time or participating in Employment Placement programs.

In order to maximize the current programs and to inform future decision making about affordable transportation options, Regional staff from Transportation Planning, Employment and Income Support, and Social Planning (Social Services) conducted two surveys during the summer of 2013. One survey sought feedback from customers of the
TRIP program, while the purpose of the other survey was to better understand the travel habits of individuals who receive social assistance. The findings from the surveys are summarized on the following pages.

TRIP Survey

A TRIP Committee consisting of staff from Lutherwood, The Working Centre, and the Region of Waterloo (GRT, Transportation Planning and Social Services) meet regularly to discuss the ongoing management of the program. The Committee wanted to collect feedback from TRIP customers in order to assist in considering alternative affordable transportation options and to aid in understanding TRIP patrons’ use of the GRT. An anonymous paper survey was distributed by staff at Lutherwood and The Working Centre to TRIP customers who came to renew or purchase a TRIP sticker in the month of June 2013. A total of 322 individuals filled out the survey.

The key findings of the survey demonstrate that:

- An overwhelming majority (99%) of TRIP customers indicated that having access to a reduced monthly bus pass through TRIP has made a positive difference in their life.
- TRIP customers experience increased community inclusion and socialization, and increased access to training, volunteer, and employment opportunities that they would not experience without access to a discounted monthly bus pass.
- TRIP customers rely on using the bus much more as their main source of transportation when they are able to purchase a TRIP pass compared to when they do not have a TRIP pass (96% of the time versus 41% of the time).
- The percentage of TRIP customers who use the bus more than once a day drops by 35 per cent (from 68% to 33%) when they do not have a TRIP pass. People will walk as their main source of transportation (61%) without a TRIP pass.
- While the TRIP pass is a beneficial program, the price of the reduced bus pass is still a significant amount for individuals with low income.
- TRIP customers commented that cost is a significant barrier that they face with regard to transportation.

Individuals Who Receive Social Assistance Transportation Profile Report

An anonymous survey was created by staff from the Transportation Planning and Social Planning divisions. The survey was available to community members throughout June and July of 2013. The survey was advertised through staff at Regional offices and community organizations. An insert/flyer went out with OW participants’ June cheque. Online and paper copies of the survey were made available at community organizations and Regional offices. Survey responses were received from 403 individuals who receive (or have received) social assistance.

The key findings of the survey demonstrate that:

- The majority of individuals who receive social assistance use the bus as their main source of transportation: 77 per cent of people reported using the bus Most of the Time or Always, and the majority (69%) of individuals who receive social assistance indicated that they use the bus to get to the OW office.
Searching for work and travelling to the OW office are important reasons why people take the bus (selected as one of the top three reasons by 33 per cent and 52 per cent respectively).

The cost of using the bus system is a significant barrier for individuals with low income. Cost was the most frequently cited (94%) barrier/challenge with regard to transportation and was cited as one of the potential drawbacks of an electronic fare card system.

With regard to a proposed electronic fare card system, over three-quarters of respondents (76%) indicated that an electronic fare card would be of benefit to them and three-quarters (75%) of respondents indicated that they would like to be able to share an electronic fare card between family members.

The survey results suggest that individuals who receive social assistance are high volume customers of Grand River Transit buses and that the cost of using the bus is a major barrier for these individuals. The findings from this survey reinforce the notion that affordable transportation is essential for individuals with low income as a means to participate in the community and maintain their quality of life.

These reports have been shared with staff from GRT and the Transportation Planning, Employment and Income Support, and Social Planning divisions. These reports will be used by staff in efforts to streamline current programs and inform transportation planning and future decision making about affordable transportation options.

Copies of both survey reports will be placed in the Councillors’ library.

This work supports the Region’s 2011-2014 Corporate Strategic Plan, Focus Area 3: Sustainable Transportation. This work also supports Focus Area 4: Healthy and Inclusive Communities; specifically, Strategic Objective 4.1 (to) work collaboratively to reduce poverty.

For more information regarding the surveys, please contact Chris McEvoy, Social Planning Associate: cmcevoy@regionofwaterloo.ca, (519) 883-2302 or David Dirks, Director of Employment and Income Support: ddirks@regionofwaterloo.ca, (519) 883-2179.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: November 12, 2013

FILE CODE: D26-20

SUBJECT: REGION OF WATERLOO AFFORDABLE HOUSING STRATEGY PROGRESS UPDATE

RECOMMENDATION:
For information

SUMMARY:

This report provides an update on the progress made by the Waterloo Regional Community toward the goal of the current Affordable Housing Strategy (AHS) and presents the status of the indicators created to measure the sustainability of the AHS. On October 29, 2008, Regional Council endorsed a new AHS for the period of 2008 to the end of 2013 to help create at least 500 new units of sustainable affordable housing (P-08-105). As of the end of October 2013, there were 515 units completed or in development under the new AHS, consisting of 375 new affordable rental, including 166 affordable to lower income households and 107 units of supportive housing, and 140 units under the Affordable Home Ownership program. This, added to Regional Council’s 1,549 units created between 2001 and 2008, brings the total to 2,064 affordable housing units that the Region helped create. Despite this considerable success, the demand for more affordable housing remains high.

The success of the AHS would not have been achieved without Regional Council’s leadership, and the partnerships and contributions of the development industry and non-profit housing providers, support from local agencies, Area Municipalities, and the Provincial and Federal governments. In addition to creating much needed affordable housing, there are other positive sustainable results that have been realized for Waterloo Region. These can be seen in the series of measurable outcome indicators developed by staff that monitor how well the community is achieving the goal of creating sustainable affordable housing and addressing economic, environmental and social sustainability (please see Attachment 1), such as:

- $59.7 million in capital investment in the community from the 314 rental units completed (an additional 61 units are still under development, for a total of 375);
- Each $1 invested by the Region in new rental housing has leveraged $10 from other sources;
- Revitalizing three former brownfields sites into new rental housing;
- Estimated reduction of 219 tonnes of green house gas emissions with new construction energy efficiencies;
- Since 2009, 3,727 households from the Coordinated Access Waiting list were housed in Community Housing, including units created under the AHS; and
- Within the 314 completed new rental units, 58 are accessible and/or adaptable units, and 85 are new supportive housing units (an additional 13 accessible and 22 supportive housing units are still under development).
Staff is now developing a new draft AHS that will be brought forward for consideration by Regional Council in conjunction with a draft update of the Community Action Plan for Low to Moderate Income Housing early in 2014. This will include a thorough review of community need to ensure the goals of the strategy are properly targeted, given the expected funding anticipated from senior levels of government. Social Services, Finance and Legal staff will also be directly involved.

REPORT:

On October 29, 2008, Regional Council endorsed a new Affordable Housing Strategy (AHS) for the period of 2008 to the end of 2013 to help create at least 500 new units of sustainable affordable housing (P-08-105). The minimum goal of 500 new units of sustainable affordable housing was targeted to be achieved as:

- New Affordable Rental Units – 370 (includes rents available to lower incomes)
- Regionally Constructed Units – 30 (supportive units)
- New Provincial Rent Supplement Units – 75
- Affordable Home Ownership Units – 25

In addition to the goal of creating at least 500 new units, two priority areas were identified to address pressing needs in the areas of affordability and supports. The first priority is to create units affordable to the lowest income households in the Region by targeting 40 per cent of all new units created to be available at 65 per cent of the Canada Mortgage and Housing Corporation (CMHC) average market rent. At this rent level, units will generally be affordable to households receiving Ontario Works benefits (OW), Ontario Disability Support Program benefits (ODSP), earning minimum wage, and seniors on fixed incomes. The remaining units are targeted at rent levels that the private market cannot address alone and funding assistance is still required to address these affordable housing gaps.

The second priority area is to increase the supply of housing with supports by helping to create at least 100 affordable supportive housing units. These additional supportive units may be located in new projects or added to current stock through partnerships with support agencies and housing providers. There are more than 1,361 households in the Region in need of not only safe and appropriate affordable housing, but also long term supports to allow them to live independently. As the Region’s population grows, it is expected that the demand for housing with supports will also increase, which can range from support for seniors, those with mental health issues, and persons with physical or cognitive disabilities to support for people needing help with basic life skill tasks.

Results to Date – Shared Success

As of the end of October 2013, the Waterloo Regional Community has realized the goal of the AHS with 515 units. This achievement will be highlighted as part of the Region’s National Housing Day celebrations on Thursday, November 14. The 515 units are comprised of 314 completed and occupied rental and supportive housing units completed and 61 additional affordable rental units with funding allocations which are under development/construction and expected to be completed in 2014, and 140 affordable homeownership units. When added to Regional Council’s 1,549 units created between 2001 and 2008 under the initial AHS, a total of 2,064 units will have been created by the end of 2013.
Table 1: AHS 2001-2013 Collective Success

<table>
<thead>
<tr>
<th></th>
<th>New Rental Supply</th>
<th>Home Ownership</th>
<th>Rent Supplement</th>
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<td>1,036</td>
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<td>343</td>
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<td>515</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,411</strong></td>
<td><strong>310</strong></td>
<td><strong>343</strong></td>
<td><strong>2,064</strong></td>
</tr>
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</table>

The Region is recognized as a leader in the creation of affordable housing, and as a result of the collective efforts of all stakeholders, the Region continues to be among the highest producers of affordable housing in Canada.

The AHS was developed to help create new affordable housing to address a range of unmet housing needs for low to moderate income households in the community. In addition to meeting the housing needs of low to moderate income households and improving their quality of life, the AHS has provided other positive sustainable results for the Region. A series of measurable outcome indicators have been developed to monitor how well the Region is achieving the goal of creating sustainable affordable housing. The indicators measure outcomes in the areas of affordability, economic, environmental and social sustainability for 314 affordable rental units and 140 homeownership completed to date under the AHS (see Attachment 1). The remaining 61 affordable rental units development will be captured in the 2014 progress update report.

1) **Affordability Indicators**

The new AHS has a priority to create units affordable to the lowest income households in the Region by targeting 40 per cent of all new units created to be available at 65 per cent of the CMHC average market rent. Under the new AHS, 314 affordable rental units have been completed and occupied. Of these, 133 units (42 per cent) are at rents generally affordable to households receiving OW, ODSP, earning minimum wage, and seniors on fixed incomes.

Since its inception, the Region's Affordable Homeownership program has been successful in helping 310 low to moderate income households become first time homeowners in the Region since the program started in 2008. The current homeownership target under the AHS is to create 25 new affordable homeownership units. However, due to new senior government funding specifically for affordable homeownership allocated after the approval of the current AHS, greater than anticipated repayments, and Habitat for Humanity developments, 140 households were able to purchase affordable homeownership units under the current Affordable Housing Strategy, far exceeding the expected goal. A trend of increased repayments is expected as earlier purchasers start to renew their mortgage, thereby allowing more households to participate in the program.

2) **Economic Sustainability**

Economic sustainability is based on the premise that investment in affordable housing makes good business sense both now and for the future. The 314 completed rental and supportive units and 140 affordable home ownership units (454 total) to date have had the following impacts:

- Numbers of person years of employment: an estimated 765 years worth of construction-related employment have been created since the implementation of the new AHS.
- Construction Investment: the 314 completed rental and supportive units completed have resulted in a total capital expenditure of $59.7 million.
• Over $25.9 million in home purchases have been supported through the Affordable Home Ownership (AHO) Program under the new AHS. As with the construction of new units, the AHO Program has multiple economic spin offs, including jobs created for mortgage brokers, realtors, and home inspectors.
• Ability to leverage equity: each $1 invested by the Region leveraged $10 from other sources.
• Impact on Rental Market: the 314 rental units completed have helped temper the rental market vacancy rate by 1.0 per cent between 2009 and 2013.

3) Environmental Sustainability

Creating new affordable housing can help diminish negative impacts to the environment by reducing consumption of energy and water. For example, recent rental developments have included solar panels on the roof, installed heat recovery ventilators and drain water heat recovery devices, and solar hot water heating. Current AHS projects completed to date have improved environmental sustainability by:

• Development of Brownfields: Heartwood Place on Ainslie, Fern Meadows (Housing Cambridge) and MennoHomes Inc. Centre Street transformed contaminated sites to new residential environments.
• Number of Intensification and Adaptive Reuse Developments: both types of developments protect green space from development. 11 of the 15 rental developments completed under the current AHS either intensified or reused sites within existing build up areas, assisting in meeting Regional Official Plan objectives.
• Reduction of Greenhouse Gas Emissions: on average, the affordable rental buildings completed before the 2012 Building Code came in were designed to be at least seven per cent more energy efficient than the prevailing code’s energy efficiency requirements. Therefore, there is an estimated reduction of 219 tonnes of greenhouse gas emissions because of the energy efficiencies incorporated above the code requirements.

4) Community Sustainability

Affordable housing can foster equity, social inclusion, and security, and help create complete communities. Community sustainability is based on the idea that future generations should have the same or greater access to community or social resources as the current generation. The AHS successes over the past year have contributed to community sustainability by:

• Number of Affordable Units Created: the 454 units of completed rental and supportive housing and affordable home ownership created help to foster security for low to middle income households and increases the affordable housing choices and locations in the Region.
• Number Housed from Waiting List: Since 2009, 3,727 households from the Coordinated Access Waiting list were housed in Community Housing, including units created under the AHS.
• Number of Accessible Units Created: the 58 new accessible and/or adaptable rental housing created in Waterloo Region will expand the options for persons with disabilities, allowing them to remain in their community, close to families and friends.
• Number of Supportive Housing Units Created: the 85 new supportive housing units created across Waterloo Region will assist individuals and families with support needs to maintain their housing.

Update on Senior Government Funding for Affordable Housing

Senior government funding has been a critical component to the success of the Region’s AHS. In November 2011, the Region of Waterloo received a notional allocation under the Investment in
Affordable Housing for Ontario Program (IAH) of $12.8 million divided over the 2011 – 2014 timeframe of the Program. On February 8, 2012 Regional Council approved the Program Delivery and Fiscal Plan (the Plan) for the $12.8 million notional allocation (P-12-017).

The 2013 Federal Budget included a commitment to renew Investment in Affordable Housing funding starting in 2014 for 5 years at current funding levels of $253 million annually across Canada. The 2013 Ontario Budget acknowledged the new funding commitment in the 2013 Federal Budget and indicated that the Province would work with the Federal Government to develop an extension of IAH. The 2013 Ontario Budget also acknowledged the need for funding to help repair existing Community Housing units.

Next Steps

With the current AHS time horizon ending December 31, 2013, Regional staff is drafting a new AHS for consideration by Regional Council in 2014. Staff is currently reviewing input received from public consultations held in October as part of the update of the Community Action Plan for Low to Moderate Income Housing to assess community identified affordable housing needs, priorities and possible solutions. Staff is also reviewing the current funding received under IAH and expected senior government funding over the next five years. The annual funding received under IAH is approximately one-third the annualized amount of funding received through the various senior government housing programs from 2003-2011, which will impact any new AHS goal.

Staff will continue to collaborate with local and sector partners (e.g. Federation of Canadian Municipalities, Ontario Municipal Social Services Association) to seek long-term enhanced funding for sustainable affordable housing and supports to meet growing housing needs.

Area Municipal Consultation/Coordination

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

CORPORATE STRATEGIC PLAN:

Council’s Strategic Focus Area 4.5 includes actions to complete and implement the current Affordable Housing Strategy.

FINANCIAL IMPLICATIONS:

The Region has contributed $6,568,360 toward the 375 affordable rental and supportive housing units created under the current Affordable Housing Strategy (AHS), including $4,686,220 from the Housing Reserve Fund for the Sunnyside Supportive Housing and $1,882,140 allocated as grants to offset Regional Development Charges (RDC) out of the Planning, Housing and Community Services Department’s approved operating budget, or RDC exceptions through the Region’s Brownfield Financial Incentive Program. The Region has received $37,503,940 in Federal and Provincial housing program funding toward the development of these 375 new affordable rental and supportive housing units.

Subject to Regional Council endorse of a new AHS starting in 2014, any funding considerations of new AHS projects would be the subject of a future report.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Staff from Social Services, Finance and Legal has reviewed this report and Housing staff will continue to involve staff from Finance, Social Services and Legal in the implementation of the Affordable Housing Strategy and the Program Delivery and Fiscal Plan.

ATTACHMENTS:

Attachment 1 - Affordable Housing Strategy - Outcome Measures

PREPARED BY: Jeffrey Schumacher, Supervisor, Housing Supply Initiatives
           Deb Schlichter, Director of Housing

APPROVED BY: Rob Horne, Commissioner of Planning, Housing and Community Services
# ATTACHMENT 1
## AFFORDABLE HOUSING STRATEGY - OUTCOME MEASURES

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>Total to Date</th>
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<tr>
<td><strong>Affordability</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Number of completed rental units at 65% of AMR (percent of rental)</td>
<td>_</td>
<td>72 (47%)</td>
<td>48 (38%)</td>
<td>1(50%)</td>
<td>14 (50%)</td>
<td>133 (42%)</td>
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<tr>
<td>Number of completed rental units at 80% of AMR</td>
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<td>82</td>
<td>82</td>
<td>1</td>
<td>14</td>
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<td>Number of affordable home ownership units</td>
<td>23</td>
<td>49</td>
<td>27</td>
<td>19</td>
<td>22</td>
<td>140</td>
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<td>Average AHO purchase price as compared to average resale price</td>
<td>85%</td>
<td>71%</td>
<td>63%</td>
<td>72%</td>
<td>62%</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Number of person years of employment created</td>
<td>46</td>
<td>372</td>
<td>271</td>
<td>10</td>
<td>66</td>
<td>765</td>
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<tr>
<td>Construction investment from new rental</td>
<td>_</td>
<td>$32.3 million</td>
<td>$21.3 million</td>
<td>$0.4 million</td>
<td>$5.4 million</td>
<td>$59.7 million</td>
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<td>Ability to leverage equity from other sources based on Regional investment</td>
<td>_</td>
<td>$1 : $6</td>
<td>$1 : $36</td>
<td>$1 : $19</td>
<td>$1:27</td>
<td>$1 : $10 (average)</td>
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<td>Impact on rental market vacancy rate by completed rental units</td>
<td>_</td>
<td>0.5%</td>
<td>0.4%</td>
<td>_</td>
<td>_</td>
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<td>Total value of homes purchased through AHO</td>
<td>$4.9 million</td>
<td>$8.4 million</td>
<td>$5.2 million</td>
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<td>$4.5 million</td>
<td>$22.4 million</td>
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<td>Development of Brownfields projects completed</td>
<td>_</td>
<td>2</td>
<td>1</td>
<td>_</td>
<td>_</td>
<td>3</td>
</tr>
<tr>
<td>Number of intensification and adaptive reuse developments completed</td>
<td>_</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>13</td>
</tr>
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<td>Reduction of greenhouse gas emissions due to higher than code efficiency of new units</td>
<td>_</td>
<td>77 tonnes</td>
<td>142 tonnes</td>
<td>_</td>
<td>_</td>
<td>219 tonnes</td>
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<td><strong>Community Sustainability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of affordable rental units created</td>
<td>_</td>
<td>154</td>
<td>130</td>
<td>2</td>
<td>28</td>
<td>314</td>
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<tr>
<td>Number of Households housed from Waiting List</td>
<td>871</td>
<td>884</td>
<td>733</td>
<td>726</td>
<td>513 (to Oct. 24)</td>
<td>3,727</td>
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<tr>
<td>Number of accessible/adaptable housing units created</td>
<td>_</td>
<td>43</td>
<td>11</td>
<td>_</td>
<td>4</td>
<td>58</td>
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<tr>
<td>Number of supportive housing units created</td>
<td>_</td>
<td>77</td>
<td>4</td>
<td>_</td>
<td>4</td>
<td>85</td>
</tr>
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REGION OF WATERLOO
PUBLIC HEALTH
Emergency Medical Services

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

DATE: November 12, 2013

SUBJECT: EMS ACTIONS TO FURTHER SUPPORT “EXCELLENCE IN PATIENT CARE” BASED ON CONSULTANT’S REVIEW AND RECOMMENDATIONS

RECOMMENDATION:

THAT the Regional Municipality of Waterloo refer the action item for an additional management position in the area of logistics, analysis and planning to the 2014 budget process for deliberation, as outlined in PH-13-045, in response to the Pomax recommendations presented to EMS on October 22, 2013.

SUMMARY:

Pomax is a consulting firm with specific expertise in EMS. It was engaged by the Region of Waterloo as part of the Excellence in Patient Care strategy, to provide a third party assessment of quality assurance and EMS management, and to sustain the organizational changes required to support the strategy over the long term.

Pomax submitted its 7 recommendations to Region of Waterloo EMS on October 22, 2013. The majority of the recommendations can be accomplished by EMS management within existing resources through reallocation and realignment. One recommendation, however, requires additional resources.

Recommendation #3:
Add resources and redesign roles to improve the chances of the administrative team and organizational structure successfully implementing the recommended strategy

Action: EMS will request an additional management position in the area of logistics, analysis and planning.

REPORT:

Region of Waterloo hired Pomax Consulting to conduct an in-depth assessment of the management structure, roles, and quality assurance processes, as part of the implementation of the “Excellence in Patient Care” Strategy. The review was completed and recommendations were provided to Region of Waterloo on October 22, 2013.

The consultant’s recommendations are based on an external review they conducted of the EMS quality assurance program and management structure over a 3 month period. The consultant was engaged by the Region of Waterloo to address findings from the Ministry review and to make recommendations to support sustainable organizational change.

This report provides a summary of the Pomax recommendations and the EMS proposed actions in
response to these recommendations. These actions build on changes already underway in EMS, and support organizational change to ensure sustainability of the change into the future.

The recommendations provided by Pomax are:

1. Formulate a clear strategic vision which is clearly linked to the Region’s Vision, Mission, and Values, and ensure that it is embodied in the activities of the EMS Division staff.

EMS proposes to build on existing work and progress that has been made in the last several months in responding to these recommendations.

Regional Council has endorsed the “Excellence in Patient Care” strategy with the objectives:
- Delivering quality patient care every time (meet or exceed ALS and BLS standards)
- Accurate and complete documentation
- Providing paramedics with the resources they need (equipment and vehicles ready every time)

This strategy specifically addresses the issues raised by the Ministry of Health in its review. This strategy fits well with the Regional values of Integrity, Respect, Collaboration, Innovation, Service. It also fits well with the Regional Strategic focus area of “Service Excellence: Deliver excellent and responsive services that inspire public trust”. EMS will work with Human Resources to further support the culture change including increased engagement with staff related to this strategy.

Action: Continue to reinforce and expand the promotion of the Excellence in Patient Care strategy with EMS staff, explicitly linking the actions and our progress to the Region’s mission, vision, values and Strategic Focus areas.

2. Establish an Oversight Advisory Committee with membership from across the Regional organization to assist with strategy implementation and monitoring, as well as providing support to the Waterloo Regional Emergency Medical Services management team and Commissioner / Medical Officer of Health.

EMS has currently in place an Executive Oversight Committee with Dr Liana Nolan, Commissioner/Medical Officer of Health as Chair and membership including Penny Smiley, Commissioner Human Resources, Chief Stephen Van Valkenburg and other members of Human Resources and EMS management. It has been meeting every two to three weeks since March providing leadership to EMS. The committee will review and modify the terms of reference to provide assistance and advice going forward, and will expand its membership to include other members of senior management in the Region.

Action: Revise the Terms of Reference for the Executive Oversight Committee to modify its mandate and expand its membership in order to develop into an Oversight Advisory Committee.

3. Add resources and redesign roles to improve the chances of the administrative team and organizational structure successfully implementing the recommended strategy

Proposed organization changes mainly require reallocation and realignment decisions within EMS. However, Pomax does include one recommendation for a permanent increase of one management position. Pomax specifically recommends a new Management role in Logistics, Analysis, and Planning. EMS agrees that it is an essential role. It would responsible for making sure that vehicles, facilities, equipment, and maintenance, repair, and procurement are in a state of constant readiness
to support operations and quality improvement. The position would have the authority and capacity to take care of all procurement and quality issues that include vehicles, equipment, stations, and pharmaceuticals. This supports one of the three key pillars of the Excellence in Patient Care Strategy (Providing paramedics with the resources they need: equipment and vehicles ready every time). This was also a key area of concern in the Ministry Review. There are a large number of legislated requirements related to preventative maintenance, tracking, stocking, monitoring and replacement of expired drugs or potentially faulty equipment. As the Service has grown in size and complexity and vehicles have been added, there has not been a corresponding development of the management infrastructure to provide oversight to this important area.

Regarding realignment of existing resources, EMS is in the process of
- Redesigning existing management roles and responsibilities,
- Setting new expectations for managers and staff and monitoring results,
- Providing training and support for the management team to meet the new expectations, and
- Re-designing and providing new opportunities for development for staff and management.

These changes are occurring through re-allocation of existing resources or temporary re-allocation of resources for time-limited requirements.

**Action:** EMS will engage the Oversight Advisory Committee in its ongoing EMS management redesign, giving consideration to the specific training, roles, and tasks suggested by Pomax.

**Action:** EMS will request an additional management position in the area of logistics, analysis and planning

4. **Explore paramedic shift realignment and resource allocation so that operational shift schedules are based on historical and expected call patterns.**

EMS currently matches resource deployment to call volume demand. Additional staff are added throughout the day based on statistical call volume patterns. Staffing can be modified as well when unexpected real time surges in demand occur. However, EMS is always looking to further optimize its deployment plan, especially as call volumes grow and the Region’s population grows and ages, since demand patterns can change over time. Station locations and other Master Plan elements have an impact on the deployment plan as well.

Pomax provided EMS with an analysis of historical average hourly demand in 2012 as compared with historical average hourly staffing. EMS will review this data as an input to decisions related to further improvements in the operational deployment of staff. This information will help inform the EMS Master Plan review. Planning for the EMS Master Plan review will commence in 2014, in order to update and refresh the EMS Master Plan by 2016.

**Action:** EMS will explore fine tuning the deployment strategy in consideration of changing call volumes, considering growth assumptions call volume assumptions and station locations, as part of the EMS Master Plan review process which will be further scoped in 2014.

5. **Modify recruitment practices to ensure that the personal attributes of new hires are in alignment with the values of the Region, and those attributes are given as much weight as paramedic skills in hiring decisions.**

EMS has already initiated some changes in recruitment practices including specific consideration for demonstration of Regional values in potential candidates. Recruitment practices for permanent staff,
as well as for temporary and developmental roles, will continue to be reviewed to ensure that new recruitment approaches are incorporated.

**Action:** EMS will continue to work with Human Resources and the Oversight Advisory Committee to ensure that the recruitment process evaluates candidates for the behaviours and values we wish to reinforce in the culture of the organization.

6. Ensure appropriate Information Technology, analytical, and information management support so that the EMS Command structure has immediately available, detailed, up to date, decision making information.

EMS is working closely with Information Technology to ensure that the evolving needs of EMS can be appropriately addressed. This fits well with a current Information Technology review currently under way. EMS is also working closely with the Strategic and Quality Initiatives unit in Public Health to support data analysis needs.

**Action:** EMS will continue to modify internal roles and responsibilities, and continue to collaborate with IT and Public Health to ensure that the evolving information needs of EMS are appropriately met.

7. Develop and implement the action plan.

Pomax was contracted to provide advice on how to sustain change in EMS culture, in support of quality assurance and strong management oversight, and with a goal of excellence in patient care. The recommendations build on work already underway in EMS. The one request for additional resources is recommended by EMS for Council consideration. Other Pomax recommendations will be reviewed and implemented by EMS management, with support from the Oversight Advisory Committee. Council will be kept informed as to progress in EMS as part of a previous commitment to report on “Excellence in Patient Care”.

**Action:** The actions outlined in this report will be reviewed and monitored by the Oversight Advisory Committee. Progress reports to Council will be incorporated along with future progress reports related to the “Excellence in Patient Care” strategy.

**CORPORATE STRATEGIC PLAN:**

Focus area 5: Deliver excellent and responsive services that inspire public trust
5.3 Ensure Regional programs and services are efficient and effective and demonstrate accountability to the public.

**FINANCIAL IMPLICATIONS:**

Most of the recommendations relate to reallocation of existing resources, or the reallocation of resources on a temporary basis for specific tasks. One recommendation calls for the permanent addition of new resources in order to provide additional logistics, business analysis and planning support to EMS. Specifically the consultant recommends the permanent addition of an additional management position with oversight of logistics, business planning and analysis. It will have responsibility for oversight of readiness of vehicles and equipment, and logistics performance reporting for EMS. The total annualized impact is $122,000, with the annualized net levy impact being $61,000. There is a budget issue paper which corresponds to this issue.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Human Resources, Finance and Corporate Resources were consulted in the development of this report.

ATTACHMENTS

NIL

PREPARED BY:  Stephen Van Valkenburg, Chief Emergency Medical Services
Dr Liana Nolan, Commissioner/Medical Officer of Health

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

DATE: November 12, 2013

FILE CODE: P13-80

SUBJECT: YOUTH ENGAGEMENT UPDATE

RECOMMENDATION:

For information

SUMMARY:

As part of the Smoke-Free Ontario Strategy, Region of Waterloo Public Health works with a youth-led action group of volunteers called ‘Impact.’ These youth volunteers engage and educate their peers about healthy living and positive change in Waterloo Region. Under the leadership of Public Health staff, the group develops health promotion campaigns and events on topics relating to chronic disease and injury prevention, which will be described in this report.

In order to increase youth engagement opportunities within Public Health, the Healthy Living Division broadened its youth engagement strategy to include the enhancement of collaborations with community organizations in Waterloo Region. This report summarizes the recent activity of the Impact youth volunteers and highlights the key components of the expanded strategy.

REPORT:

Impact Youth Peer Program

Impact has 12 volunteers ranging in age from 14 to 21 years and has existed since 2012. The youth volunteers develop health promotion campaigns and events to engage other Waterloo Region youth on topics such as smoke-free movies and banning flavoured tobacco products.

Impact’s campaigns and events focus on tobacco industry “denormalization.” Tobacco industry denormalization includes raising awareness about the way the tobacco industry uses various marketing tactics to make tobacco products appealing to youth.

Recently, Impact youth volunteers educated youth and adults about tobacco industry denormalization at the following local events:

- In August 2013, Impact attended the City of Cambridge outdoor movie night to raise awareness about the health effects of smoking and the influence of smoking in movies through a variety of interactive games and educational activities.
- In September 2013, in collaboration with Canadian Cancer Society and other provincial public health units, Impact attended a media awareness event in Toronto. Impact’s aim was to educate Toronto International Film Festival attendees about the effects of smoking in movies on the initiation of youth tobacco use.
- Impact participated in Uptown Waterloo Open Streets on September 15th and engaged over 200 attendees. Impact collected 170 signatures on a federal petition advocating for legislation to ban flavour in tobacco products.
- **Impact** hosted a movie night on November 8th at a local elementary school. At the event, **Impact** organized interactive games and activities intended to educate attendees about tobacco use and smoking in movies.

**Healthy Living Division Expanded Youth Engagement Strategy**
In order to increase collaboration and coordination of youth engagement activities across chronic disease and injury prevention (CD/IP) topics, the Healthy Living Division has expanded its youth engagement programming. Internally, this includes: orientation for divisional staff on youth engagement principles; the development of a youth engagement toolkit for staff; and divisional standard operating procedures for youth engagement.

In order to improve and expand youth-led health promotion activities within the community, the Healthy Living Division has created a Youth Ambassador Pilot project. For the pilot project, staff will collaborate with post-secondary volunteers and community organizations that work with youth. The goal of this project is to support the development and implementation of youth peer-to-peer health promotion activities and events. Public Health staff, acting as a resource in the community, will facilitate and support youth engagement and health promotion opportunities throughout Waterloo Region.

**Benefits of Youth Engagement**
The **Impact** peer program and the Youth Ambassador pilot project have many development opportunities for the youth volunteers, including:

- Building internal strengths such as confidence, optimism, and self-esteem
- Learning job-related skills that can result in employment
- Connecting volunteers with their community
- Allowing for ‘real-world’ experience
- Helping to build communication and social skills
- Providing opportunity to develop relationships
- Providing opportunities for reflection to discover individual strengths and interests.¹

While youth are the primary focus of youth engagement initiatives, there are various benefits for the organizations and communities involved. For example, youth engagement initiatives can help to ensure organizations are responsive to youth in the community; place greater value on inclusivity; and are recognized within the community.²,³,⁴ Youth engagement initiatives can help communities to decrease misunderstandings, stereotypes and mistrust between generations; build a stronger sense of community; increase time and energy invested in the future of the community and; ensure more coordinated youth services, ¹,³.

**ONTARIO PUBLIC HEALTH STANDARDS:**
Under the *Health Protection and Promotion Act*, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information related to the compliance with Chronic Disease Prevention Standards 7, and 11:

- The board of health shall increase capacity of community partners to coordinate and develop regional/local programs and services related to healthy eating; healthy weights; comprehensive tobacco control; physical activity; alcohol use; and exposure to ultraviolet radiation.
• The board of health shall increase public awareness in the following areas: healthy eating; healthy weights; comprehensive tobacco control; physical activity; alcohol use; exposure to ultraviolet radiation; benefits of early detection of cancers and other chronic diseases of public health importance; health inequities that contribute to chronic diseases.

CORPORATE STRATEGIC PLAN:

Strategic Focus Area 4.2.3: Plan and implement a youth engagement Initiative to inform and direct youth-based health promotion work.

FINANCIAL IMPLICATIONS:

Funding for Youth Engagement programming has been provided through the Ministry of Health and Long-Term Care’s Smoke Free Ontario Strategy funding and public health cost-shared dollars.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

PREPARED BY: Ashley King, Youth Engagement, Healthy Living
Katie McDonald, Public Health Planner, Healthy Living

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

Work Cited


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

DATE: November 12, 2013

FILE CODE: P11-20

SUBJECT: SPARK ADVOCACY GRANT AND EXTENSION OF MUNICIPAL LIABILITY INSURANCE TO THE WATERLOO REGION FOOD SYSTEM ROUNDTABLE

RECOMMENDATION:

THAT the Regional Municipality of Waterloo, as the Board of Health, extend the Region's Municipal Liability Insurance policy to the Waterloo Region Food System Roundtable to enable the Roundtable to meet the eligibility requirements of the Heart and Stroke Foundation of Ontario’s Spark Advocacy Grant program.

SUMMARY:

The Waterloo Region Food System Roundtable (Roundtable) is a not-for-profit networking and policy-making group working to build a stronger voice for a healthy food system in Waterloo Region. The Roundtable has applied for funding through the Heart and Stroke Foundation of Ontario’s Spark Advocacy Grant program. In order to carry out the above activities, the Heart and Stroke Foundation of Ontario’s Grant Guidelines require applicants to take out and maintain liability insurance in the amount of two million dollars.

Region of Waterloo would serve as the trustee for this funding, therefore Region of Waterloo would need to extend its municipal liability insurance policy to the Roundtable in order to be eligible for the grant.

Region of Waterloo Public Health, on behalf of the Roundtable, is requesting that the Region of Waterloo extends its Municipal Liability Insurance policy to the Waterloo Region Food System Roundtable in order to be considered for this Community Advocacy Action Grant and the implementation of the Roundtable’s advocacy campaign.

REPORT:

Launched in 2007, the Roundtable is comprised of volunteers representing key sectors and interests of the local food system, including: local farmers; emergency food providers; food processing, distributing, and retail business people; health professionals; and more. As per their Terms of Reference, their goal is to build a healthier food system in Waterloo Region.

Roundtable members have applied for funding from the Heart and Stroke Foundation of Ontario’s Spark Advocacy Grant program. This Community Advocacy Action Grant is designed for projects that mobilize the community to make significant change that will have a sustainable impact in supporting increased access to healthy food and/or physical activity for children in Ontario. The Roundtable has requested a grant of $24,000.
The Roundtable will use this Community Advocacy Action Grant to conduct an advocacy campaign in Waterloo Region’s seven area municipalities by engaging both municipal councils (those seeking election in 2014) and municipal staff with responsibility for advising Councils on the areas the Roundtable would like to influence. This work will be carried out by over twenty volunteers, who have completed an advocacy workshop and is intended to increase the availability of temporary farmers’ markets and community gardens by encouraging healthy policy and municipal bylaw changes. If the grant is received, the Roundtable is expected to implement the work plan between February and December 2014 with the advocacy activities taking place between May and October.

However, in order for the Roundtable’s application to be considered, the Heart and Stroke Foundation of Ontario’s Grant Guidelines require applicants to take out and maintain liability insurance in the amount of two million dollars.

The Region’s Municipal Liability Insurance policy provides coverage for claims involving third party bodily injury, property damage, personal injury, contractual liability, tenants legal liability and liquor liability. The definition of insured under this policy does include any volunteer worker of the Region, but it does not include Community Groups or organizations like the Roundtable.

However, the Regional Municipality of Waterloo’s insurance program has been designed to allow for the naming of an additional insured under the Municipal Liability policy. The Master Policy wording states that the Region has the authority by resolution to extend coverage to:

   “individuals, groups and organizations for whom the Named Insured has agreed to provide insurance including, but not limited to, neighbourhood/community associations, religious/charitable organizations, minor sports organizations, special events committees, senior citizens, youth, special needs and cultural groups, subject to: Sub-limits: to a maximum of $5,000,000 each occurrence with a deductible of a minimum of $100 each claim.”

Region of Waterloo Public Health, on behalf of the Roundtable, is requesting that the Region of Waterloo extends its Municipal Liability Insurance Policy to the Roundtable in order to be considered for the Heart and Stroke Foundation of Ontario’s Spark Community Advocacy Action Grant.

The Role of Region of Waterloo Public Health
The Roundtable was launched in 2007 following a public consultation process led by Public Health which sought to establish priorities for working towards a healthy food system in Waterloo Region. Since the launch, Public Health has played an active role in supporting the Roundtable. This has included assigning a staff liaison to oversee the Roundtable’s operations - providing guidance, direction, and control.

Public Health will also serve as trustee for this funding if the Roundtable’s grant application is successful and Region of Waterloo extends its Municipal Liability Insurance Policy to the Roundtable.

ONTARIO PUBLIC HEALTH STANDARDS (OPHS) REQUIREMENTS:

Chronic Disease Prevention (CD) Requirements

CD 7 The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services related to healthy eating.

CD 12 The board of health shall provide advice and information to link people to community programs and services related to healthy eating.
CORPORATE STRATEGIC PLAN:

Environmental Sustainability
1.1 Integrate environmental considerations into the Region’s decision making;
1.5 Restore and preserve green space, agricultural land and sensitive environmental areas.

Growth Management and Prosperity
2.1 Encourage compact, livable urban and rural settlement form;
2.3 Support a diverse, innovative and globally competitive economy.

Healthy and Inclusive Communities
4.2 Foster healthy living through information, education, policy development and health promotion.

Service Excellence
5.5 Improve awareness of Regional services and facilitate processes for public input and involvement.

FINANCIAL IMPLICATIONS:

By extending the Region’s Municipal Liability insurance coverage to the Waterloo Region Food System Roundtable, if claims occur from their operations, these will track to the Region’s claims history. This could have an impact on the insurance premiums charged to the Region in the future. However, staff feel that the claim exposure is minimal and to ensure proper control of the operations of the Waterloo Region Food System Roundtable, a staff liaison has been assigned to oversee their operations.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Craig Smith, Manager Risk Management, Finance Department

PREPARED BY: Kevan Marshall, Public Health Planner

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

DATE: November 12, 2013

FILE CODE: S09-80

SUBJECT: DISCRETIONARY BENEFITS UPDATE

RECOMMENDATION:

For information

SUMMARY:

The Province of Ontario capped its share of funding for Discretionary Benefits on July 1, 2012. Through the 2013 Budget process Council approved $2 million in expenditures above the Provincial cap. This report summarizes the experience to the end of September 2013 and outlines a preliminary direction for the Ontario Works Discretionary Benefits (OWDB) Program in 2014 based upon the approved Budget.

REPORT:

1.0 Background

Under the Ontario Works Act a Consolidated Municipal Services Manager (the Region of Waterloo) can provide certain discretionary benefits to Ontario Works (OW) and Ontario Disability Support Program (ODSP) participants. There are two types: health-related and non health-related. These benefits are cost-shared with the Province (85.8%/Province, 14.2%/Region for 2013).

In 2012 the Province introduced a cap on the level of funding for the OWDB Program, resulting in a projected $3.5 million shortfall in 2013 if gross expenditures remained at the 2012 level of $6.0 million. In presenting funding options to Council, staff considered:

- The elimination of the Community Start Up and Maintenance Benefit, effective January 1, 2013. This Benefit was used to establish a new principal residence, prevent eviction or the discontinuance of a utility and address a threat to health and welfare.
- The availability of funds to assist with last month’s rent through the Community Homelessness Prevention Initiative.
- The 5 priority areas of funding identified through survey by social assistance participants, community agencies and Region staff (adult dental, last month’s rent, vision care, food hampers, late payment/ connection fees) within an array of services.
- The importance of meeting basic needs (food and shelter) and ensuring a person’s health and safety.

Council approved a 2013 budget of $4.5 million or $2 million above the estimated Provincial cap, with $1 million added to the OWDB Program as ongoing funding and $1 million approved on a one-time basis. The approved budget with expenditures to the end of September 2013 is provided as an attachment to this report.
2.0 Check-in Survey

In report SS-13-019 (June 18, 2013) staff reported on the status of the Program to that point and reviewed the steps taken to implement the revised OWDB Program. Staff has continued to monitor expenditures and the allocations within the various items paid through discretionary benefits. To support this, staff undertook a second community consultation in the spring 2013 to check-in with the three stakeholder groups: Ontario Works and Ontario Disability Support Program participants, community organization staff, and OW/ODSP staff. The goals of the survey were to confirm the priority of the benefits, learn of the impact of the changes and obtain feedback on the new Discharge Fund.

The survey provided several key findings, including:

- The majority of people from each stakeholder group agreed that the five benefits identified through the 2012 survey are the most important (i.e., dental services for adults, last month’s rent (now provided as Rapid Rehousing Discharge Fund), vision care, food hampers, late payment/connection fees for utilities).
- Other benefits that were identified as being most important included drugs/medical supplies, bus tickets, and eviction prevention.
- When asked to comment on changes to accessing benefits, OW/ODSP participants and community organization staff commented on restricted access to bus tickets/transportation and dental/dentures, while OW staff commented on restricted access to last month’s rent/utility payments/moving costs.
- When stakeholders provided comments about which discretionary benefits should be made more accessible, dental/denture benefits and transportation/bus tickets were the most commonly cited by participants and community organization staff, while housing supports (e.g., eviction prevention and the Discharge Fund) were most commonly noted by OW staff.
- When providing comments on how people have been impacted by the removal of some discretionary benefits respondents from all stakeholder groups commented on the negative social, economic and health impacts upon OW and ODSP participants.

A copy of the full survey findings and a summary report were provided to Council with the Discretionary Benefits Check-in Survey Information Memorandum of October 1, 2013.

3.0 Focus Groups

Subsequent to the survey focus groups were held to discuss the survey findings and review experience with the OWDB Program in greater detail. These were held with community partners, the Employment and Income Support Community Advisory Committee and Ontario Works staff in September 2013. Based upon the findings of the check-in survey and experience with the Program, focus group participants were invited to comment on the future direction of the Program.

The discussion of placing greater or less emphasis amongst the various discretionary benefits was a difficult conversation for each of the groups. Generally it was noted that all of the discretionary benefits are important. Participants of the focus groups struggled to come to a consensus on where emphasis should be placed or which (if any) benefits could be reduced. This lack of consensus suggests that all of the various benefits are important to people in tenuous situations, whose circumstances and needs change over time.

That being said, a few common themes emerged:

- The need for dentures to be covered as a discretionary benefit.
• The importance of affordable transportation/transit options for people on social assistance.
• The need to expand the eligibility criteria for mattresses beyond bed bugs.
• The need to explore the possibility of providing funding to a community agency (or agencies) to provide services for appliance, mattress, and/or furniture purchases.

4.0 Experience To Date

Attachment A provides a summary of expenditures to September 2013. In managing the OWDB Program in 2013, it was recognized that this would be a transitional year and staff would learn from experience and feedback. A cautious approach to in year adjustments was taken so as not to build community expectation given the one time commitment of $1 million. At the same time staff has used Provincial funds through the Community Homelessness Prevention Initiative (100% Provincial) where appropriate in place of discretionary funding (100% Regional). This will result in an under expenditure of the approval in 2013. In reviewing the information, staff would comment:

• Dental expenditures exceed approval as the denture program could not be ended until summer 2013; emergency expenditures (as approved) are on target.
• Food hamper expenditures are capped at $700,000 and will be fully expended by year end.
• Late payment/connections for utilities are significantly under spent, as staff has used funds from the Community Homelessness Prevention Initiative ($126,000 to September 30th).
• Funeral costs will exceed approval, reflecting actual experience.
• Eligibility for orthotics has been severely restricted, as seen in the level of expenditures.
• Interpreter services again reflect actual costs (and lower in comparison to the 2012 experience).
• Modest under expenditure in mobility and hearing aids.
• Costs for appliance repairs will slightly exceed approval, while furniture and appliance purchases will be under. Reflects the emphasis to maintain what people have and the requirement that purchases must be through a vendor.
• With the introduction in fall 2013 of the Last Month’s Rent pilot through the Community Homelessness Prevention Initiative (100% Provincial funds), eligibility criteria for the eviction funds was not changed in year.
• Use of emergency funds reflects actual experience (a lower than original estimate).
• Under expenditure in mattresses reflects criteria of replacement for bed bugs only.

5.0 Planning for 2014

Staff has begun to structure the OWDB Program in 2014 within the approved budget of $3.5 million. The feedback from the two surveys and focus groups inform the overall direction. The loss of the $1.5 million in one-time Community Homelessness Prevention Initiative funding after March 31st, 2014 impacts the ability to support late payment/connection fees. At the same time funding has been provided on a pilot basis for a Last Month’s Rent program from this initiative, which may also limit the ability to address eviction situations or support those who need to move to more affordable accommodation (preventing eviction and ensuring stability of housing).
The following adjustments in the current program allocations are being considered and are provided in Attachment A as preliminary thinking:

- The addition of a limited denture program.
- Reduction in funding to the food hamper programs.
- Reduction in late payment/connections fees to a level which ensures current level of service.
- Reduction in funding of bus tickets (to be addressed in part through service delivery changes).
- Elimination of orthotics.
- Modest adjustments in the areas of interpreter fees, mobility and hearing aids, mattresses and the purchase of documents to reflect actual experience.
- Reduction in level of funding for eviction prevention based upon current spending.

Staff is working in partnership with Social Planning Policy and Program Administration, Social Services to align the OWDB Program with the Community Homelessness Prevention Initiative and to explore the potential for community agencies to address the need for furniture, mattresses and appliances among other options. As a longer term strategy, Social Services staff is meeting with key community leaders around the funding and delivery of social services in the future given the general fiscal environment.

CORPORATE STRATEGIC PLAN:

The delivery of the Ontario Works Discretionary Benefits Program supports the Region’s Corporate 2011-2014 Strategic Plan, Focus Area 4: Healthy and Inclusive Communities; Strategic Objective 4.1 (to) work collaboratively to reduce poverty.

FINANCIAL IMPLICATIONS:

The 2013 Budget includes a provision of $4.467 million for OW Discretionary Benefits. The budget includes $2.0 million over the maximum amount that would be cost shared by the Province of Ontario. The $2.0 million was funded by an increase in the property tax levy of $1.0 million and a one time provision of $1.0 million to be funded by the Tax Stabilization Reserve Fund and the Capital Levy Reserve Fund.

Based on year to date expenditures, it is projected that the OWDB Program will be under spent by $0.4 million by year end and that the transfer from the Capital Levy Reserve Fund will not be required. This projection is subject to change.

The 2014 Base Budget includes a provision of $3.5 for the OWDB Program, a decrease of $1.0 million from the 2013 Budget. This program is subject to Provincial uploading and as a result the Provincial subsidy on eligible expenditures will increase from 85.8% to 88.6% in 2014.

The following table summarizes the 2013 Budget, year to date and year end projections and the 2014 Base Budget.
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<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
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<tr>
<td>Expenditures</td>
<td>$4,467,200</td>
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<td>Provincial Subsidy *</td>
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<td>$2,185,940</td>
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<tr>
<td>Tax Stabilization Reserve Fund</td>
<td>$1,526,399</td>
<td>$2,078,056</td>
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<td>Capital Levy Reserve Fund</td>
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<td>Total Revenues</td>
<td>$6,738,600</td>
<td>$6,542,996</td>
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<td>Net Regional Levy</td>
<td>$1,350,342</td>
<td>$1,281,260</td>
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# Projected as of September 2013. Subject to change.
* Subsidy increases in 2014 to 88.6% as a result of Provincial uploading.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

This report was reviewed by staff from Social Planning, Social Services and Finance.

**ATTACHMENTS**

Attachment A: 2013 Operating Budget: Ontario Works Discretionary Benefits

**PREPARED BY:** David Dirks, Director, Employment and Income Support

**APPROVED BY:** Douglas Bartholomew-Saunders, Commissioner, Social Services
ATTACHMENT A

The Regional Municipality of Waterloo
2013 Operating Budget
Ontario Works Discretionary Benefits
$ in 000s

<table>
<thead>
<tr>
<th>Item</th>
<th>Sept 2013 Y-T-D Actual</th>
<th>2013 Budget</th>
<th>Variance</th>
<th>2014 Preliminary</th>
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<td>Dental for adults</td>
<td>1,045</td>
<td>900</td>
<td>(145)</td>
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<td>Food hampers</td>
<td>525</td>
<td>700</td>
<td>175</td>
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<td>Vision care for adults</td>
<td>262</td>
<td>320</td>
<td>58</td>
<td>320</td>
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<td>Late payment/connections</td>
<td>9</td>
<td>200</td>
<td>191</td>
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<td>Funeral costs</td>
<td>377</td>
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<td>Travel/bus tickets</td>
<td>147</td>
<td>250</td>
<td>103</td>
<td>200</td>
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<td>Orthotics</td>
<td>2</td>
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<td>48</td>
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<td>Drugs/medical supplies</td>
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<td>186</td>
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<td>Interpreter services</td>
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<td>Mobility aids</td>
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<td>Hearing aids</td>
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<td>Appliance repairs</td>
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<td>Furniture/appliance purchase</td>
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<td>Eviction prevention</td>
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<td>Contingency</td>
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<td>Emergency response</td>
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<tr>
<td>Purchase of mattresses</td>
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<td>33</td>
<td>32</td>
<td>10</td>
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<tr>
<td>Purchase of documents</td>
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<td>22</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td><strong>$ 4,467</strong></td>
<td><strong>$1,589</strong></td>
<td><strong>$3,500</strong></td>
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