Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, February 24, 2015

1:00 p.m.

Regional Council Chamber

150 Frederick Street, Kitchener

---

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

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

3. **Delegations**

    a) Moira Sharon Magee, re: Emergency Medical Services Policies

    b) Orin Roberts, Keith Lamson, and Carla Geldof, Marsdale Manor re: Participation in the Consolidated Homelessness Prevention RFP Process   1

    c) Birgit Lingenberg re: Recent Deaths of Low Income Individuals

    d) Joel Knight re: PHE-HLV-15-01, Waterloo Region Food System Roundtable   2

4. **Presentations**

    a) Community Services Departmental Overview – Seniors' Services and Children's Services Divisions – Douglas Bartholomew-Saunders, Commissioner, Community Services

1808942

5. | **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.

6. **Request to Remove Items From Consent Agenda**

7. **Motion to Approve Items or Receive for Information**

Regular Agenda Resumes

8. **Reports - Community Services**

Reports – Public Health and Emergency Services

Reports – Planning, Development and Legislative Services

9. **Information/Correspondence**

10. **Other Business**

11. **Next Meeting – March 24, 2015**

12. **Adjourn**

DELEGATION TO REGIONAL COUNCIL
TO PERMIT MARSDALE MANOR AND OPTIMUM HEALTH CARE SERVICES
TO PARTICIPATE IN THE CONSOLIDATED HOMELESSNESS PREVENTION INITIATIVE RFP PROCESS
February 24, 2015

Thank you to Chair Seiling and to Regional Council for the opportunity to speak to you this evening on a matter of great importance. Dozens of vulnerable people are about to lose their homes if Marsdale Manor and Optimum Health Care Services are forced to close. Dozens more taxpayers stand to lose their jobs. You have the ability to prevent this from happening, and we're asking for you to do that tonight.

Marsdale Manor and Optimum Health Care Services are supportive housing facilities located in Cambridge. We house more than 100 men and women who require health as well as personal care and we have been in operation for over 30 years. Some of our staff have been with us for more than 20 years.

Our funding has come in large part from per diem funding provided by the Region of Waterloo under the provincial domiciliary hostel program. With the merger of that program with the provincial Community Homelessness Prevention Initiative (CHPI), we were required, as were all current and new supportive housing providers, to reapply for Regional funding, through a pre-qualification and then a request for proposal process.

The pre-qualification application was due at 2:00 pm on January 8th of this year. We completed the application, but missed the filing deadline by minutes, because we mistakenly delivered our application package to the Region's offices at 99 Regina Street South, in Waterloo, and once redirected could not make it to 150 Frederick Street, in Kitchener, in time. It was a simple oversight, but one with catastrophic consequences to us, our tenants and our staff.

Because we missed the prequalification application deadline, we were advised by staff from the Housing Services Division that we would be ineligible to advance to the request for proposals phase of the funding application. We were told that our current agreement with the Region would end effective March 31st of this year. Our tenants would be moved to other homes, not of their choosing. Our staff would be unemployed.

We are requesting Regional Council to forgive the pre-qualification requirement and to permit Marsdale Manor and Optimum Health Care Services to participate in the CHPI request for proposals. Further, we are requesting that our current agreements with the Region be extended until such time as the request for proposals process is complete. We are aware that no new CHPI funding agreements will take effect before April 1st of 2016, so believe that an extension will have no negative impact on the Region's budget.

Thank you for considering our request.

Region of Waterloo

Public Health and Emergency Services

Healthy Living

To:	Chair Geoff Lorentz and Members of the Community Services Committee
Date:	February 24, 2015 **File Code:** P13-20
Subject:	**Waterloo Region Food System Roundtable**

Recommendation:

For Information

Summary:

Public Health staff continues to support the Waterloo Region Food System Roundtable as part of its food system approach to promoting healthy eating. Recently, the group conducted a campaign aimed at addressing barriers to temporary farmers' markets and community gardens, made possible by a grant administered by the Region with Regional Council approval. It also provided input into the new Waterloo Region Economic Development Strategy. The Roundtable's reach continues to grow, as its comments on various food issues reach people through its public events, website, and social media.

Report:

Background

Public Health provides staff support to the Waterloo Region Food System Roundtable as directed by Council (see PH-07-022). Support for the Roundtable complies with the requirements of the Ontario Public Health Standards[1] and is integral to the goal of creating a healthy food system where healthy eating is the norm and chronic diseases

---

[1] Chronic Disease Prevention standard 7 requires Boards of Health to "increase the capacity of community partners to coordinate and develop regional/local programs and services related to healthy eating, including community-based food activities." Ontario Public Health Standards 2008, p.20.

are reduced. The Roundtable was formed in 2007 as a network which brings together the key sectors and interests of Waterloo Region's food system to communicate with a common voice and to promote action on food issues. Its vision for a healthy food system is best articulated in the [Waterloo Region Food Charter](#), which Regional Council endorsed on [April 17, 2013](#). Its twenty-two members meet five times per year; smaller work groups meet more often to address specific issues.

Update

The Roundtable's scope of activity and breadth of its influence in the community continues to increase. In 2014, the group raised concerns about the effect of neo-nicotinoid pesticides on bees and other organisms, provided input into the new Waterloo Region Economic Development Strategy (WREDS), and conducted a campaign aimed at addressing barriers to temporary farmers' markets and community gardens.

Food Spaces, Vibrant Places Campaign

The Food Spaces, Vibrant Places campaign grew out of the Roundtable's longstanding efforts to increase access to local, healthy food in urban neighbourhoods of the Region. In 2009, the Roundtable was instrumental in convincing the Region to include a section in the Regional Official Plan (3.F) requiring area municipalities to include policies in their Official Plans addressing temporary farmers' markets and community gardens. Since then, all three of the Region's cities adopted policies in their Official Plans permitting the possibility of temporary farmers' markets and community gardens in all land use designations. However, the cities' zoning and licensing by-laws now require updating to conform to their Official Plans.

A grant from the Ontario Ministry of Health and Long-Term Care through the Waterloo Region Healthy Communities Partnership enabled the Roundtable to research the specific by-laws in all seven of the Region's area municipalities. The report, Planning for Food Friendly Municipalities, was published by Public Health in August 2013. It gave specific advice on how the Roundtable and other supporters of food-friendly municipalities in Waterloo Region could advocate for more supportive environments for temporary farmers' markets and community gardens.

In late 2013, the Roundtable was awarded a grant from the Heart & Stroke Foundation's Spark Advocacy program to pursue the objectives laid out in the report. (Public Health administered the grant as authorized by Council in [PH-13-048](#)). Since 2014 was a municipal election year, the Food Spaces Vibrant Places campaign reached out to all candidates for Council in Kitchener, Cambridge, and Waterloo, and asked them to commit to a more supportive environment for temporary farmers' markets and community gardens.

By the election in late October, over 570 people signed the Roundtable's petition and over half of the Councillors elected in the three cities publicly declared support for the

campaign. A record of the campaign can be found on its website at
www.wrfoodsystem.ca/foodspacesWR. The Roundtable will now be turning its attention
to working with elected Councillors and City staff to address the specific by-law details
through the comprehensive by-law reviews of each City. An "Action Group" of
Roundtable volunteers met in late January 2015 to plan this out.

Economic Development

Since its inception, the Roundtable has promoted economic development opportunities
that relate to food. Its Food Charter (www.wrfoodsystem.ca/food-charter) calls for
community economic development that "prioritiz[es] local processing, distribution, and
retailing opportunities for small- and medium-sized businesses" and "encourage[s]
public institutions to buy local and environmentally sustainable food."

In September 2013, the Roundtable co-sponsored an event with the Waterloo-
Wellington-Dufferin Workforce Planning Board and the Region on the potential of the
local food economy. Roundtable volunteers gave input into the development of the
Waterloo Region Economic Development Strategy (WREDS) in February 2014 and later
gave detailed feedback on the proposed actions in the strategy. The final strategy
contains several of the Roundtable's suggestions.

The Roundtable is now looking forward to participating in the implementation of
Objective 3.6 of the WREDS: "to support the growth, long-term viability, and vibrancy of
Waterloo region's agriculture, agribusiness, and agri-food sector." It is actively exploring
strategies to bring together funding and expertise in the local food sector to take action
on specific economic development opportunities.

Other

The Roundtable continues to address a myriad of food issues through its public events,
website, and its five meetings per year. For example, a presentation on the effects of
neo-nicotinoid pesticides at one of its meetings in January 2014 led to a policy position
taken on the issue and a letter sent to the Minister of Agriculture and Rural Affairs.
Volunteers post new blogs on the Roundtable's website on food issues each week, and
other volunteers promote the blogs by posting links to them on social media. This
medium has become a key way for the Roundtable to implement its mission of
"connecting the community to the work of building a healthy food system." Traffic to the
Roundtable's website continued to increase in 2014, with an average of 72 visits per
day. This was a 10% increase over the previous year. The number of people receiving
the Roundtable's bi-weekly email newsletter increased 20% in 2014 to 601, and Twitter
Followers and Facebook Page Likes increased 42% and 61% respectively, to 623 and
248.

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. Public Health's food system work addresses many of the Ontario Public Health Standards, including:

> **Chronic Disease Prevention Requirement #6**: "work with municipalities to support healthy public policies and the creation of supportive environments … that support … healthy eating."

> **Chronic Disease Prevention Requirement #7**: "increase the capacity of community partners to coordinate and develop regional/local programs and services related to healthy eating."

> **Chronic Disease Prevention Requirement #11**: "increase public awareness in … healthy eating."

Corporate Strategic Plan:

The issues addressed by the Food System Roundtable address many areas of the Region's Strategic Plan, including:

> **Environmental Sustainability** – esp. 1.1 Integrate environmental considerations into the Region's decision making, and 1.5 Restore and preserve green space, agricultural land and sensitive environmental areas.

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

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

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

Financial Implications:

Public Health's contributions to the work of the Food System Roundtable are carried out with resources funded within the department's base budget which is cost shared 75% by the Province of Ontario and 25% through the local tax levy.

Other Department Consultations/Concurrence:

Nil

Attachments

Appendix A: Current Board Members of the Waterloo Region Food System Roundtable

Appendix B: Outreach Statistics for Waterloo Region Food System Roundtable

Prepared By: Marc Xuereb, Public Health Planner

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

Appendix A: Current Members of the Waterloo Region Food System Roundtable
(more details on each person at www.wrfoodsystem/aboutus)

NAME	ORGANIZATION*
Charla Adams	Kitchener Downtown Community Health Centre
Fatima Alhaan	Living Research
Jesse Bauman	House of Friendship Emergency Food Hampers Program
Susan Broughton	All Things Tea
**Paula Bryk	Wilfrid Laurier University Geography
Laura Callum	Mill-Courtland Community Centre
Jay Carnahan	Millstream Foods
Annette Carroll	University of Waterloo Food Services
Cristina Fernandes	Langs Farm Community Health Centre
Darrick Hahn	Foodlink Waterloo Region
Aura Hertzog	Ambrosia Pastry Company
**Joel Knight	Two Crows Growery
Katherine MacDuff	Food Bank of Waterloo Region
Jennifer Marshmann	University of Waterloo Geography
Greg Michalenko	Community Garden Council
Shabbir Muhammad	Ontario Institute of Agrologists
Jennifer Pfenning	Pfenning's Organic Vegetable Farm
***Katherine Pigott	Region of Waterloo Public Health
Justin Radstake	Young City Growers
Mark Reusser	Waterloo Federation of Agriculture
Steffanie Scott	University of Waterloo Geography Dept
Jason Vistoli	Young City Growers
Brendan Wylie-Toal	My Sustainable Canada

*Organizations are listed for identification purposes only: most members are not representing organizations listed.

**Co-Chair

***ex officio

Appendix B: Outreach Statistics for Waterloo Region Food System Roundtable

	2012	% Change	2013	% Change	2014	% Change
Total Website Visits ("Sessions")	15256	58.1%	24000	57.3%	26421	10.1%
Average Daily Website Visits	41.7	58.0%	65.8	57.7%	72.4	10.1%
Total Unique Visitors ("Users")	10766	70.8%	18227	69.3%	20547	12.7%
Unique Visitors/Day	29.5	70.8%	49.9	69.3%	56.3	12.7%
Total Blog Posts	94	88.0%	89	-5.3%	72	-19.1%
Average Monthly Blog Posts	7.8	39.3%	7.4	-4.9%	6.0	-19.1%
Percentage of Blog Posts by Public Health staff	18%	-76.9%	5%	-75.0%	3%	-38.3%
WRFoodNews emails sent out	18	5.9%	18	0.0%	21	16.7%
# of people receiving WRFoodNews at Dec 31			500		601	20.2%
# of Foodie Profiles at Dec 31	264	23.4%	250	-5.3%	289	15.6%
Twitter Followers at Dec 31	245		438	78.8%	623	42.2%
Facebook Page Likes at Dec 31			154		248	61.0%
# of Policy Positions Approved	5	66.7%	6	20.0%	5	-16.7%

Slide 1

IMMIGRATION PARTNERSHIP
Settle. Work. Belong.

*Inspiring Immigration Connections
in Waterloo Region*

Presentation to
Community Services Committee
Immigration Partnership Update

Ian McLean, Fauzia Mazhar and Tara Bedard
February 24, 2015

Funded by: Financé par :

Citizenship and   Citoyenneté et
Immigration Canada   Immigration Canada   Region of Waterloo   United Way Kitchener Waterloo & Area

Slide 2

Settle. Work. Belong.

What is Immigration Partnership

Over 100 community partners that collaboratively address organizational, systems and policy issues that affect immigrants and refugees in Waterloo Region.

Our **vision** is that Waterloo Region will be a community where immigrants and refugees settle, work and belong.

IMMIGRATION PARTNERSHIP
Settle. Work. Belong.

Inspiring Immigration Connections in Waterloo Region
www.immigrationwaterlooregion.ca

Slide 3

Settle. Work. Belong.

Why What We Do Matters

- Nearly 110,000 immigrants live in Waterloo Region, or 23.1% of the total population.

- By 2031, the population is expected to grow by 38%. Natural growth is declining and immigration will play an increasingly important role in regional growth.

- Immigrants face various challenges to getting settled, into work and fully integrated into life in Waterloo Region.

IMMIGRATION PARTNERSHIP
Settle. Work. Belong.

Inspiring Immigration Connections in Waterloo Region
www.immigrationwaterlooregion.ca

Slide 4

Settle. Work. Belong.

Work Pillar

The Challenge(s):
- Immigrants face barriers to obtaining employment and are often under-employed and/or under-paid.
- Employers need support to effectively broaden the opportunities available to immigrants.

Strategic Directions:
- Increase awareness and opportunities for immigrant employment.
- Strengthen employer understanding of the value of a more diverse workforce.
- Maximize employer access to immigrant talent.

IMMIGRATION PARTNERSHIP
Settle. Work. Belong.

Inspiring Immigration Connections in Waterloo Region
www.immigrationwaterlooregion.ca

Settle. Work. Belong.

Settle Pillar

The Challenge(s):
- The settlement service system can be confusing and difficult to navigate.
- There are coordination gaps between settlement and mainstream organizations.
- Newcomers have difficulty accessing mainstream services.

Strategic Directions:
- Strengthen awareness of and access to community supports, healthcare support and education and language supports.
- Reduce housing-related barriers.

IMMIGRATION PARTNERSHIP
Settle. Work. Belong.

Inspiring Immigration Connections in Waterloo Region
www.immigrationwaterlooregion.ca

Settle. Work. Belong.

Belong Pillar

The Challenge(s): Immigrants need support to reach their full potential in connecting, participating, integrating and thriving in the community.

Strategic Directions:
- Increase awareness of the value of a diverse and welcoming community.
- Promote civic education, participation and leadership of immigrants.
- Promote community-wide organizational change to ensure inclusive practices.

IMMIGRATION PARTNERSHIP
Settle. Work. Belong.

Inspiring Immigration Connections in Waterloo Region
www.immigrationwaterlooregion.ca

Settle. Work. Belong.

Immigration Affects Everyone in Waterloo Region

**Immigration Partnership Community Forum
26 March 2015, 4-6pm
The Tannery**

Join us.

IMMIGRATION PARTNERSHIP
Settle. Work. Belong.

Inspiring Immigration Connections in Waterloo Region
www.immigrationwaterlooregion.ca

Region of Waterloo

Community Services

Seniors' Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 24, 2015   **File Code:** A02-30

Subject: Seniors' Services One-Time Funding

Recommendation:

That the Regional Municipality of Waterloo approve the submission of one time funding requests to the Waterloo Wellington Local Health Integration Network in the amount of $52,500 for Seniors' Services for the purposes detailed in the report;

And that, upon approval of 100% funding by the WWLHIN, the 2015 Operating Budget for the Seniors' Services Division be increased by an amount equal to the approved costs and $0 net regional levy, as outlined in report CSD-SEN-15-03, dated February 24, 2015.

Summary:

In December, 2014, the Waterloo Wellington Local Health Integration Network (WWLHIN), announced a process for applications for Health Service Providers to request one-time funding for specific projects. In response to this request for proposals, Seniors' Services has submitted four requests for funding for specific projects. Recognizing that, if approved, the implementation of these requests will need to be completed by March 31, 2015 (the provincial year end), this request for approval is being made pending the approval by the WWLHIN, to facilitate immediate implementation.

Report:

In December, 2014, the Waterloo Wellington Local Health Integration Network (WWLHIN), in its review of surplus funding across the LHIN, announced a process for

applications for Health Service Providers to request one-time funding for specific projects. All submissions received by the LHIN were to be considered based on alignment with the WWLHIN Strategic Plan and Health System Strategic Priorities. These one-time funds are to be spent prior to March 31, 2015 or they would be subject to recovery by the Province.

In response to this request for proposals, Seniors' Services has submitted four requests for funding. These proposals included the purchase of a SMART interactive board for supportive housing including laptop, board and software, the creation of additional office space, the purchase of mobile phones to improve communication as a pilot project for Personal Support Workers, and the purchase of dining room chairs to improve dining for the Community Alzheimer Program at the Kitchener site.

To date, Seniors' Services staff has not heard the outcome of these funding requests. Recognizing that the implementation of these requests will need to be completed by March 31, 2015, this request for approval is being made pending the approval by the LHIN, to facilitate immediate implementation.

Corporate Strategic Plan:

The request presented in this report is consistent with the 2011-2014 Region's Corporate Strategic Plan, Focus Areas 4: Healthy and Inclusive Communities and Focus Area 5: Service Excellence.

Financial Implications:

Staff recommends that, if funding from the LHIN is approved, the 2015 Operating Budget for Seniors' Services be amended to reflect the additional funding. As the funding must be spent by March 31, 2015 (the Provincial fiscal year end) approval is required before the 2015 Operating Budget has been approved by Regional Council. Currently, Seniors' Services is awaiting approval from the WWLHIN.

The projects submitted for funding include:

SMART interactive board	$12,000
Creation of additional office	$21,000
Purchase of mobile phones	$12,000
Purchase of dining room chairs	$7,500
Total	$52,500

If approved by the WWLHIN, the 2015 budget for Seniors' Services will be amended by an amount equal to the approval, to a maximum of $52,500. The actual approval amount will form part of the 2015 Periodic Financial Report to Council.

Other Department Consultations/Concurrence:

Staff from Finance has been consulted in the writing of this report.

Attachments

Nil

Prepared By: Helen Eby, Director, Seniors' Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services

Region of Waterloo

Community Services

Children's Services

To:	Chair Geoff Lorentz and Members of the Community Services Committee
Date:	February 23, 2015 **File Code:** S04-20

Subject: 2015 Provincial Funding for Children's Services

Recommendation:

That the Regional Municipality of Waterloo increase the 2015 Children's Services Operating Budget by $413,040 in 100% Provincial funding, $0 net regional tax levy; and

That this matter be referred to Budget Committee for consideration as outlined in report CSD-CHS-15-05, dated February 24, 2015.

Report:

1.0 Background

Through a service agreement with the Province of Ontario, Ministry of Education (MEDU), funding is provided to the Region of Waterloo for funding and administration of the licensed Early Learning and Child Care (ELCC) system in Waterloo Region. Prior to 2009 all new funding provided by the Province, related to ELCC required a municipal contribution. Since that time no additional municipal contribution has been required. However, the municipal contribution that existed prior to 2009 is still a mandatory requirement. Currently there are four cost sharing envelopes in the Children's Services budget (100% Provincial, 50/50, 80/20, 100% municipal).

In 2012, the Province introduced a new funding formula which incorporated census data and other factors that are used to determine what allocation flows to each municipality. In addition, a Utilization Grant was created which provides a financial incentive to municipalities who contribute 100% tax levy funds above and beyond their mandatory requirements. In Waterloo Region, a significant investment in child care funded from Regional property taxes occurred in the years between 2009 and 2012 to address

service pressures for fee subsidy and special needs support services. Since 2012, as new Provincial funding has been provided approximately $1.2M in regional funding has been removed from the Children's Services budget. This reduction in regional funding has directly impacted the 2015 Utilization grant received from the Province.

2.0 Provincial Allocation for 2015

In 2015 the Province will provide $32,915,117 in provincial funding.   This represents an increase in funding provided by the Province totalling $586,261 (+1.8%) over the 2014 Provincial approval. The 2015 preliminary Operating budget included $32,507,077 in provincial funding, an increase of $173,221 over the 2014 approval. There remains a balance of $413,040 to be included in the 2015 budget. Attachment 1 compares the 2015 approval to the 2014 approval and the 2015 Base budget.

Compared to the 2015 Operating Budget, the 2015 funding approval allocates increased funding to Core Services ($472,450) and Repairs and Maintenance ($2,106) and decreases funding to Capital Retrofits ($15,489), Transformation ($44,473) and Capacity Building ($1,554). The net increase totals $413,040.

It is important to note when looking at the comparison chart in Attachment 1 that the increase is due to updated 2011 Census data which reflects a growth in population in Waterloo Region. This change has offset the reduction of $1.2M in the Utilization grant. The decrease in the utilization grant is due to the $850,000 reduction in Regional funding in the 2014 Budget and an additional $400,000 during the 2013 Budget. Further reductions in 2015 of Regional funding will result in an additional reduction of the Utilization Grant in future.

3.0 Funding Uses

The net increase in funding of $413,040 does have some restrictions on where it can be allocated. The funding increase can only be directed to one of the following; child care fee subsidy, base operating funding for community operators and special needs resource services. A variety of options for Councils consideration are outlined in the table below along with potential impacts.

Option One:	Potential Impact:
Use the new Provincial funding to reduce the 2015 Regional property tax levy by $413,040.	Will result in further Provincial reductions in the utilization grant in the 2016 budget of an equivalent amount. May also negatively impact services such as child care fee subsidy and/or special needs supports.
Option Two: Reduce the 2015 Regional tax levy by $200,000 and increase the Children's Service operating budget by $213,040 (or some other combination)	Will result in Provincial funding reductions in 2016. May also negatively impact services such as child care fee subsidy and special needs supports.
Option Three: (Recommended) Increase the 2015 Children's Services operating budget by $413,040 in 100% Provincial funding with $0 net tax levy impact. Funds would be allocated to Core Services and dedicated envelopes would be funded at the 2015 Base budget level	Does not impact Provincial funding for 2016. Allows flexibility to address service demands in child care fee subsidy and special needs supports in 2015.

Staff is recommending that Council select Option Three, which would direct the new Provincial funding totalling $413,040 to the child care fee subsidy budget and maintain the special purpose funding envelopes at the 2014 approval level.

Corporate Strategic Plan:

The new approach to purchase of service rates aligns with the 2011-2014 Region's Corporate Strategic Focus Area 4: Healthy and Inclusive Communities; Strategic Objective 4.5 (to) work collaboratively with the community to support the development of services for children.

Financial Implications:

The 2015 Provincial funding allocation totals $32,915,117. The 2015 preliminary Regional budget currently under consideration included an anticipated provincial subsidy of $32,502,077. This represents an increase in funding provided by the Province totalling $413,040 over the 2015 Operating Budget currently under consideration.

The 2015 preliminary budget currently under consideration includes a property tax levy of $7.98 million for Children's Services (page 213 of the preliminary 2015 Budget Book). This is unchanged from the 2014 property tax levy.

Other Department Consultations/Concurrence:

Staff in Corporate Resources, Treasury and Legal Services support the flow of funding and administration of contracts.

Attachments:

Attachment 1 – Comparison of 2014-2015 Budget Approvals

Prepared By: Nancy Dickieson, Director, Children's Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services

ATTACHMENT 1
Comparison of 2014 – 2015 Provincial Approvals

	2014 Provincial Budget	2015 Provincial Budget	Variance
Core Services Funding	$23,885,519	$25,395,149	$1,509,630
Rural Factor	64,285	8,062	(56,223)
Cost of Living Factor	957,174	989,477	32,303
Language	1,072,627	1,116,099	43,472
Aboriginal	71,970	74,876	2,906
*Capital Retrofits	306,921	291,432	(15,489)
*Transformation	242,102	197,629	(44,473)
*Capacity Building	231,975	241,425	9,450
*Transition	1,806,772	2,111,679	304,907
*Repairs & Mtce.	98,526	100,632	2,106
*Small Water Works	2,648	4,040	1,392
Utilization Grant	3,864,935	2,607,123	(1,257,812)
Capping Adjustment	(276,598)	(222,506)	54,092
Total	**$32,328,856**	**$ 32,915,117**	**$586,261**
2015 Regional Base Budget		32,502,077	
Variance		**$413,040**	

*identifies Special Purpose Funding envelopes that are 100% Provincial funds and cannot be used for other purposes.

Report: CSD-HOU-15-04

Region of Waterloo

Community Services

Housing Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 24, 2015   **File Code:** S13-30

Subject: Community Homelessness Prevention Initiative Update

Recommendation:

That the Regional Municipality of Waterloo take the following actions with regard to the Region of Waterloo's Community Homelessness Prevention Initiative (CHPI) as outlined in report CSD-HOU-15-04, dated February 24, 2015:

a) Request additional base funding of $1,175,000 for CHPI from the Ministry of Municipal Affairs and Housing.
b) Forward report CSD-HOU-15-04 to the Ministry of Municipal Affairs and Housing, the Association of Municipalities of Ontario (AMO) and the Ontario Municipal Social Services Association (OMSSA).
c) Increase the 2015 Operating Budget for Housing Services by $82,500 gross and $0 net regional levy and increase 1.0 temporary full time equivalent for Housing Services as of April 1, 2015 to March 31, 2016 to support the final CHPI transition year, and refer this matter to Budget Committee for consideration.
d) Authorize the Director, Housing Services to reallocate funding between CHPI service categories within year, as needed, to ensure full utilization of the CHPI allocation.

Summary:

The Community Homelessness Prevention Initiative (CHPI) was initiated January 1, 2013. CHPI is part of the new *Housing Services Act*, 2011 and is a key resource for implementation of the Province's newly required 10-Year Housing and Homelessness Plans. CHPI is funded through the Ministry of Municipal Affairs and Housing (MMAH) and administered by the Region as the local Service Manager.

This report provides background on CHPI, progress on implementation, details regarding the 2015/16 CHPI Investment Plan, and includes the most recent Housing Stability System Evolution Newsletter (see Appendix A). The Region is again requesting that MMAH provide an additional $1,175,000 in base funding for CHPI.

Report

1.0 CHPI Background

The Community Homelessness Prevention Initiative (CHPI) is a component of the Province's Long Term Affordable Housing Strategy (2010), the Province's Poverty Reduction Strategy (2014-2019), and the *Housing Services Act, 2011*. The Act required Service Managers to create comprehensive 10-year plans for housing and homelessness, to be in place by 2014. The Ontario Housing Policy Statement provides additional policy context and direction to Services Mangers to support the development of plans. Specifically, the Province's policy for ending homelessness "puts a primary focus on helping people who are homeless, or at-risk of homelessness, to quickly access safe, affordable and stable housing. This approach, referred to as Housing First, is linked to the provision of a variety of flexible supports based on clients' needs that can assist people in sustaining their housing, and with re-housing when necessary."

The Waterloo Region Homelessness to Housing Strategy (the Strategy) is the homelessness component of the Region's 10-year Housing and Homelessness Plan (P-14-084/SS-14-038). It consists of a Policy Framework that sets out guidelines for ending homelessness, and an Action Framework that supports the community to take action, as approved in principle by Regional Council (SS-12-052). The Strategy speaks to policy and actions that guide and support the implementation of CHPI. As outlined above, CHPI is a key resource in supporting implementation of both provincial and Regional policy related to housing stability.

CHPI was implemented January 1, 2013 and brought together the following pre-existing homelessness prevention programs, which had been funded largely through the Ministry of Community and Social Services (MCSS), and placed them under the Ministry of Municipal Affairs and Housing (MMAH):

- Consolidated Homelessness Prevention Program (100% MCSS)
- Provincial Rent Bank Program (100% MMAH)
- Emergency Energy Fund (100% MCSS)
- Emergency Hostel Services (85.8/14.2 cost-shared MCSS)
- Domiciliary Hostel Program (80/20 cost-shared MCSS)

CHPI combines funding from these former separate housing and homelessness programs into a single flexible program. CHPI Program Guidelines describe the program and outline requirements for Service Managers over the three year transition period

2013-2016. CHPI is funded by the fiscal period April 1st to March 31st. CHPI Investment Plans are typically due to MMAH by February 15th of each year with year end financial and statistical reports due by May 31st of each year.

The chart below summarizes the changes in homelessness funding pre and post-CHPI.

	Pre-CHPI	**CHPI**
Legislation	• *Ministry of Community and Social Services Act, 1990* • *Ontario Works Act, 1997* (Regulations related to Emergency Hostels)	*Housing Services Act, 2011*
Ministry	Ministry of Community and Social Services (MCSS)	Ministry of Municipal Affairs and Housing (MMAH)
Provincial Policy	OW Directives related to Emergency Hostel and Domiciliary Hostel	Ontario Housing Policy Statement
Service Agreement Timeframe	January – December (calendar)	April – March (fiscal)
Provincial Program Guidelines	• Consolidated Homelessness Prevention Program (CHPP) Guidelines (2006) • Domiciliary Hostel Program Guidelines (2006)	• Consolidated Homelessness Prevention Initiative (CHPI) Program Guidelines (2012) • Housing with Related Supports Standards (2014)
Programs	• Consolidated Homelessness Prevention Program (CHPP) • Provincial Rent Bank Program • Emergency Energy Fund • Emergency Hostel Services • Domiciliary Hostel Program	CHPI (with the following service categories): • Emergency Shelter Solutions • Housing with Related Supports • Other Services and Supports • Homeless Prevention
Plans	Annual MCSS budget submission	• Comprehensive local 10-year Housing and Homelessness Plan (Homelessness to Housing Stability Strategy) • Annual CHPI Investment Plan
Program Reporting	Financial and program data submitted separately for each Program	• Financial and outcome focused data for all activities funded under CHPI

Further information about CHPI is contained in previous communication to Council through memos (Sept. 11, 2012 and Sept. 10, 2013) and reports (SS-12-044, SS-12-050, SS-13-001, SS-13-005, SS-13-006, SS-13-030, SS-14-008, SS-14-047, SS-14-050).

2.0 CHPI Investment Plan

The purpose of the Investment Plan is to identify how Service Managers will use their annual CHPI allocation for the upcoming fiscal year and to ensure compliance with the Service Manager Service Agreement and CHPI Program Guidelines. MMAH provides

an Investment Plan template for Service Managers to complete. The Investment Plan includes a short narrative description of how CHPI funding will be used as well as funding amounts allocated for each of the four CHPI service categories:

1. Emergency Shelter Solutions
2. Housing with Related Supports
3. Other Services and Supports
4. Homelessness Prevention

MMAH has not yet finalized the 2015/16 Investment Plan template and allocations and has notified the Region that it will be extending the deadline for plan submissions. It is anticipated that the Region will be receiving the same allocation as in the previous year ($9,926,905). CHPI Investment Plans are approved by the Commissioner of Community Services (as delegated authority through SS-13-005) and will be submitted to MMAH to meet the new required timeline once confirmed. A further update report will be brought to Council at that time. MMAH reviews and approves CHPI Investment Plans prior to providing CHPI funding for the upcoming fiscal year beginning April 1. Service Managers are required to update their Investment Plans three times throughout the fiscal year. The Region has flexibility throughout the year to move funding between service categories. This report recommends that changes within and between Investment Plan service categories in year be delegated to the Director, Housing Services in order to maximize and fully utilize CHPI funding which must be spent by fiscal year end or returned to the Province. This aligns the delegated authority Council already provided for the Investment in Affordable Housing (IAH) funding with the CHPI funding (CSD-HOU-15-02).

Much has been accomplished over the past year to support the transition to CHPI and this work informs the 2015/16 Investment Plan. Updates from last year and plans for CHPI over 2015/16 are outlined under each of the four Service Categories below. An update regarding the new $1.5 in annualized CHPI funding provided by the Province in 2014/15 and the additional staffing request is included, as well.

2.1 New Annualized CHPI Funding

In October 2014, the Province provided $42M in new annualized CHPI funding through MMAH (which had previously flowed as one-time CHPI Transition Funding over 2013/14 through MCSS). This was a welcomed funding announcement given the Region along with many others advocated for the one-time funding to be annualized (SS-13-030, SS-14-008).

As reported in October 2014 (SS-14-050), the Region's 2014/15 additional allocation was $1,517,140 to be spent by March 31, 2015. The new funding is to be reported separately for 2014/15 but will be rolled into the regular CHPI allocation for 2015/16. The 2014/15 funding has been utilized for the following two areas:

a.   Out of the Cold Response Plan (refer to SS-14-053 for further detail)
- Overnight shelter options
- Outreach, drop-in and meal options
- Supports for establishing housing stability
- Fostering community inclusion and engagement
- Community-wide registry
- Communication

b. Supportive Housing (refer to SS-15-050 for further detail)
- Providing a 5% increase to the CHPI domiciliary hostel per diem
- Preparing to support any tenant transitions occurring as a result of the CHPI Supportive Housing redesign

2.2 CHPI Service Category #1: Emergency Shelter Solutions

Emergency Shelter Solutions is defined as including services and supports that provide relief or protect households/people who are homeless or at imminent risk of homelessness.

- **2014/15 Update**
  The Region continued to fund the following six emergency shelters through CHPI (Argus Residence for Young People, Cambridge Shelter, Charles Street Men's Hostel, Lutherwood Safe Haven, OneROOF Shelter, and the YWCA Shelter). In addition, shelter overflow into motels was funded to address demands beyond shelter capacity, guided by the shelter referral protocol. Family Shelter Diversion, in partnership with Cambridge Shelter, was expanded to include the YWCA Shelter (as further discussed in 2.4).   Emergency Shelters continued to explore use of new technologies such as the Homeless Individual and Family Information System (HIFIS 4.0) - a database system, and the Service Prioritization Decision Assistance Tool (SPDAT) – a coordinated intake assessment and support tool.

- **Plans for 2015/16**
  There have been changes and shifts within emergency shelters as a result of the implementation of Family Shelter Diversion, the Out of the Cold Response Plan, and a focus on Housing First. Emergency shelter services will continue its program review over this year and a new program framework and funding model will be drafted and presented to Council for approval in fall 2015 with implementation planned for April 1, 2016. An open community forum to review the draft Framework is being planned for fall 2015.

2.3 Service Category #2: Housing with Related Supports

This service category is defined to include operating funding for long-term and

transitional housing as well as supports related to the delivery of that housing.

- **2014/15 Update**
  The Region continued to fund 18 programs under this service category including: 17 permanent, supportive housing programs previously funded through either the Consolidated Homelessness Prevention Program (CHPP) or the Domiciliary Hostel per diem; and one time-limited housing program (Marillac Place for pregnant or parenting young mothers).

  Programs under the previous CHPP (House of Friendship Supportive Housing, Cambridge Shelter Corporation – Bridges and Saginaw, YWCA Supportive Housing – Lincoln Road, Supportive Housing of Waterloo - SHOW, Argus Five Bed's to Home, and Marillac Place) continued to be grant funded. Programs under the previous Domiciliary Hostel per diem, including subsidized retirement homes (Marsdale, Millwood and Trinity), subsidized boarding homes (Grand River, Kaljas, Kingsview, Optimum, Riverside, Stirling and Underhill) as well as Hugo (shared apartments) received a 5 percent increased per diem (from $47.75 to $50.14).

  The CHPI Supportive Housing redesign continued over this year to support bringing together all previous funding programs under a new CHPI Supportive Housing Program effective April 1, 2016 (SS-14-009). Council approved the new CHPI Supportive Housing Program Framework in June 2015 (SS-14-030). Consultations continued over the summer and fall to support the development of new CHPI Supportive Housing Standards for April 1, 2016. A Prequalification (PQ) was released November 3, 2014 and closed on January 8, 2015. Further background and results of the PQ process are included in report CSD-HOU-15-03. Additional information regarding the redesign is available at: http://communityservices.regionofwaterloo.ca/en/housing/CHPI-Supportive-Housing-Redesign.asp.

- **Plans for 2015/16**
  A total of 17 programs will be funded under the Housing with Related Supports service category including 16 permanent supportive housing programs and one time-limited program. The reduction in the number of programs from last year is a result of Stirling Nursing Homes Limited terminating its agreement and transitioning from the program as of October 31, 2014 (Memos to Council August 12 and November 4, 2014).
  As a result of the Prequalification (PQ) process as part of the CHPI Supportive Housing redesign, a total of seven additional programs will be entering into tenant transition agreements beginning April 1, 2015. Further information about the results of the Prequalification process and plans for transitioning tenants is included in report CSD-HOU-15-03.

In November 2014, the Ministry of Municipal Affairs and Housing (MMAH) released its "CHPI Guide to the Housing with Related Supports Service Category", an amendment to the CHPI Guidelines following consultation over the past year. The Housing with Related Supports Service Category includes a new Standards Framework for housing with on-site daily support services where CHPI funds both the housing and support services (e.g., as with homes under the former Domiciliary Hostel Program). The new Standards Framework includes eight broad provincial categories for which local standards are required to be submitted prior to April 1, 2015 (see Appendix B). The Region's previously approved Domiciliary Hostel Standards (2009) meet the new requirements and will be submitted to MMAH with the CHPI Investment Plan for 2015/16. New draft local standards are in the process of being finalized and will be brought to Council for approval in spring 2015. These new standards will be utilized within the redesigned Waterloo Region CHPI Supportive Housing Program, effective April 1, 2016.

2.4 Service Category #3: Other Services and Supports

This service category is defined as various services and supports provided to assist people experiencing or at-risk of homelessness with immediate relief or support in obtaining housing.

- **2014/15 Update**
  Two programs, with expanded pilot elements, were funded over this year including Lutherwood Housing Support Services and Families in Transition.

  Lutherwood Housing Support Services expanded their Rent Fund to include assistance with rent deposits (first and last month's rent) and arrears. As part of the expanded pilot, policies were streamlined with other complementary funds. The Rent Fund was increased throughout the year as demand exceeded initial projections. Feedback obtained during a mid-point evaluation highlighted that the expanded pilot has been positively received by both participants and service providers. Minor adjustments to eligibility criteria, funding maximums, and referral processes are expected for 2015/16. A final pilot report will be shared with Council in spring 2015.

  The Families in Transition expanded pilot extended Family Shelter Diversion from Cambridge Shelter to include the YWCA shelter as well. Preliminary expanded pilot results show a reduction in the number of families accessing shelter (by about half) and average length of stay (by about two thirds). Final pilot results will be shared with Council in spring 2015.

- **Plans for 2015/16**
  Both the Lutherwood Housing Support Services and Families in Transition programs will continue over the next year. Both programs will continue to make adjustments

based on the findings of the expanded pilot with full pilot evaluations expected to be completed in spring 2015. It should be noted that it is anticipated that there may be insufficient Rent Funds to meet the demand over the next year. Usage will be tracked closely and if needed, either funding levels and/or eligibility criteria may be considered for adjustment.

2.5 Service Category #4: Homelessness Prevention

This service category is defined as including services that assist households at risk of homelessness to retain their housing (e.g., landlord outreach and mediation, emergency financial assistance in the form of payment of rental and/or utility arrears).

- **2014/15 Update**
  Prevention activity is included within the above two noted programs in 2.4 (Lutherwood Housing Support Services and Families in Transition). Both of these programs assist people to remain in their existing housing or to transition them to alternative housing prior to any experience of homelessness whenever possible.

- **Plans for 2015/16**
  As mentioned in 2.4, Lutherwood Housing Support Services and Families in Transition programs included expanded pilots that are demonstrating success and will be continued over the next year. It should be noted that it is anticipated there may be insufficient Rent Funds to meet the demand over the next year. Usage will be tracked closely over the next year and either funding levels or eligibility criteria may need to be adjusted.

  In addition, a total of $500,000 in CHPI funding has been allocated to Ontario Works Discretionary funds to assist with housing related costs that are consistent with CHPI funding criteria - rental arrears and the Waterloo Region Energy Assistance Program (WREAP).

2.6 Staffing Request 2015/16

Through this report, an additional 1.0 temporary full-time equivalent for Housing Services is requested for April 1, 2015 to March 31, 2016, to be fully funded through 100% provincial CHPI administration funding (up to 10 percent available for administration). This position is required to support both the administration of the additional $1.5M in annualized CHPI funding as well as the final year of the three year CHPI transition period. Significant system redesign efforts are in process for implementation April 1, 2016 as identified above including the Out of the Cold closure response plan, the CHPI Supportive Housing redesign and the emergency shelter review. Without this additional staff, the associated activities and timelines identified above may not be achievable. Consideration for a more permanent staffing model to support CHPI will be addressed over this year through the new Housing Services

Division and may be brought forward in a future report for consideration for 2016/17.

3.0 2015/16 Funding Request

The CHPI allocation for each Service Manager is comprised of both base funding and a needs-based allocation. The CHPI base funding capped amount is a combination of:

- A Service Manager's 2012 funding allocations under the previous capped programs (Consolidated Homelessness Prevention Program, Provincial Rent Bank, Emergency Energy Fund and the Domiciliary Hostel Program); and,
- A Service Manager's three year average expenditures (2009, 2010, 2011) for the previously uncapped Emergency Hostel Services (to account for changes in demand for these services over time).

The consolidation of Emergency Hostel Services into CHPI means that emergency shelter, as a previously uncapped program, was transferred to a capped program. Using the three year average (2009-2011) to calculate the funding transfer for Emergency Hostel Services to the CHPI base for 2013 was problematic for a few municipalities. While emergency shelter use in many municipalities was either holding steady or decreasing from 2009-2011, emergency shelter use in Waterloo Region increased sharply over this time and continued to increase in 2012. Increased shelter usage locally appears to be largely due to economic pressures in households as a residual effect of the recession (e.g., during the recession, Waterloo Region moved from having one of the lowest unemployment rates in Canada to having the second highest unemployment rate in Canada).

To address the CHPI implementation funding gap, the Region submitted a business case to MMAH in both 2013 and 2014 (SS-13-006 and SS-14-008). As the number of people accessing emergency shelter has remained fairly steady over 2012-2014, the Region is again asking MMAH to increase its base funding allocation by $1,174,499. The chart below shows Emergency Hostel Services subsidy funding levels from MCSS (provincial share) from 2009 to 2012, and CHPI Emergency Shelter Solution expenditures over 2013/14 and 2014/15.

Emergency Hostel Services – Year	MCSS Subsidy (provincial share 80/20)	CHPI 100% Provincial	Three Year Average Calculation Used for CHPI Base Allocation	Budget Shortfall Between Base Allocation and Actual Expenditures
2009	$1,897,365			
2010	$1,915,408		$2,170,523	
2011	$2,698,796			($ 528,273)
2012	$3,344,972			($1,174,499)
2013/14		$3,733,526		($1,563,003)
2014/15*		$3,731,169		($1,560,646)

* Anticipated expenditures

The impact of the decision to use the three year average Emergency Hostel Services subsidy (equalling $2,170,523) as the basis for the on-going capped CHPI program was that it was far below the Region's actual expenditures in both 2011 ($528,273 less) and 2012 ($1,174,499 less). Once CHPI was implemented in 2013, pressure in the area of emergency shelters continued:

- The number of unique individuals served overall has remained fairly steady (3,447 in 2012, 3,492 in 2013, and 3,511 in 2014).
- The Out of the Cold Program closed over fall 2014 putting increased pressure on the CHPI funded emergency shelters.

Fixing Waterloo Region's base funding for emergency shelter at $2,170,523 means that for 2015/16, an additional $1,560,646 is required from other CHPI service categories to meet the need in shelter services.   While the additional CHPI funding confirmed in 2014/15 annualized the one-time transition funding across the Province (as outlined in 2.1), the request for $1,174,499 seeks to align CHPI base funding levels with 2012 shelter expenditures to right size the original CHPI base allocation that was put in place when CHPI was first implemented January 1, 2013.

While we have been able to make some shifts towards the goals of CHPI during the 2013-2016 transition period, our ability to do so is diminished with CHPI funding having to be moved to emergency shelter from other CHPI service categories to plug the holes created as a result of base funding being capped significantly below our actual 2012 expenditures. All at a time when we are experiencing service demand increases of 35-40% since the start of the recession in late 2008.

Corporate Strategic Plan:

Implementing CHPI in Waterloo Region is consistent with 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 is 100% provincial funding through the Ministry of Municipal Affairs and Housing and can only be used for operating expenses. Up to 10 percent of this funding can be used for administration. The Region's preliminary 2015 operating budget provides an annual program cost of $10.950 million while Provincial subsidies are estimated at $9.927 leaving a regional contribution of $1.023 million from the property tax levy for the Community Homelessness Prevention Initiative (CHPI) programs.

The proposed additional 1.0 temporary full-time equivalent for the April 1, 2015 to March

31, 2016 will have a total cost of $110,000 ($82,500 in 2015) will funded entirely by the Province administration allowance. The total CHPI funding towards administration for 2015/16 would be 7.5%.

From January 2013 to March 2015, previous Region cost-shared funding for Emergency Shelter and Domiciliary Hostel ($1.023) was combined, along with provincial CHPI funding, in the Region's CHPI budget. Beginning in 2015, this Region funding is being combined with other Region levy funding supporting implementation of the Homelessness to Housing Stability Strategy (HHSS) to increase ease of reporting as well as clarity regarding the Region's contributions in the area of homelessness to housing stability. As a result, the same community programs continue to be funded but some programs have shifted from being funded under CHPI to HHSS.

It is anticipated that the 2015/16 provincial contribution will be increased by $141,267 to account for the scheduled upload of Ontario Works for 2015 (from former emergency shelter funding). As a result, the Regional levy portion for the Homelessness to Housing Stability Strategy has been reduced in 2015 by $141,267.

Other Department Consultations/Concurrence:

Staff from Corporate Services, Treasury Services has been consulted in the preparation of this report.

Attachments

Appendix A   Housing Stability Evolution Newsletter
Appendix B   CHPI Housing with Related Supports Standards Framework

Prepared By: **Marie Morrison**, Manager Community Homelessness Prevention
                          Deb Schlichter, Director, Housing Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services

newsletter

HOUSING STABILITY SYSTEM EVOLUTION

February 2015

SHIFTING OUR *THINKING* AND *DOING* TO END HOMELESSNESS IN WATERLOO REGION

This is the fifth *Housing Stability System Evolution* newsletter, a series designed to provide updates on key system change processes between 2013 and 2016.

What guides our system evolution? Our local Strategy does!

Before "All Roads Lead to Home: The Homelessness to Housing Stability Strategy for Waterloo Region" (the Strategy), we did not have a comprehensive, shared approach to ending homelessness. In October 2007, the first Strategy was released. Significant progress was made with its implementation over the next three years: **90 per cent of the actions were either completed or in-progress** by the end of the first Strategy monitoring process (December 2010).

Despite these successes, there was more work to do! To support continued efforts and to capture new learning, the Strategy was updated and released in 2012.

In November 2014, a Strategy progress report was released, covering the period between January 2011 and December 2013 (when the new local 10 Year Housing and Homelessness Plan came into effect). It highlighted key insights about the community, Strategy, and housing stability system:

- **The community continues to be actively engaged in the process of ending homelessness.** The report summarized over 350 updates, provided by a wide range of organizations and groups.

- Between 2011 and 2013, **90 per cent of the 40 action areas in the Action Framework had significant or moderate progress**. Stakeholders moved a number of new, highly innovative initiatives forward despite having to keep pace with increased service demand.

- **The Strategy has played a significant role in supporting the community to end homelessness.** Results of a "most significant change" exercise showed that stakeholders believed the Strategy had a very positive impact by strengthening the common agenda to end homelessness, promoting community inclusion, and supporting greater collaboration and system flexibility.

The progress report also includes a series of handouts summarizing some of our most current thinking about ending homelessness.

Want more information?
- ✓ Access a copy of the progress report here: **Progress Report**
- ✓ Access a copy of the Action Framework updates: **Action Framework Updates**

Region of Waterloo

Appendix B
Provincial CHPI Housing with Related Supports Standards Framework

The Standards Framework sets out eight broad provincial categories for which local standards are required:

1. **Eligibility:** Service Managers must establish standards that define the tenant eligibility criteria and the intake process.

2. **Staffing:** Service Managers must establish standards for the minimum qualifications of staff and volunteers, staff/volunteer levels, staff/volunteer conduct and staff/volunteer training.

3. **Insurance and Monitoring:** Service Managers must establish standards for insurance coverage and standards for regular monitoring of the housing provider to ensure compliance with local standards.

4. **Conflict Resolution, Complaints Processes and Reporting:** Service Managers must establish standards for conflict resolution and complaint processes, and for the reporting of serious incidents.

5. **Rights and Responsibilities:** Service Managers must establish standards for tenant and landlord rights and responsibilities, including tenancy agreements, tenant confidentiality and privacy, and management of tenant files and other documentation.

6. **Physical Safety, Health and Well-being of Tenants:** Service Managers must establish standards for tenants' physical health, safety and well-being, including medication storage and/or management.

7. **Provision of, or Access to, Activities and Support Services:** Service Managers must establish standards for the provision of, or access to, activities and support services for tenants (both within the housing and the community).

8. **Monthly Allowance for Personal Use:** Service Managers must establish standards for the management of the monthly allowance for personal use for tenants.
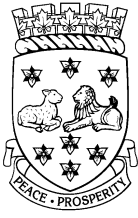
Region of Waterloo

Community Services

Housing Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 24, 2015   **File Code:** S13-40

Subject: Kitchener-Waterloo Out of the Cold 2014/15 Response Plan Implementation Update

Recommendation:

For information only.

Summary:

This report provides an update regarding the implementation of the response to the Kitchener-Waterloo Out of the Cold (OOTC) changes and next steps. Included is a summary of actions taken to date under the six main components of the response plan presented to Community Services Committee on November 4, 2014 (SS-14-053).

Report:

In response to the K-W OOTC closure announcements beginning in August, 2014, the Region facilitated a consultation process to engage stakeholders in planning a system response to support people impacted by the changes, addressing both immediate needs as well as longer term housing responses. The 2014/15 K-W OOTC Response Plan was brought forward and presented to Community Services on November 4, 2014 (SS-14-053). This report (CSD-HOU-15-05), dated February 24, 2015 provides an update to Community Services Committee regarding the implementation of the response to the OOTC changes and next steps.

In addition to the November 4, 2014 K-W OOTC Response Plan report (SS-14-053), members of Community Services Committee have been provided with the following updates related to the OOTC changes: June 17, 2014 memo, August 12, 2014 report (SS-14-036), August 20, 2014 memo, September 9, 2014 memo, and September 30, 2014 report (SS-14-048). An Out of the Cold Transitions and Responses document has been placed on the Region's website as a one-stop location to get information and updates:
http://communityservices.regionofwaterloo.ca/en/communityPlanningPartnerships/Homelessness-to-Housing-Stability.asp.

1.0   Out of the Cold Update

As of November 2014, only two K-W OOTC sites were offering overnight accommodation – St. Louis Catholic Church on Sunday nights and First United Church on Friday nights. Another two churches, Stirling Avenue Mennonite Church and St. Matthews Lutheran, continued to provide an evening meal but no overnight stay. As of January 25, 2015, St. Louis has ended its Out of the Cold program. First United announced on January 22 that it will continue to operate an overnight Out of the Cold for the remainder of the winter.

2.0   Response Plan Implementation Update

The OOTC response plan included resources focused on supporting people affected by OOTC closures to meet their immediate needs, as well as to find and retain permanent housing of their choice and establish long term housing stability. Region staff continues to monitor the implementation and outcomes of the response plan on an ongoing basis. A mid-point implementation update was shared at an open community forum on January 29, 2015. The following is a summary of the progress to date of the six components identified in the response plan.

2.1   Overnight Shelter Options

With the initial announcement of OOTC closures, one of the first concerns raised was whether existing emergency shelters have the capacity to serve OOTC guests. Capacity of Region funded emergency shelters is flexible with 267 spaces and the ability to overflow into motels so that the shelter system is never full. While there was capacity to serve additional people at the outset of the winter season, in response to suggestions raised through the consultation process, the response plan maximized and expanded emergency shelter supports and flexibility to ensure people affected by OOTC closures have a number of shelter options this winter season, while also ensuring safety of staff and people accessing shelter.

Implementation Progress:

- A temporary Transitional Shelter was opened on November 1, 2014 by the YWCA, offering drop-in overnight accommodation with a harm-reduction approach, for up to 45 men, women and trans individuals.
- Cambridge Shelter was funded to provide 25 additional onsite beds through the conversion of under-utilized family units and the addition of cots.
- oneROOF was funded to add three additional beds to its youth emergency shelter.
- House of Friendship received funding for additional staff to increase capacity to support men at Charles Street Men's Hostel.
- Whatever it Takes Service Resolution at Lutherwood received additional funding to support people with complex needs who formerly used OOTC to access less conventional housing options including motels and other supports as necessary.

Results to Date:

A full evaluation of the winter 2014/15 OOTC response, including data on shelter usage, will be brought forward to Council in June 2015. Interim implementation monitoring and data highlight the following key trends:

- The formal emergency shelter system is working collaboratively to address shelter and support needs of individuals who previously accessed OOTC.
- The number of single individuals accessing formal emergency shelters averaged 152 singles per night from October to December, 2014. This is 22.5% higher compared to the same period last year, which averaged 120 single individuals per night.
- The nightly occupancy at seasonal shelters (YWCA Transitional Shelter and OOTC) is on average 54% lower than nightly occupancy at OOTC last winter. From November 2014 to January 2015, the Transitional Shelter accommodated an average of 26 people per night which is 58 percent of the total transitional shelter bed capacity of 45 beds, while the two remaining OOTC sites accommodated an average of 15 people each night they were open.
- Most people staying at the Transitional Shelter have other shelter or housing options. 75% of the 200 people who accessed the Transitional Shelter stayed fewer than 10 nights over November 2014 to January 2015, and spent the rest of their nights at other shelters, their own housing or other shelter arrangements. 133 of these people were diverted at least once from the Transitional Shelter back to their own housing or to the formal shelter system.
- Staff continue to support people accessing emergency shelter to connect with daytime Housing Help and STEP Home supports to help them establish long term housing stability.
- 12 people accessing the Transitional Shelter have been supported to move to permanent housing.

2.2   Outreach, Drop-In and Meal Options

In addition to overnight shelter, OOTC sites provided guests with meals and a warm space. The following actions were taken to support people affected by the OOTC closures and ensure they have access to meals, warm space and other community services this winter.

Implementation Progress

- St. John's Kitchen and Ray of Hope expanded drop-in hours to provide 8am to 10pm coverage and three meals daily during the week, as well as some availability on weekends.
- oneROOF expanded drop-in hours for youth ages 16-24 to 9am to 10pm seven days a week.
- The Working Centre increased its Street Outreach complement by 4.8 FTE to expand mobile outreach coverage during evenings, weekends, early mornings and daytime hours.
- Street outreach workers, former OOTC volunteers, and Region staff were present on-site at each former OOTC location during the first week of November to re-direct any people seeking services to other available food and overnight accommodation options. Almost all individuals encountered were aware of the OOTC closures and sought shelter at the Transitional Shelter or elsewhere.

Results to Date

- Through the response planning process it was established that mobile street outreach workers were already connected to or aware of all individuals regularly accessing OOTC last year, as well as people experiencing homelessness who choose not to access OOTC or other shelters. Outreach workers continue to build on these relationships and support people to access alternative shelter, housing and support.
- Evening and early morning outreach workers are playing a key role in bridging communication between workers at the Transitional Shelter who connect with people at night and direct support workers who can support those individuals to connect to daytime services for housing and support.

2.3   Supports for Establishing Housing Stability

Keeping with the Housing First philosophy, the OOTC response plan includes resources focused on supporting people affected by OOTC closures to find and retain permanent housing of their choice and establish long term housing stability. STEP Home programs focus on supporting people experiencing persistent homelessness with complex issues who may need intensive support and connections to other systems.

Implementation Progress

- Approximately 200 people are currently being intensively supported through STEP Home to find or retain their housing. The addition of five new Streets to Housing Stability workers (in Kitchener and Cambridge) will expand STEP Home's capacity to intensively support at least 40 new participants.

- New flexible rent assistance support is available to 40 STEP Home participants through the Affordable Housing Strategy's flexible housing assistance program to facilitate access to market rental housing.

- Moving Support and Access to Furniture/Household Goods are available to those supported to housing through the Working Centre.

- The Rent Fund through Lutherwood has additional resources to support people as needed with first and last month's rent required to access permanent housing.

- The Community Homelessness Prevention Initiative (CHPI) Supportive Housing Prequalification and Request for Proposals process (CSD-HOU-15-03) commenced in late 2014 and will continue through 2015. A greater range of supportive housing options are expected to be created through this process.

Results to Date

- STEP Home identified 40 people experiencing persistent homelessness and high vulnerability who will be prioritized for offers of flexible rent assistance in addition to intensive support. Measures are in place to make rent assistance available immediately, and some individuals have already found housing.

- The Region is collaborating with researchers from Wilfrid Laurier University on a research project to evaluate the impact of the 40 new rent assistance allocations on housing stability of the recipients.

2.4　Community Wide Registry

The consultation process identified a need to understand the full scope of winter homelessness in our community, including those staying at shelters or OOTC and those who choose not to access shelters and stay outside.

Implementation Progress

- The Region participated as the first pilot community for the Canadian 20,000 Homes Campaign (http://www.caeh.ca/a-plan-not-a-dream/building-a-20000-homes-campaign/) to be fully launched this summer, modeled after the UN Habitat award winning 100,000 Homes Campaign in the US.

- Through the campaign, 22 teams of 81 volunteers conducted a registry survey across the region on November 30 and December 1, 2014 to identify all the people experiencing homelessness, and assess their health and housing needs.
- A community information session was held in Council Chambers on December 3, 2014 to brief the community on the results (http://communityservices.regionofwaterloo.ca/en/communityPlanningPartnerships/resources/DOCS_ADMIN-1738899-v1-Debrief_Presentation.pdf).

Results to Date

- 339 individuals were identified as experiencing homelessness. 127 of those were identified as highly vulnerable – meaning they are at an increased risk of mortality. These individuals are often persistently homeless and experiencing health issues.
- The information gathered through the registry survey helped to inform STEP Home's prioritization of the 40 individuals to receive offers of rent assistance. The 20,000 Homes campaign will continue across the country until 2018, and Waterloo Region will continue to support people experiencing homelessness to find and retain permanent housing with available resources.

2.5   Community Inclusion and Engagement

The response plan includes measures to harness the commitment of former OOTC volunteers, and continue to foster inclusion and belonging of all community members.

Implementation Actions and Results

- Circle of Friends, a STEP Home program operated by Mennonite Central Committee, has been expanded to engage up to 16 new male and female participants, who will be supported by circles of volunteers as they transition from shelters or unsheltered spaces to stable housing in the community.
- A list of ongoing volunteer opportunities for people who wish to stay engaged in ending homelessness was published on the Region's website.
- The Region has partnered with Wilfrid Laurier University's MBA program to work with a team of MBA students who will identify potential strategies and opportunities to support diverse community partners – including faith-based communities, private-sector partners, and interested individuals – to engage in efforts to end homelessness.
- Overlap Associates, a Kitchener-based consultancy group that brings design thinking into strategic planning, was contracted to facilitate a series of conversations at community forums in 2015 with a focus on enhancing community engagement in ending homelessness.

- On January 29, 2015, over 65 stakeholders attended the second Community Forum on the OOTC response (the first was held on October 22, 2014, and the third and final forum will be held in May 2015). Attendees received updates about the implementation of the response plan, and participated in a community engagement exercise facilitated by Overlap Associates.

2.6 Communication

The response plan also included actions to ensure timely access to relevant, up-to-date information about available services and support options for people experiencing homelessness or at risk of housing loss, as well as for service providers and community members. The Region is coordinating regular check-in meetings with service providers involved in the response plan, distributing updated program information online and in hardcopy, and responding to information and presentation requests on an ongoing basis.

3.0 Next Steps

Monitoring and evaluation of the 2014/15 winter season response plan is ongoing. An end-of-season community review will be held at a forum in May. A final evaluation report on the short-term winter 2014/15 responses will be presented to Council in June 2015. Longer-term aspects of the response plan are integrated into the broader implementation and reporting of the Strategy and the 10-Year Homelessness and Housing Plan. As identified in the Strategy Update Report for 2011-2013 (SS-14-054), a number of system evolution activities are currently underway which will be informed by the results of the response plans, pilots and feedback from the 2014/15 winter season.

Area Municipal Consultation/Coordination:

Regional staff shared this report with area municipal Community Services Departments at the cities of Kitchener, Waterloo, and Cambridge.

Corporate Strategic Plan:

Implementing the OOTC response plan 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". In addition, these activities address Focus Area 5: Deliver excellent and responsive services that inspire public trust.

Financial Implications:

The projected costs for the OOTC response plan are $1,035,120.   These costs were funded in part through the existing 2014 homelessness to housing stability budget with the majority of the response funded through new 2014/15 annualized 100% provincial funding for the Community Homelessness Prevention Initiative (CHPI) provided through the Ministry of Municipal Affairs and Housing. The new rent assistance support is funded through the Investment in Affordable Housing (IAH) funds. It is anticipated that all these funds will be expended by the end of the current season (May 2015).

Other Department Consultations/Concurrence:

Region staff from Crime Prevention Council and Public Health and Emergency Services participated in the consultation process. Legal Services was consulted regarding the execution of agreements.

Attachments

Nil

Prepared By: **Van Vilaysinh,** Manager, Housing Stability

                     Beth Hayward, Social Planning Associate

Approved By: **Douglas Bartholomew-Saunders,** Commissioner, Community Services

Report: CSD-HOU-15-03

Region of Waterloo

Community Services

Housing Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 24, 2015   **File Code:**   S13-30

Subject: Community Homelessness Prevention Initiative Supportive Housing Program Prequalification 2014-04 Results

---

Recommendation:

For information only.

Summary:

In January 2013, the Ministry of Municipal Affairs and Housing (MMAH) implemented the Community Homelessness Prevention Initiative (CHPI), which consolidated five previous homelessness prevention programs. Two of these five programs funded supportive housing programs in Waterloo Region. In response to this initiative, Waterloo Region has been undergoing a re-design of these supportive housing programs to meet the new CHPI program expectations.

In March 2014, Council approved in principle the CHPI supportive housing redesign approach towards implementing a new CHPI Supportive Housing Program effective April 2016 (SS-14-009). In June 2014, Council approved the CHPI Supportive Housing Program Framework which provides a broad description of the new program (SS-14-030). Staff provided extensive consultation and feedback opportunities between the fall of 2013 and October 2014 for tenants, supportive housing providers, and key community service providers. This input shaped both the development of both the Program Framework and the Program Standards (the new CHPI Supportive Housing Program Standards will be brought forward to Council for approval in early spring 2015).

On November 3, 2014, the Region issued Prequalification (PQ) 2014-04 for the CHPI

Supportive Housing Program which closed January 8, 2015. Twenty Proponents applied proposing 40 different supportive housing program ideas. Fifteen Proponents and 20 supportive housing program ideas passed the evaluation criteria and will eligible to submit to the Request for Proposal (RFP) planned to be released in April 2015. This report contains information related to the successful Proponents and their supportive housing program ideas. This report also includes plans for supporting tenant transitions as up to 136 beds may be impacted with providers that either did not apply to the PQ or were unsuccessful in the bid submission process.

Report:

1.0 CHPI Supportive Housing Redesign Background
The Community Homelessness Prevention Initiative (CHPI) was implemented January 1, 2013 consolidating five previous homelessness prevention programs under the Ministry of Municipal Affairs and Housing (see CSD-HOU-15-04 for further information on CHPI). Two of these five programs funded supportive housing programs in Waterloo Region - the Domiciliary Hostel per diem (DH) and the Consolidated Homelessness Preventions Program (CHPP). The consolidation brings these two separate funding programs under a new legislative and policy framework (i.e., the *Housing Services Act*, 2011 and the CHPI Program Guidelines, 2012). As such, these previous provincial funding programs no longer exist and all supportive housing programs are now included under the CHPI Housing with Related Supports service category.

Since 2011, Region staff has engaged in research and consultation related to emerging trends, service improvement, and financial impacts related to providing quality supportive housing programs. The Region was well positioned to undertake a supportive housing redesign process to better align with new provincial guidelines under CHPI, enhance tenant quality of life, and improve service.   In March 2014, Council approved in principle the CHPI supportive housing redesign approach towards implementing a new CHPI Supportive Housing Program, effective April 1, 2016 (SS-14-009).

In June 2014, Council approved the CHPI Supportive Housing Program Framework which provides a broad description of the new program (SS-14-030). Staff facilitated an open community forum in March, multiple key community stakeholder meetings, and provided monthly consultation opportunities between March 2014 and October 2014 for all current funded supportive housing providers (see Appendix A for a list of the research and consultation/feedback opportunities that informed the redesigning of supportive housing programs). Current supportive housing providers had the opportunity to provide feedback into both the CHPI Supportive Housing Program Framework and the new CHPI Supportive Housing Program Standards (still under development to be brought forward to Council for approval in spring 2015).

There are numerous reasons that the supportive housing redesign is needed:

a) The program as it currently exists does not align with new funding expectations:

- Current funded providers operate based on the previous funding programs which had different philosophies, expectations, data requirements, and quality assurance measures. These now need to be aligned under one program.

- The former Domiciliary Hostel per diem program operates from an outdated custodial care model and requires significant modernizing to align with the provincial CHPI Program Guidelines (2012). For further background related to the Domiciliary Hostel Program, please see an excerpt from the March 2014 report to Community Services Committee (SS-14-009) included in Appendix B.

b) The program as it currently exists is not meeting community needs:

- People have difficulty accessing appropriate supportive housing as there is no single point of access, common intake, or common waitlist across the entire program. While some programs are connected to the Region's Community Housing Access Centre, many are not and people have to contact each provider individually.

- At times people with low level support needs, which could be better met in other settings, are accessing spaces while people with higher needs are turned away.

- While there are often spaces open within a number of the DH per diem funded congregate (shared living) programs, the number of people waiting for self-contained supportive housing units has grown 46 percent between 2008 and 2012.

- New needs and models have emerged which are not currently represented in the program (e.g., managed alcohol).

c) The program as it currently exists is not sustainable:

- Over many years, program providers have not received funding increases to align with inflation. Supportive housing providers need an opportunity to address increased expectations within a realistic funding model.

- There are untapped community partnership opportunities that can only be addressed once the programs begin to operate together as a system.

- Tenant quality of life is compromised in some instances with cramped quarters, misaligned supports (too little, too much, not the right supports), lack of security and privacy, and lack of meaningful activity.

d) There is significant demand and interest in the program:

- CHPI supportive housing comprises approximately 28 percent of supportive housing in the community. It is understood that until significant additional investment is made by the provincial and/or federal government, the need for supportive housing will continue to outstrip availability with more people on waitlists than there are units/beds within programs. While all community supportive housing needs cannot be met through CHPI supportive housing, with limited funding and increased service demands, the Region must ensure it creates a supportive housing program with defined and measurable outcomes

(for tenants' health, safety and quality of life, community needs, and other stakeholder expectations) and funds programs that are going to be most effective in meeting the outcomes.

- There have been many inquires over the years from operators wanting to receive funding for supportive housing. Given the redesigned program will be a "new program" and there is interest beyond existing providers in operating supportive housing within Waterloo Region, it is important to offer an open, transparent and accountable opportunity for all to apply under the Region's Purchasing By-law.

e) To enable the following results at the end of the redesign and implementation process:

- A supportive housing system that responds to new provincial funding guidelines and focuses on quality for tenants, fairness for providers, enhanced risk management, and accountability for taxpayers.
- Improved program features - coordinated entry, a common priority waitlist, a common assessment, enhanced quality assurance processes, a common data collection system, and increased eviction prevention measures.
- Improved quality of life for tenants - increased options for private rooms, increased security (e.g., locks on bedroom door, locked space for personal items), increased control over personal income, improved physical space, and increased access to recreation opportunities.

Further information about the redesign process for supportive housing programs funded through CHPI is contained in previous communication to Council through memos (September 11, 2012, September 10, 2013, February 19, 2014 and June 17, 2014) and reports (SS-12-044, SS-12-050, SS-13-001, SS-13-005, SS-13-006, SS-13-030, SS-14-008, SS-14-009, SS-14-030). Reports and additional information is available at: http://communityservices.regionofwaterloo.ca/en/housing/CHPI-Supportive-Housing-Redesign.asp.

2.0 Prequalification 2014-04

The Prequalification (PQ) for the CHPI Supportive Housing Program was issued November 3, 2014 and closed January 8, 2015. The Prequalification 2014-04 was broadly advertised and all interested supportive housing providers were encouraged to apply. The PQ process was intended to prequalify both the Proponent and their proposed supportive housing program idea(s). The Proponents and supportive housing program idea(s) successful in the PQ will be invited to submit detailed supportive housing proposals through a Request for Proposals (RFP) tentatively planned to be issued April 30, 2015.

The PQ 2014-04 was designed to identify experienced supportive housing providers who have an interest in delivering the program as described in the CHPI Supportive Housing Program Framework. The CHPI Supportive Housing Program will provide

permanent, affordable, supportive housing with attached, on-site supports for people experiencing or at-risk of homelessness living on a low-income who have medium to high level support needs (at intake) and require support to maintain their housing.

The PQ 2014-04 required that all Proponents met the prequalification eligibility (listed in Appendix D), passed the prequalification mandatory requirements, and received a mark of at least 5/10 in each evaluation component. In addition, Proponents need to achieve an overall score of 65 percent or higher.

3.0 Responses Received under PQ 2014-04

The Region received submissions from 20 Proponents (nine for-profit businesses and eleven non-profit organizations) proposing over 40 different supportive housing program ideas. The PQ review team consisted of staff from Housing Services, Senior Services, and Treasury Services with input from Legal Services. The review team evaluated each submission against the PQ evaluation criteria to assess both the Proponent and their proposed supportive housing idea(s). There are five Proponents that either did not pass the Proponent evaluation criteria and/or supportive housing program evaluation criteria. In addition, there were a number of program ideas that were either not eligible or did not pass the supportive housing program evaluation criteria. Of the 15 remaining Proponents, 20 supportive housing program ideas passed the prequalification phase and will be invited to participate in the RFP process. All Proponents were notified through Procurement of the PQ results on February 20, 2015 in a letter sent by e-mail. All Proponents were offered an opportunity to meet with Region staff to debrief their proposal. All currently funded Proponents unsuccessful in the PQ bid have meetings scheduled on February 27, 2015 to meet with Region staff to discuss next steps.

4.0 Successful Proponents

The following is a brief summary of the successful PQ Proponents that will be invited to submit detailed proposal(s) in response to the RFP for the CHPI Supportive Housing Program. Altogether there are 588 of units/spaces being proposed. There are three Proponents that have not finalized a location for their supportive housing program. These Proponents must identify and secure a building (i.e., through lease or, at minimum, a conditional purchase of sale) by the RFP closing date in order for that supportive housing program idea to be eligible to participate in the RFP. Furthermore, there may be some program elements that Proponents proposed in the PQ that may need to be refined based on the specific requirements outlined in the RFP (e.g., housing model, types of support services offered, staffing ratios, number of units/spaces, and number of private bedrooms vs semi-private bedrooms).

1) 127 Erb Ltd. o/a K.W. Underhill Residential Home

K.W. Underhill Residential Home is a for-profit business that has over 20 years experience operating supportive housing in Waterloo. This Proponent is currently

funded through CHPI (former Domiciliary Hostel per diem).

2) 2241382 Ontario Inc. o/a Millwood Manor Retirement Home

Millwood Manor Retirement Home is a for-profit business that has operated a retirement home in Kitchener for 30 years. This Proponent is currently funded through CHPI (former Domiciliary Hostel per diem).

3) 8616469 Canada Incorporated o/a the Ark

The Ark is a for-profit business that has 12 years experience operating supportive housing in various communities. They are currently operating a boarding home in Kitchener that they purchased in 2014. This Proponent is not currently funded through CHPI.

4) Cambridge Shelter Corporation - Bridges Supportive Housing

Cambridge Shelter Corporation is a non-profit organization that has been operating supportive housing in Cambridge for 10 years. This Proponent is currently funded through CHPI (former Consolidated Homelessness Prevention Program grant) to operate the Bridges Supportive Housing.

5) Daring Residential Homes Inc.

Daring Residential Homes Inc. is a for-profit business that has been operating supportive housing in Kitchener for 10 years and is currently funded through the Ministry of Health and Long Term Care - Homes for Special Care Program to operate supportive housing. This Proponent is not currently funded through CHPI.

6) Grand River Retirement Home Ltd

Grand River Retirement Home Ltd is a for-profit business that has been operating supportive housing in Cambridge for over 25 years. This Proponent is currently funded through CHPI (former Domiciliary Hostel per diem).

7) Housing Under Group Organization Inc. (HUGO)

HUGO is a for-profit business that has been operating supportive housing in Kitchener for over eight years. This Proponent is currently funded through CHPI (former Domiciliary Hostel per diem).

8) House of Friendship of Kitchener

House of Friendship of Kitchener is a non-profit organization with 25 years of experience operating supportive housing in Kitchener. This proponent is currently funded through CHPI for Eby Village, Charles Village and Cramer House (former Consolidated Homelessness Prevention Program grant).

9) Indwell Community Homes

Indwell is a non-profit organization that has 15 years experience operating supportive housing in the cities of Hamilton, Woodstock, and Simcoe. This Proponent is not currently funded through CHPI.

10) Kaljas Homes for Supportive Living
Kaljas Homes for Supportive Living is a non-profit organization that has 40 years experience operating supportive housing in Kitchener. This Proponent is currently funded through CHPI (former Domiciliary Hostel per diem).

11) Kitchener-Waterloo Young Women's Christian Association (KW-YWCA)
KW-YWCA is a non-profit organization with 25 years experience operating supportive housing in Waterloo and Kitchener. This Proponent is currently funded through CHPI for YWCA Supportive Housing - Lincoln Road (former Consolidated Homelessness Prevention Program grant).

12) Lutheran Homes Kitchener-Waterloo o/a Trinity Village Studios
Lutheran Homes Kitchener-Waterloo is a non-profit organization with 25 years experience operating supportive housing for seniors in Kitchener. This Proponent is currently funded through CHPI (former Domiciliary Hostel per diem).

13) Reaching Our Outdoor Friends (Kitchener) (ROOF) - oneROOF Kiwanis
OneROOF Kiwanis is a partnership between two non-profit organizations ROOF and the House of Friendship Kitchener with over 25 years of experience operating supportive housing in Kitchener. This program is not currently funded through CHPI.

14) Supportive Housing of Waterloo (SHOW)
SHOW is a non-profit organization with five years experience operating supportive housing in Waterloo. This Proponent is currently funded through CHPI (former Consolidated Homelessness Prevention Program grant).

15) The Working Centre/KW Working Centre for the Unemployed
The Working Centre is a non-profit organization with 20 years experience operating supportive housing in Kitchener. This Proponent is not currently funded through CHPI.

5.0 Requests for Proposals (RFP) Process
A Request for Proposals (RFP) is tentatively planned for release on April 30, 2015 with an eight week turnaround for required materials. There will be a pre-bid meeting planned for May for all Proponents where Region staff will explain the requirements in the RFP and answer questions Proponents may have. The RFP will require Proponents to provide greater detail about their proposed supportive housing program and provide an operating budget.

The RFP will be evaluated by the same review committee that evaluated the PQ. The review committee will also participate in the following activities to assist in the evaluation of the RFP:

- Discuss with local Area Municipality staff to determine any issues, concerns or implications relating to proposed supportive housing programs;
- Interview the Proponent to clarify their submission and discuss their budget; and
- Conduct a site visit of the proposed building location.

The review committee will evaluate the submissions and bring recommendations forward to Council in fall 2015. The RFP will include consideration for geographical distribution. The redesigned supportive housing program would begin April 1, 2016 (corresponding with the commencement of the fiscal year for this program area). The number of units/spaces within the redesigned program will be entirely dependent on the submissions received and successful Proponents identified through the RFP process.

6.0 Tenant Transitions

Region staff have been working closely with the current supportive housing providers (see Appendix C for a list of the current providers) to develop communication tools and operational plans to prepare for the possibility of tenants transitions as a result of the CHPI supportive housing redesign process through three primary avenues:

- Individualized communication plans for each supportive housing program to prepare for how tenants, staff, key community service providers, etc. will be informed about the results of the PQ and any potential changes to service.
- Tenant Key Messages and Community Service Provider Key Messages documents (available on the Region's website) were jointly created between Region staff and the current supportive housing providers to explain the redesign process and any potential transitions that may result.
- A CHPI Supportive Housing Program Question and Answer document was updated to provide detailed information about the redesign process.

All current supportive housing providers were informed throughout the process that if they did not apply to the PQ or were unsuccessful in their bid that they remain under their current agreement until March 31, 2015. Region staff would then engage with each supportive housing provider to establish separate transition agreements to support tenant transitions beyond the end of their current agreement.

To further support tenant transitions, Lutherwood has been funded for 15 months to expand their Housing Support Services with the addition of three full-time tenant transition support workers. These workers will assess tenant needs and provide intensive support to help those requiring support to find and establish new housing. A flex fund has also been allocated to the tenant transition workers to support additional expenses that tenants may have as they seek new housing options. The tenant transition workers will support tenant re-housing, as needed to alternative housing.

Region staff has previous experience transitioning tenants. Over the past seven years, six Domiciliary Hostel funded homes have exited the program, representing just under one-third of overall CHPI program spaces. Key learnings have been incorporated in the approach and plan for transitioning tenants, informed by the following guiding principles:

- Ensure that decisions are made through the lens of tenant health and safety.
- Minimize the numbers of moves that tenants will experience.
- Minimize system destabilization through the use and/or enhancement of existing resources.
- Create realistic timeframes for re-housing.
- Provide information in a timely manner, tailored to the persons needs.
- Tenant chose what works best for them regarding their housing and support options.
- Provide opportunities for all stakeholders impacted by transitions to provide input into the plans and communication tools.

It is possible that not all tenants may require re-housing depending on operator plans (in previous transitions, some providers continued to operate supportive housing on a private basis without funding from the Region). It is understood that where tenant re-housing is needed, not all current tenants will require the same type of housing that they are transitioning from. Through previous experience, it is estimated that up to 25 percent of tenants will be able to move to independent housing and no longer require supportive housing. The tenant transition workers will meet with each tenant to assess their needs and interests and will be prioritizing supporting the following types of moves first:

- Moving into independent housing (e.g., Community Housing Waitlist or private market).
- Moving into Long Term Care.
- Moving into specialized supportive housing programs (e.g., serious mental health, developmental, seniors).
- Moving into other supportive housing programs funded through CHPI that are continuing with a regular annual agreement over 2015/16 (e.g., there is currently a 15 percent annual turnover within the program).
- Moving to other communities when desired by tenants (including private market, affordable housing, family and friends, and other supportive housing options).

Where these options are not relevant, tenants will be supported to transition into the new CHPI Supportive Housing Program once established.

In total, there are seven current supportive housing programs (with up to a 136 bed capacity) that will not be moving onto the RFP phase:

- Three did not apply to the PQ. Region staff have already met with these providers and have started making plans to communicate with tenants and other stakeholders and to prepare for tenant transitions.
- Four were unsuccessful in the bid submission under the PQ. Region staff have

set up initial meetings for February 27th to begin discussions related to making plans to communicate with tenant and other stakeholders and to prepare for tenant transitions.

Region staff plans to bring a report back to Council in the fall of 2015 to provide an update on tenant transitions.

7.0 Continuing Supportive Housing Providers 2015/16
There are 12 supportive housing programs that are continuing with a regular annual agreement over 2015/16 (i.e., six former CHPP and six former DH per diem). The six former CHPP grant funded providers will continue to receive grant funding based on 2012 funding levels and continue to intake new tenants based on their connection to the Community Housing Waitlist.

Region staff will be meeting with the six former DH per diem funded programs to explore moving to grant funding and consider intakes limited to tenants within the program that require re-housing and participants through STEP Home over 2015/2016. Region staff are proposing that they will receive the same level of funding in the form of a monthly grant payment in 2015/16 based on their 2014/15 per diem. This change would:

- reduce administrative burden for both the provider and the Region;
- provide consistent, stable, and predictable funding for providers;
- create greater equality between providers transitioning from the program and those continuing over 2015/16; and
- support implementation towards the redesigned CHPI Supportive Housing Program grant based funding model.

Moving to grant funding and focusing new intakes will allow for tenants that need to be re-housed and those experiencing persistent homelessness to be prioritized for spaces, as they become available.

Corporate Strategic Plan:
Undertaking the CHPI funded supportive housing redesign is consistent with 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". In addition, these activities address Focus Area 5: Deliver excellent and responsive services that inspire public trust.

Financial Implications:
CHPI is 100% provincial funding through the Ministry of Municipal Affairs and Housing and can only be used for operating expenses. The Region's preliminary 2015 operating

budget provides an annual program cost of $10.950 million while Provincial subsidies are estimated at $9.927 leaving a net levy contribution of $1.023 for the Community Homelessness Prevention Initiative (CHPI) programs. The Housing with Related Supports service category under CHPI includes a provision of $3.9 million of which a total of $3.3 is allocated for programs to be implemented under the RFP. It is expected that the 2015 budget is sufficient to provide funding for the overall CHPI program expectations which includes redesign, tenant transition, program delivery and various administrative expenses.

Other Department Consultations/Concurrence:
Staff from Corporate Services, Treasury Services Division (Procurement and Supply Services) and from Planning, Development and Legislative Services, Legal Services have been involved in consultations, development of PQ process as well as providing input on this report.

Attachments:
Appendix A   Research and Consultation Opportunities Informing the Development of
             the CHPI Supportive Housing Program
Appendix B   Domiciliary Hostel Per Diem Program Background
Appendix C   List of Current Funded Supportive Housing Providers
Appendix D   Prequalification Mandatory Requirements

Prepared By: Amber Robertson, Social Planning Associate
                Marie Morrison, Manager Social Planning
                Deb Schlichter, Director Housing Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services

Appendix A
Research and Consultation Opportunities Informing the Development of the CHPI Supportive Housing Program

Development Activities	Timeframe
Fourteen local research background reports	2011- 2014
Thirty-two site visits - six with other Service Manager communities' supportive housing programs, 20 with current supportive housing providers (DH per diem and CHPP), six with other local supportive housing programs.	2010-2014
Sixteen community consultations regarding the redesigned CHPI Supportive Housing Program.	2013-2014
Eight letters to current supportive housing providers regarding the development of the CHPI Supportive Housing Program.	Sept 2012-Oct 2014
Two survey feedback opportunities provided to staff and current supportive housing providers.	Sept 2013-Jan 2014
Four Housing Stability System Newsletters including information on the supportive housing redesign.	Sept 2013-Oct 2014
Seven focus groups with tenants currently living in DH per diem and CHPP funded supportive housing program (70 participants).	Jan-Feb 2014
One public community consultation meeting on the Draft CHPI Supportive Housing Program Framework (99 participants).	Mar 26, 2014
Five community consultation meetings on the draft CHPI Supportive Housing Program Framework.	April-May 2014
One key community service provider consultation with the primary community service agencies serving current supportive housing tenants.	May 2014
Nine consultation meetings with current supportive housing providers to develop the CHPI Supportive Housing Program Framework and the CHPI Supportive Housing Program Standards.	Jan–Oct 2014

February 24, 2015   Report: CSD-HOU-15-03

Appendix B
Domiciliary Hostel Per Diem Program Background
(Excerpts from Report SS-14-009 from March 4, 2014)

Domiciliary Hostel

Municipalities first began providing financial support for adults experiencing poverty who were living in unregulated boarding or lodging homes during the late 1950s. In the early 1970s, the Province began to develop more formalized policies to help support adults, who would otherwise be homeless, with shelter and basic needs in lieu of direct financial assistance. In 1972, the Nursing Home Act was passed which outlined legislation to license and fund operators of long-term care homes for people requiring over 1.5 hours of nursing care per day, leaving those requiring less than 90 minutes of care per day to be served by the hostels. As a result of the unregulated nature of the hostel program, it has grown in an unplanned and unstructured way. The Region has been working with the Domiciliary Hostel per diem since the Region was established in 1973.

Prior to CHPI implementation January 1, 2013, under the *Ministry of Community and Social Services Act, 1990,* municipalities were able to enter into Agreement(s) with local operators to provide permanent accommodation with 24/7 supervision and some supports to daily living for those with physical, cognitive, mental health, and/or substance use issues. Under the Regulations and Directives of the *Ontario Works Act, 1997*, persons who live in such homes and who qualify for assistance could have a per diem paid on their behalf by the Region. Since 1999, funding provided by MCSS under the Domiciliary Hostel per diem was capped and cost shared on an 80/20 basis.

There have been a number of inquests and program reviews by the Province over the years in relation to the Domiciliary Hostels. In 2006, instead of developing a provincial regulating structure, MCSS released a Domiciliary Hostel Program Framework that required Service Managers to create, approve and monitor local standards. The Region approved initial local standards in 2006 and began monitoring homes in receipt of Domiciliary Hostel per diem in late 2007. In 2010, the Province approved the Retirement Homes Act that regulates and licences retirement homes with more than six unrelated adults over age 65.

Supportive Housing Redesign Rationale

There are numerous reasons that the supportive housing redesign process is timely. There are concerns with the original structure of supportive housing programs that grew up in an unregulated, unplanned and unstructured way, more so under a funding mechanism than a designed program, and that are based on an outdated model of custodial care. The supportive housing programs now funded through CHPI are under a new legislative framework (the *Housing Services Act, 2011)* and under a new Ministry

(MMAH rather than MCSS). The programs have a new policy framework through the CHPI Program Guidelines (2012) which call for, "a better coordinated and integrated service delivery system that is people-centred, outcome-focused and reflects a Housing First approach to prevent, reduce and address homelessness…" (p. 3).

There is also a call through the local Homelessness to Housing Stability Strategy (2012) for enhanced access, improved coordination, innovative partnerships, better housing outcomes, increased opportunities for community inclusion, improved data, quality assurance, and consistent administrative practices. There is a significant need in the community for supportive housing. While there are spaces open within a number of the Domiciliary Hostel per diem funded homes, the number of people waiting for grant funded supportive housing programs under the Coordinated Housing Access Waitlist has grown 46% between 2008 and 2012. There are more people on the waitlist than there are units/beds within the programs. There have been significant funding pressures under CHPI (see SS-14-008) and additional funding for supportive housing programs is not possible under the capped allocation from the Province.

With limited funding and increased service demands, the Region must ensure it creates a supportive housing program with defined and measurable outcomes (for tenants' health, safety and quality of life, community needs, and other stakeholder expectations) and funds programs that are going to be most effective in meeting the outcomes. Given the redesigned program will be a "new program" and there is interest beyond existing providers in operating supportive housing within Waterloo Region, it is important to offer an open, transparent and accountable opportunity for all to apply under the Region's Purchasing By-law.   Supportive Housing providers also need an opportunity to address increased expectations within a realistic funding model. Over the years, funding increases have not kept pace with cost of living increases.

The intention of redesigning the supportive housing program funded under CHPI is to create a system that responds to the new provincial expectations within the legislation and policy framework, focuses on quality for tenants, fairness for providers, and accountability for taxpayers.

Appendix C
List of Current CHPI Funded Supportive Housing Providers

Provider Name	Spaces /Units	Age	Gender	Type of Housing	Location	Previous Program
Argus-Five Beds to Home	5	Youth	Male	Congregate	Cambridge	CHPP Grant
Cambridge Shelter-Bridges	20	All	All	Self-Contained	Cambridge	CHPP Grant
Cambridge Shelter-Saginaw	8	Adult	Male	Congregate	Cambridge	CHPP Grant
Doon Valley Manor	16	Adult	All	Congregate	Kitchener	DH Per Diem
Grand River Retirement Home	19	Adult	All	Congregate	Cambridge	DH Per Diem
House of Friendship-Cramer House	9	Adult	Male	Congregate	Kitchener	CHPP Grant
House of Friendship- Charles Village	22	All	All	Self-Contained	Kitchener	CHPP Grant
House of Friendship-Eby Village	64	All	All	Self-Contained	Kitchener	CHPP Grant
HUGO	21	Adult	All	Shared Self-Contained	Kitchener	DH Per Diem
Kaljas Homes	17	Adult	Male	Congregate	Kitchener	DH Per Diem
Kingsview Residence	20	Adult	Male	Congregate	Blair	DH Per Diem
K.W. Underhill Residence	30	Adult	Male	Congregate	Waterloo	DH Per Diem
Marsdale Manor	52	Senior	All	Congregate	Cambridge	DH Per Diem
Millwood Manor	60	Senior	All	Congregate	Kitchener	DH Per Diem
Optimum Healthcare Services	19	Adult	All	Congregate	Cambridge	DH Per Diem
Riverside Manor	16	Adult	Male	Congregate	Cambridge	DH Per Diem
SHOW	30	All	All	Self-Contained	Waterloo	CHPP Grant
Trinity Village Studios	10	Senior	All	Congregate	Kitchener	DH Per Diem
YWCA Supportive Housing	45	All	Female	Self-Contained	Waterloo	CHPP Grant
TOTAL	**483**					

Appendix D
Prequalification Mandatory Requirements

1) **Proponent Eligibility**
   a. Proponent types may include for-profit businesses or non-profit organizations.
   b. Proponents must be incorporated. If the Proponent is not currently incorporated they may contact the Waterloo Region Small Business Centre at 519-741-2604 or www.waterlooregionsmallbusiness.ca for information and/or assistance to apply.
   c. Proponents must demonstrate organizational, financial, and management capacity to operate a supportive housing program.
   d. Proponents must have at least three (3) years of experience managing affordable supportive housing program(s) and experience working with the proposed tenant population(s). If a business/organization does not have at least three (3) years of experience in managing affordable supportive housing program(s) they must apply as a Proponent Team with experienced Proponent Team Member(s).
   e. Proponents must pass the prequalifying mandatory requirements.

2) **Proposed Program Eligibility**
   a. The proposed program(s) must align with the CHPI Supportive Housing Program Framework.
   b. The proposed programs must be residential units/spaces covered under the Residential Tenancies Act with dedicated on-site staff support. For example the following programs would not be eligible:
      • Units/spaces that are scattered in different buildings without dedicated on-site staff support;
      • Emergency shelter programs
      • Crisis care/respite programs; and/or
      • Transitional (time-limited) housing programs.
   c. The proposed program building location(s) must be situated within the boundaries of Waterloo Region.
   d. The building for the proposed program will need to be secured (e.g., by lease, purchase, or construction) by the RFP closing date. The units/spaces do not need to be vacant at the time of the PQ or RFP closing date. The units/spaces can be taken up as they become available after signing of the CHPI Supportive Housing Program Agreement with the Region.
   e. The Proponent must demonstrate the ability to begin operating the proposed program by April 1, 2016.

Region of Waterloo

Community Services Department

Employment and Income Support

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 24, 2015   **File Code:** S09-80

Subject: Social Assistance Management System (SAMS) Implementation Update

---

Recommendation:

That the Regional Municipality of Waterloo request the Province of Ontario to fully fund all costs related to the implementation of the Social Assistance Management System as outlined in report CSD-EIS-15-02 dated February 24, 2015

Summary:

The implementation of the Social Assistance Management System (SAMS) has been challenging, extending unanticipated negative service impacts to participants and increasing workload for staff.

Report:

1.0 Background

Several memoranda and reports spanning September 2011 through November 2014 have been provided to Council outlining the Provincial project to replace the Service Delivery Model Technology (SDMT) which supports the delivery of social assistance programs in Ontario (see Appendix A). The initiative is part of a broader technology modernization effort by the Province to enhance service delivery and customer service.

Planning for SAMS implementation included an integrated effort by staff at all levels within Employment and Income Support (EIS), Community Services as well as representatives from key Corporate Departments and CUPE Local 1883. Council approved funding for additional staff to support SAMS training and implementation. Status updates were submitted to the Province on expected preparation activities prior

to the province wide implementation on November 11, 2014.

2.0 Implementation

SAMS implementation was delayed three times, impacting training which commenced January 2014. Training was delivered in three separate components due to these delays. Computer programming changes to SAMS continued as staff were trained. This resulted in staff being trained on an earlier version of the system than what was implemented, creating a further lack of familiarity and confidence with the system.

SAMS launched with significant issues. Staff had difficulty with system access; some staff were without access for the first two weeks. The system was slow to perform and/or stopped working numerous times. System instability persists after upgrades or "system fixes" have been installed. This makes it difficult and frustrating for staff who are/were working in an unfamiliar technology. Technical components have not functioned as expected, requiring manual staff intervention to produce or correct financial entitlement.

SAMS is a highly complex system with inherent difficulties. It is data rich which requires additional time to collect and input necessary information which was not required in the former technology. This results in applications for assistance requiring extended time to enter and complete. System issues with converted data at time of application have produced further workload and follow-up. Various components of ongoing case management are more complex and challenging. For example, change transactions like an address update or income reporting requires more information to be entered on various pages. Staff must refer to a number of reports in order to manually produce payments to ensure correct entitlement for participants. This requires further reconciliation to record payments. Staff struggle to manage system generated tasks and notifications. Erroneous overpayments and arrears have been created due to system issues which will require further user support to resolve. Impacts have been differential across the Province.

Additional staff has been deployed to Intake to manage application demands. Intake staff is slowly gaining some confidence as further system corrections are implemented. Reduced client service is available as staff focus is on initial eligibility and emergency needs screening. The scheduled appointment time following intake screening is beyond the Provincial requirement of 4 days, despite additional staff being redeployed to this priority area.

Dedicated Support staff (Peer Support) continues to assist peers with learning and to triage cases. The work of these dedicated staff is being partially covered by other E&IS redeployed staff members.

Caseworkers have deferred their regular file reviews to focus on financial transactions

and accuracy. As well, data conversion cleanup activities have been set aside due to the demands of producing monthly entitlement and resolving system issues.

Treasury and EIS staff requires additional time to ensure payments are produced correctly. Where the system is not functioning as expected, manual payments have been used to ensure timely receipt of assistance. The system has produced unexpected overpayments and arrears which require staff to take corrective action and reconcile payments. Treasury staff has been significantly impacted due to the increase in their workload. Employment Services staff has been redeployed to provide caseload coverage, manage the cheque pick up window and assist with regular payment production. As well, casual relief staff supports the letter production, sorting and distribution. All this in an attempt to mitigate SAMS payment errors and inaccurate correspondence to clients.

Enhanced Verification Process (EVP) has been deferred by the Province until at least April 2015. EVP Caseworkers have been supporting Intake prior to and during implementation. This workload will create a significant backlog when the Province resumes regular program requirements and the audit process. Further staff, or adjustments to the staffing allocation may be required to meet what appears to be an increased workload introduced by the Province through this technology.

Some work units (Family Support Unit and Eligibility Review) have begun to address ongoing business, completing appointments, court appearances, etc. while providing some staff to support implementation.

Quality Assurance Facilitators have been deployed into ongoing user support roles. This requires significant ongoing triage of cases with issues. This role is likely to continue well into the 2016 year.

Escalation of SAMS system issues occurs through regular, ongoing contact with Provincial staff, logging 'tickets' and membership on Provincial/Municipal groups (Technical Working Group and Leadership Group). Cases that cannot be resolved locally need further intervention by the Provincial/Programming staff. These mechanisms are instrumental in advocating for system corrections.

Significant work has been deferred in most areas and will require substantial cleanup. It is anticipated that 2015 and possibly part of 2016 will be needed to recover to regular workflow processes. Deferring workloads due to SAMS results in limited participant contact, missed opportunities, potential incorrect benefits and lack of ability to meet or maintain provincial outcomes. Missed opportunities include issuing further benefits and significantly reduced community agency referrals. This could increase or prolong the caseload size. Any reduction in the number of staff complement severely hinders the ability to catch up on backlog of work.

Of significant concern with respect to both client and workload impact is the expectation that Consolidated Municipal Services Manager's (CMSM's) and District Social Services Administration Board (DSSAB's) will recover all erroneous system generated overpayments that reached clients directly. This will results in negative impacts on client finances and an increased workload for staff to verify, input, collect and track these overpayments.

3.0 Mitigating Strategies

The Province acknowledged implementation would impact daily business and municipalities would not be able to provide service at required levels. In addition to workload alterations approved by the Province for implementation period, EIS strategies include:

- Assigned additional case management staff to Intake and paused the Enhanced Verification Process (review to ensure accurate entitlement for assistance);
- Encouraged greater use of direct bank deposit by participants;
- Reduced the number of scheduled appointments and meetings;
- Altered the internal appeal process to continue reviews with less staff involvement; and,
- Took steps to ensure benefits are not interrupted during "go live".

In November additional supports were needed due to the complexity and challenges of the system launch. The intention was to allow staff to enhance their knowledge and skill with utilizing SAMS. Primary focus remains on financial entitlement and issuance of correct financial benefits. As such the following strategies will remain in place pending further review:

- Peer Support staff are dedicated for an extended time period;
- Further staffing support dedicated to Intake and Treasury Services;
- Extension on the reduced appointment schedule for staff; and,
- Reduction in the hours of operation for the Application Telephone Line to 9am-3pm.

4.0 Moving Forward

Currently participants receive reduced service as staff gains SAMS knowledge and the Province makes system corrections. This means less staff contact and reduced involvement with the full spectrum of services. This results in reduced reviews other than through intake appointments. There are reduced referrals to Employment Programs and community partners.

Staff has responded to this situation with admirable dedication and resilience, however the longer the issues continue, the more people's individual resources and coping strategies erode. Morale is low, staff is frustrated and deferred workload continues to

grow.

Small incremental steps in confidence and knowledge are observed by staff with continued usage. Gains will continue with increased client involvement and correct system performance.

As the system continues to have problems, lasting solutions must be found which do not create further impacts. Workload tools such as system reports need to be produced to assist with caseload management. Recovery will require more time than anticipated and continued increased staffing and financial support from the Province for successful implementation of a functioning product. A return to full service is anticipated to extend throughout 2015 into 2016, as work units address functionality, process issues and backlog.

The Province recently announced the introduction of a "third party consultant" that will review the technology and implementation and make recommendations to correct the issues SAMS has introduced into the system. Details have yet to be finalized for how this will be done.

Corporate Strategic Plan:

The delivery of social assistance addresses the Region's 2011-2014 Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities; (to) foster healthy, safe, inclusive and caring communities.

Financial Implications:

Appendix B provides a working draft of SAMS implementation costs as of January 30, 2015. The Province has provided additional one-time subsidy totalling $279,400 to offset increased costs related to the implementation of SAMS. Based on the required training requirements for all staff, this allocation is not sufficient to cover all costs related to implementation of SAMS. Costs over the provincial funding have been accommodated within the overall Cost of Administration budget. This issue has been raised with the Province by staff. The Province has responded that it has borne the total $240M cost of system development rather than cost sharing with CMSM's and DSSAB's. That said the Province may consider additional financial support.

Other Department Consultations/Concurrence:

Corporate Resources (Treasury Services and Information Technology Services) and Human Resources have been involved in a collaborative manner to support the SAMS implementation and move forward.

Attachments

Appendix A   List of Community Services Committee Reports related to the
            Implementation of the Social Assistance Management System (SAMS)

Appendix B   Estimate of SAMS Implementation Costs as of January 31, 2015

Prepared By: **Sherry Brooks,** Project Manager, SSSMP, EIS

                Don Beitz, Acting Director, Employment and Income Support

Approved By: **Douglas Bartholomew-Saunders,** Commissioner, Community
                Services

February 24, 2015   Report: CSD-EIS-15-02

Appendix A

Committee Reports/Info Memos Related to the Implementation of Social Assistance Management System (SAMS)			
Date	**Report Info Memo**	**DOCS#**	**Description**
Sept. 28, 2010	Info Memo	848932	Replacement of Technology for Delivery of Social Assistance
August 16, 2011	SS-11-032	1008395	Social Assistance Review
February 28, 2012	Info Memo	1110899	Update on the Commission for the Review of Social Assistance in Ontario
March 20, 2012	Info Memo	1088674	Replacement of Technology for the Delivery of Social Assistance
October 16, 2012	Info Memo	1233635	Replacement of Technology Social Services Solutions Modernization Project
August 13, 2013	Info Memo	1406526	Replacement of Technology for the Deliver of Social Assistance
December 3, 2013	Info Memo	1508908	Implementation of Social Assistance Management System (SAMS)
May 27, 2014	SS-14-026	1627450	Delay of SAMS Technology Implementation
November 4, 2014	Info Memo	1730159	Implementation of New Technology for Social Assistance

Appendix B - DRAFT

Estimate of 2014-2015 SAMS Implementation Costs

As of January 30, 2015

$ in 000's

	Description	Total
1.	8 Temporary Income Support Caseworkers	$792
2.	Staff Redeployment *	313
	a. 6 EVP Caseworkers	
	b. 1 Family Support Worker	
	c. 4 Income Support Caseworkers	
	d. 2 Community Placement Workers	
	e. 1 Program Assistant	
	f. 2 Employment Counsellors	
3.	Overtime	24
4.	Cheque Redesign Costs	12
5.	SAMS Additional Training	9
6.	Other Staff Supports	11
	Total	$1,161

* Staff employed within Employment and Income Support and seconded to Income Support programs during SAMS implementation. Costs would have been incurred by Region irrespective of SAMS implementation. However, redeployment to SAMS support results in reduction of productivity/workload completion in their regularly assigned positions.

Region of Waterloo

Public Health and Emergency Services

Paramedic Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 24, 2015   **File Code:** P05-80

Subject: Backgrounder on Paramedic Services Budget Issue Paper

Recommendation:

For information

Summary:

During the Budget Committee meeting on February 11, the Budget Issue Paper (**Paramedic Services Enhancement as per the EMS Master Plan**, page 22 in Budget Issue Paper package) was referred to Community Services Committee for further discussion.

Response times have increased (i.e. became slower) in 2014 due to increased call volume (i.e. increase in service demand) (Figure 1). As can be seen in Figure 2, demand is greatest in the densely populated areas along the Kitchener, Waterloo and Cambridge core areas. This demand is expected to continue to grow in future years due to the aging and growth of the population. The Region is no longer meeting its own Response Time Performance Plan (Figure 3 and 4) targets, except for CTAS 2. Additional resources are required to meet the growing demand for service, and to work towards meeting the Response Time Performance Plan targets approved by Council.

There are three possible options.

- Option 1 is to upgrade an existing rural emergency response unit (RERU) to a 12 hour ambulance. This would occur if the staff recommended budget issue paper was to be approved on March 4.
- Option 2 is the status quo: no new resources to be added to the base budget for Paramedic Services. This would occur if the staff recommended proposal set out

in the budget issue paper was not approved and no alternative motions were put forward.

- Option 3 is to add a 12 hour ambulance shift to the base budget. Staff have recommended Option 1 in order to both address the need for more resources to meet growing demand, while balancing the need to optimize resources in the most cost efficient manner.

Report:

This report has two sections: a review of the options and answers to Councillors' questions raised on Feb 11 regarding the response time analysis.

Option 1 Convert RERU to 12 hour ambulance shift
Description
This option would replace a RERU with an ambulance.

There are no staffed RERU's after midnight, given current staffing patterns. This option would result in a maximum of 2 RERUs during peak times in the day instead of 3. Staffed ambulances under option 1 would result in a minimum of 8 ambulances at night and up to a maximum of 19 ambulances during peak times during the day, instead of 18. See Figure 5 for the current staffing pattern summary. This option would add an ambulance and remove a RERU and result in a change from the current complement of 3 RERUs and 18 ambulances to 2 RERUS and 19 ambulances.

Rationale
The addition of an ambulance will improve the Region wide response time and move us closer to the Response Time Performance Plan. This would also be consistent with the recommendation contained in the EMS Master Plan to add a 12 hour ambulance in 2015[1]. Conversion of the RERU into a staffed ambulance would allow for greater utilization on a more dispersed call volume. In other words, we would optimize resources while maximizing response time impact. This would also be less costly than option 3 (adding an ambulance).

Impact
Paramedic Services would anticipate an overall improvement in Region wide response times. Figure 1 indicates that Region wide response times have improved every time an ambulance has been added (black arrows). The full amount of the improvement would be hard to quantify due to multiple factors such as call volume, weather, and locations of calls. Adding a RERU does not impact Region wide response time (Figure 1 grey arrow). It is anticipated that the 43 second improvement in response time experienced

---

[1] Link to EMS Master Plan:
http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/MasterPlan_EMS.pdf

to date with the addition of the RERU's in the township area would likely slip with the loss of the RERU added in 2014. This could take us back to the response times experienced when there were 2 RERU's (i.e. 29 seconds improvement without RERUs versus 43 seconds improvement). See Figure 6. This option is the second highest budget cost.

Option 2 Status Quo as per base budget
Description
There would be no service enhancement to address the increased demand, which is anticipated to result in slower response times across the Region, if call volumes continue to increase. This would also be a divergence from the EMS Master Plan to add an additional 12 hour ambulance in 2015.

There are no staffed RERU's after midnight, given current staffing patterns. This option would see a continuation of the current staffing pattern of a maximum of 3 RERUs during peak times in the day.

Staffed ambulances under option 2 would remain at a minimum of 8 ambulances at night and up to a maximum of 18 ambulances during peak times during the day. See Figure 5 for staffing pattern summary of current staffing pattern, which would remain unchanged with this option.

Rationale
Not recommended

Impact
With this option, the Region of Waterloo Paramedic Services would almost definitely not meet our Council approved Response Time Performance Plan as submitted to the Ministry of Health and Long Term Care, Emergency Health Services Branch. Paramedic Services response times would continue to increase as population grows and ages, thus increasing service demand annually. The current level of Code Reds** (Figure 7) would also continue to rise as resources are stretched to over-capacity and would be unable to keep up with the demand placed on our paramedic staff. As a result the services unit utilization rate would exceed the industry standard of 0.40 creating a workload issue for the service. As seen in Figure 8, the Paramedic Services unit utilization for December 2014 alone was in excess of the 0.40 bench mark, fairly consistently between 8 AM and 3 PM, and actually peaked at 0.62 around 11 AM for the month.
This is the least costly budget option, as it reflects the current base budget.
** Code Red: Occurs when all available ambulances in the Region have been deployed and there are no ambulances available to take the next call.

Option 3 Add One Ambulance (12 hour shift)

Description
This would require adding one 12 hour ambulance to the existing fleet of 18 ambulances and maintaining the existing fleet of 3 RERU's.

There are no staffed RERU's after midnight, given current staffing patterns. This option would result in a maximum of 3 RERUs during peak times in the day, as is current practice.

Staffed ambulances under option 3 would result in a minimum of 8 ambulances at night and up to a maximum of 19 ambulances during peak times during the day.
See Figure 5 for staffing pattern summary of current staffing pattern.

Rationale
This option would address not only the township response times by retaining the current RERU, but also the addition of the planned resource identified as per the EMS Master Plan.[2] The additional ambulance would target a broader range and number of calls, in addition to the calls the RERU would continue to service in the township areas. This would assist in reducing the response time in both the townships and the Region as a whole. Each time Council has approved an additional ambulance resource, our response times have been lowered as per attached chart (see black arrows in Figure 1). This is the most costly budget option identified.

Impact
Paramedic Services would anticipate a probable stabilization (given the significant increase in call demand), if not further improve, in Region-wide and township response times with the retention of the 3rd RERU and additional ambulance added to the staffing pattern. The retention of the RERU would continue to address response times in the townships and the additional ambulance would assist the entire Region in reducing response times on a greater scale. The additional ambulance will be able to respond to calls across the Region and have a greater impact on overall response times, given the greater number of calls it will be able to attend.

Response Time Analysis
Impact of RERU on township response times
Figure 6

As seen in the chart, response times in the townships at the end of 2014 have been

---

[2] Link to EMS Master Plan:
http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/MasterPlan_EMS.pdf

reduced (in comparison with having no RERU's) by:

      A: Code 1- 4 Responses   43 seconds

      B: Code 4 Responses   38 seconds

Going from 2 to 3 RERUs in 2014 increased the reduction for all Code1-4 calls from 29 seconds to 43 seconds; and increased the reduction for Code 4 calls from 25 to 38 seconds. We would expect a reversal of this trend if the 3rd RERU were to be discontinued.

Response time trends by municipality
Figure 9

The attached chart shows the response time by municipality over the past 3 years. The overall township, city and regional response times over the past 3 year time frame are also included. Overall the township response times have been reduced by 35 seconds since 2012.

Both Wilmot and Woolwich had the lowest response times in 2014 since 2012. Both North Dumfries and Wellesley have had a slight increase in 2014. Full effect of the 3rd RERU has not been realized in the 2014 data, since 2014 had a lower call volume and the unit was not placed into service until July 01, 2014 as directed by Council. The addition of the RERU in 2014 likely somewhat mitigated the effect of the overall increase in call volume in the townships.

All municipalities (cities and townships), except for Wilmot and Woolwich, experienced an increase in response times in 2014, due to the overall increase in call demand. This mirrors the Regional average.

Urban, Rural and Suburban Call Demands and Differences
Figures 10, 11, 12

There are differences in call demand and response times across municipalities, which can be explained by the characteristics of the populations and the geography. Different road densities affect drive time (Figure 10, 12). Different population densities, age and other characteristics affect call volume and call demand. (Figure 12)

Calls are dispatched by our Central Ambulance Communications Centre (CACC) located in Cambridge. When requests for service are received the closest most appropriate vehicle will be dispatched to the call by the CACC. Vehicles within the Region are also relocated throughout the day in a fluid response to real-time demand. Should the closest most appropriate vehicle be from another municipality outside Region of Waterloo, it will be dispatched to the call location. This is in line with the seamlessness principle that has been in place for many years, dating back to the pre-transitional days. There is a cost recovery mechanism for every municipality when paramedic/ambulance services are provided across boundaries.

There will never be the same response times in rural versus urban areas due to the

seamless dispatch procedure as well as population and road density, which affects drive time and call frequency. (See Figures 2, 10, 11, 12) Paramedic Services was asked to monitor the urban, rural and suburban response times as a recommendation from the Response Time Working Group. There were monitoring benchmarks established for each of the 3 areas, based on industry standards. Figure 13 shows these results of this monitoring. Data over a 4 year period has been included to get a better indication of the trends occurring. Response times increased across rural, suburban and urban areas in 2014, which mirrors the Regional trend of an increase due to call volume growth.

Corporate Strategic Plan:

This initiative meets the corporate strategic objective 4.3 "enhance local health service delivery by optimizing EMS delivery and collaborating with health care partners to support system change".

Financial Implications:

The Preliminary 2015 Base Budget currently before Budget Committee includes the costs and revenues associated with the current level of service of service (or a maximum of three RERUs during peak times during the day). There would be no further financial impact for option two (status quo).

The following tables detail the operating and capital budget implications of options one and three.

Option One - Convert RERU to 12 hour Ambulance Shift

Operating ($000s)	2015	2016	2017	2018	Annualized
Expenditure					
Staffing	$356	$356			$712
Staffing RERU savings	(152)	(152)			(304)
Vehicle Operating	15	15			30
Equipment Reserve Contribution	46				46
Total Operating Expenditure	**$265**	**$219**	**$0**	**$0**	**$484**
Revenue					
Provincial Subsidy	$0	$132	$110		$242
Net Regional Levy	**$265**	**$87**	**($110)**	**$0**	**$242**

Staff Requirements (FTE)	2015	2016	2017	2018
Permanent Staff				
Paramedic staffing PCP/ACP	5.0			
Paramedic staffing RERU savings	(2.5)			
Operations Supervisor	1.0			
Total Staff Requirement	**3.5**	**0.0**	**0.0**	**0.0**

In Option One, the operating cost of the 12 hour ambulance would be partially offset by savings resulting from the discontinuation of the RERU. The financial impact on the 2015 Operating budget would be $265,000 and require the addition of 3.5 FTE (including the Operations Supervisor).

Option Three- Add 12 Hour Ambulance & Retain RERU

Operating ($000s)	2015	2016	2017	2018	Annualized
Expenditure					
Staffing	$356	$356			$712
Vehicle Operating	25	25			50
Equipment Reserve Contribution	46				46
Total Operating Expenditure	**$427**	**$381**	**$0**	**$0**	**$808**
Revenue					
Provincial Subsidy	$0	$214	$190		$404
Net Regional Levy	**$427**	**$167**	**($190)**	**$0**	**$404**

Staff Requirements (FTE)	2015	2016	2017	2018
Permanent Staff				
Paramedic staffing PCP/ACP	5.0			
Operations Supervisor	1.0			
Total Staff Requirement	**6.0**	**0.0**	**0.0**	**0.0**

Option Three adds a 12 hour ambulance would without any expenditure offsets. As a result, the financial impact on the 2015 Operating budget would be and increased

property tax levy of $427,000 and require the addition of 6.0 FTE (including the Operations Supervisor).

In both options one and three, the capital budget impacts would be the same. The capital cost of the vehicle, including equipment, would total $225,000 and is proposed to be financed from the Capital Levy Reserve Fund, as detailed in the following table:

Capital ($000s)	2015	2016	2017	2018	Total
Expenditure					
New Vehicle	$153				$153
Equipment(Defibrillator, Laptop, stretcher, bags)	72				72
Total Capital Expenditure	**$225**	**$0**	**$0**	**$0**	**$225**
Sources of Financing					
Capital Levy Reserve Fund	$225				$225
Total Capital Financing	**$225**	**$0**	**$0**	**$0**	**$225**

Other Department Consultations/Concurrence:

Corporate Resources (Treasury) staff were consulted in the preparation of this report.

Attachments

See Appendix A

Figures 1 - 13

Prepared By: Stephen Van Valkenburg, Chief Paramedic Services

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

Figure 1: Response Time and Call volume trends 2008 -2014

Trends in call volume and response times by year
Waterloo Region, 2008-2014
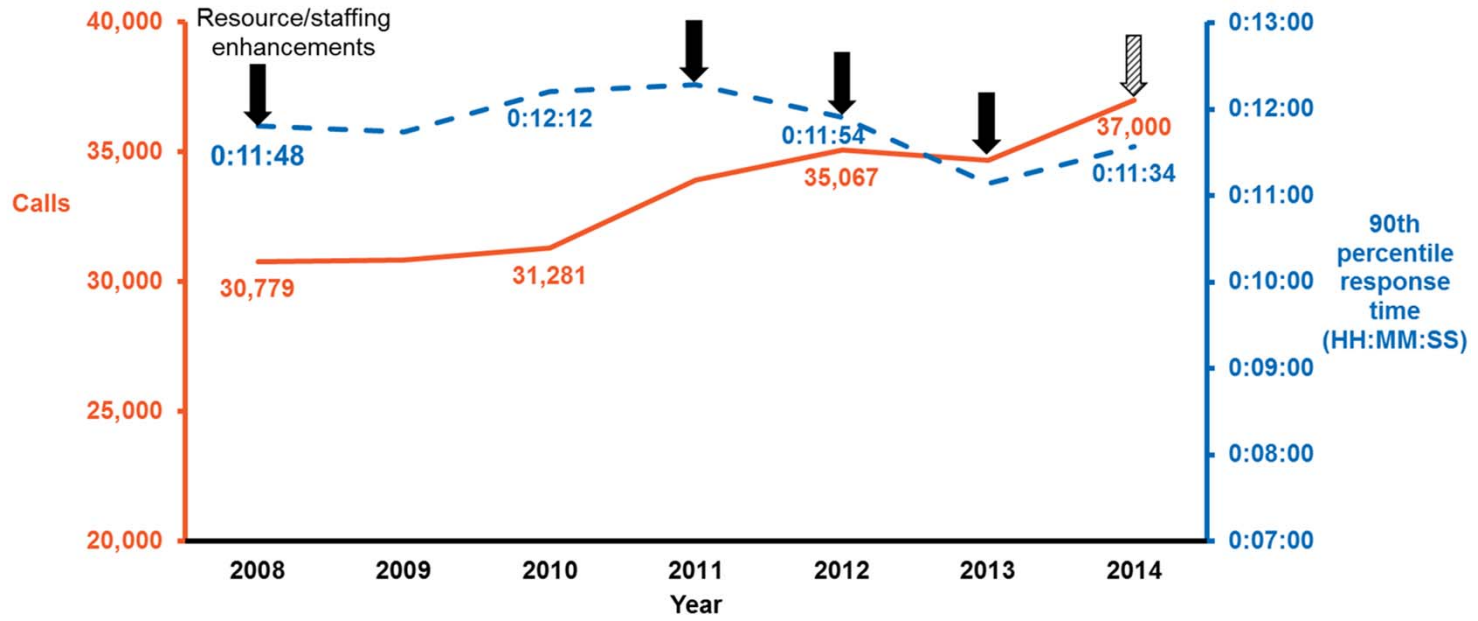
Figure 2: Call volume distribution
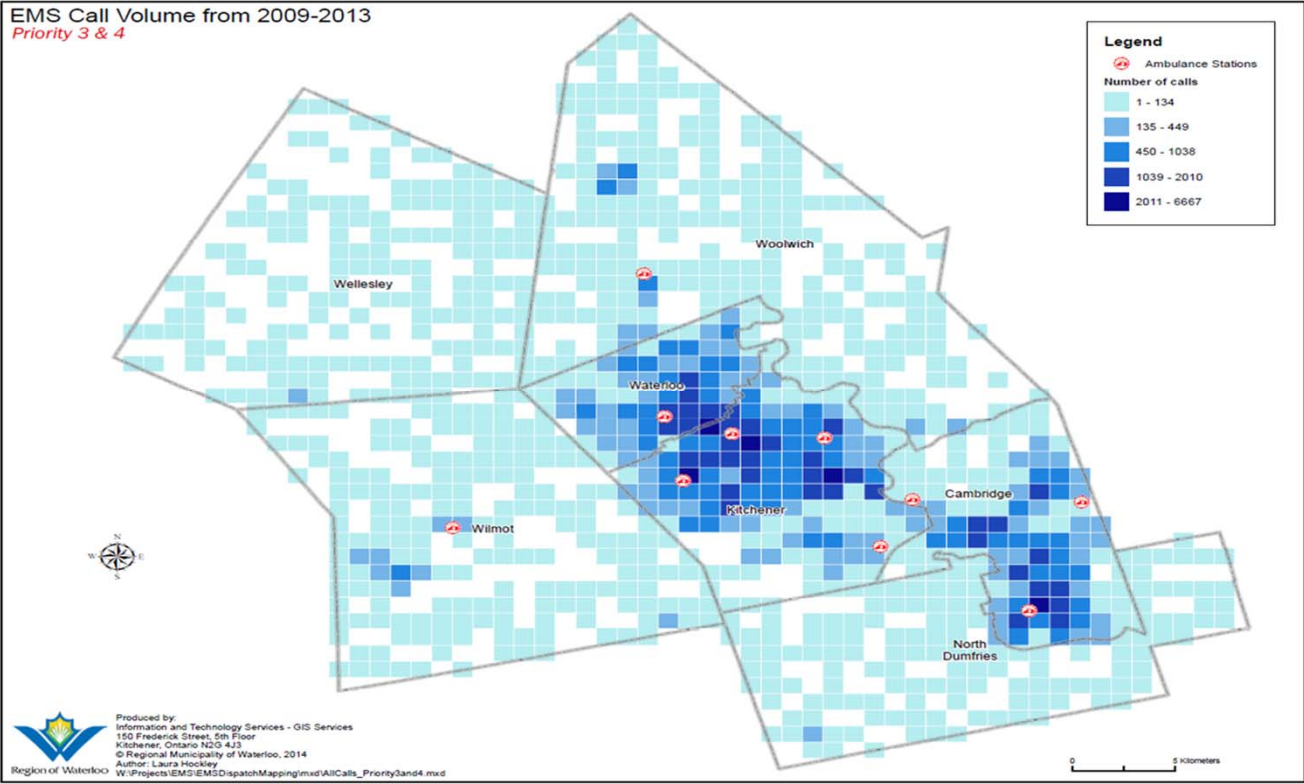
Figure 3: Response Time Performance Plan graph

Response time performance plan compliance by CTAS
Waterloo Region, 2013-2014

Legend: ■ 2012 ■ 2013 ■ 2014 □ Approved 2013/14 ROW Target

Category	2012	2013	2014	Target
SCA (≤6:00)	42%	42%	39%	50%
CTAS 1 (≤8:00)	66%	75%	66%	70%
CTAS 2 (≤10:30)	82%	84%	83%	80%
CTAS 3 (≤10:30)	77%	79%	78%	80%
CTAS 4 (≤10:30)	74%	75%	74%	80%
CTAS 5 (≤10:30)	71%	73%	71%	80%

Figure 4: Response Time Performance Plan chart

Paramedic Services compliance to response time performance plan (RTPP), by CTAS and year
Waterloo Region, January 1st to December 31st, 2012-2014

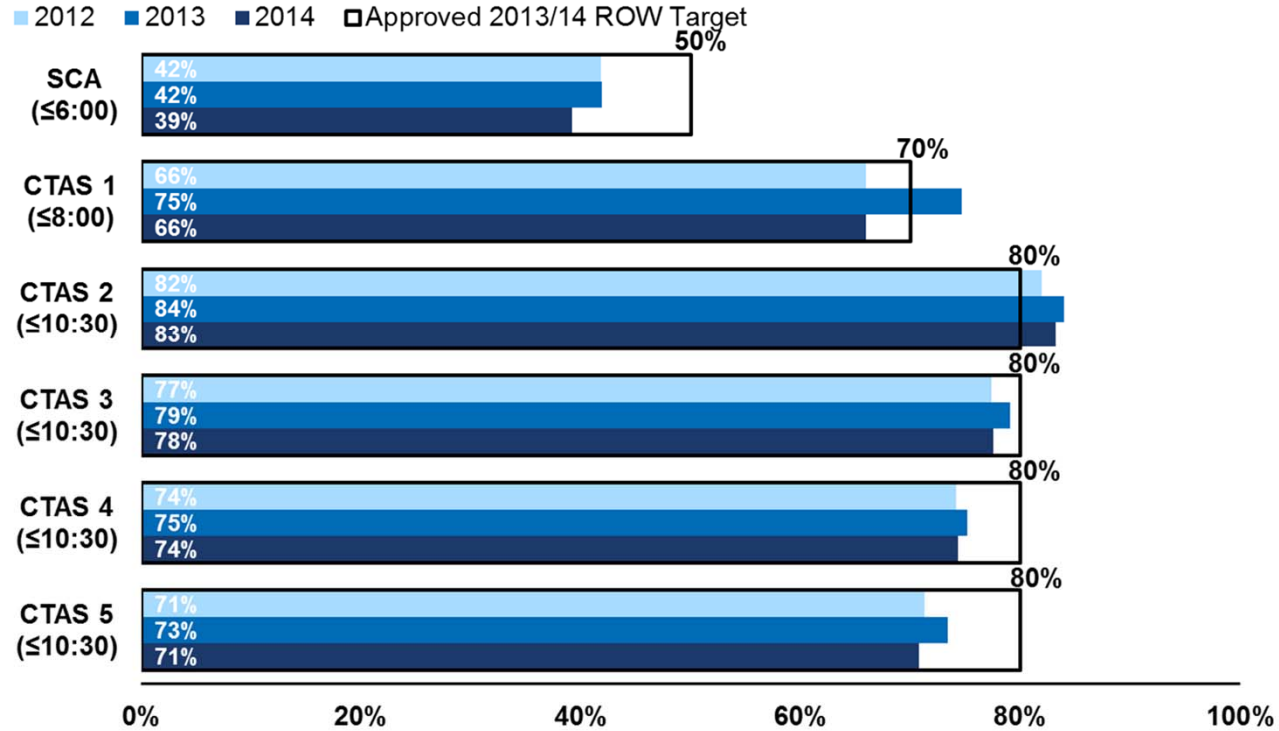| Type of Call	Response Time Target Paramedic Services Notified (T2) to Arrive Scene (T4)	Approved 2013/14 ROW Target	2012						2013						2014					
			Target		Outside Target		Percentile		Target		Outside Target		Percentile		Target		Outside Target		Percentile	
			No. of Calls	%	No. of Calls	%	time		No. of Calls	%	No. of Calls	%	time		No. of Calls	%	No. of Calls	%	le time	
Sudden Cardiac Arrest	Defibrillator Response in 6 minutes or less (Set by MOHLTC)	50% or better (EMS Only)	206	42%	287	58%	06:54		215	42%	298	58%	06:30		220	39%	342	61%	06:57	
CTAS 1	EMS Response in 8 minutes or less (Set by MOHLTC)	70% or better	296	66%	153	34%	08:30		382	75%	130	25%	07:33		302	66%	156	34%	08:15	
CTAS 2	EMS Response in 10 minutes, 30 seconds or less	80% or better	3,591	82%	793	18%	10:13		4,140	84%	792	16%	09:50		4,034	83%	817	17%	10:01	
CTAS 3	EMS Response in 10 minutes, 30 seconds or less	80% or better	9,954	77%	2,912	23%	10:58		11,589	79%	3,076	21%	10:38		11,535	78%	3,340	22%	10:52	
CTAS 4	EMS Response in 10 minutes, 30 seconds or less	80% or better	5,507	74%	1,922	26%	11:31		5,433	75%	1798	25%	11:13		5,044	74%	1742	26%	11:37	
CTAS 5	EMS Response in 10 minutes, 30 seconds or less	80% or better	1620	71%	653	29%	11:58		1567	73%	569	27%	11:30		1367	71%	566	29%	12:29	

Figure 5: Staffing Pattern by hour of day (2015)

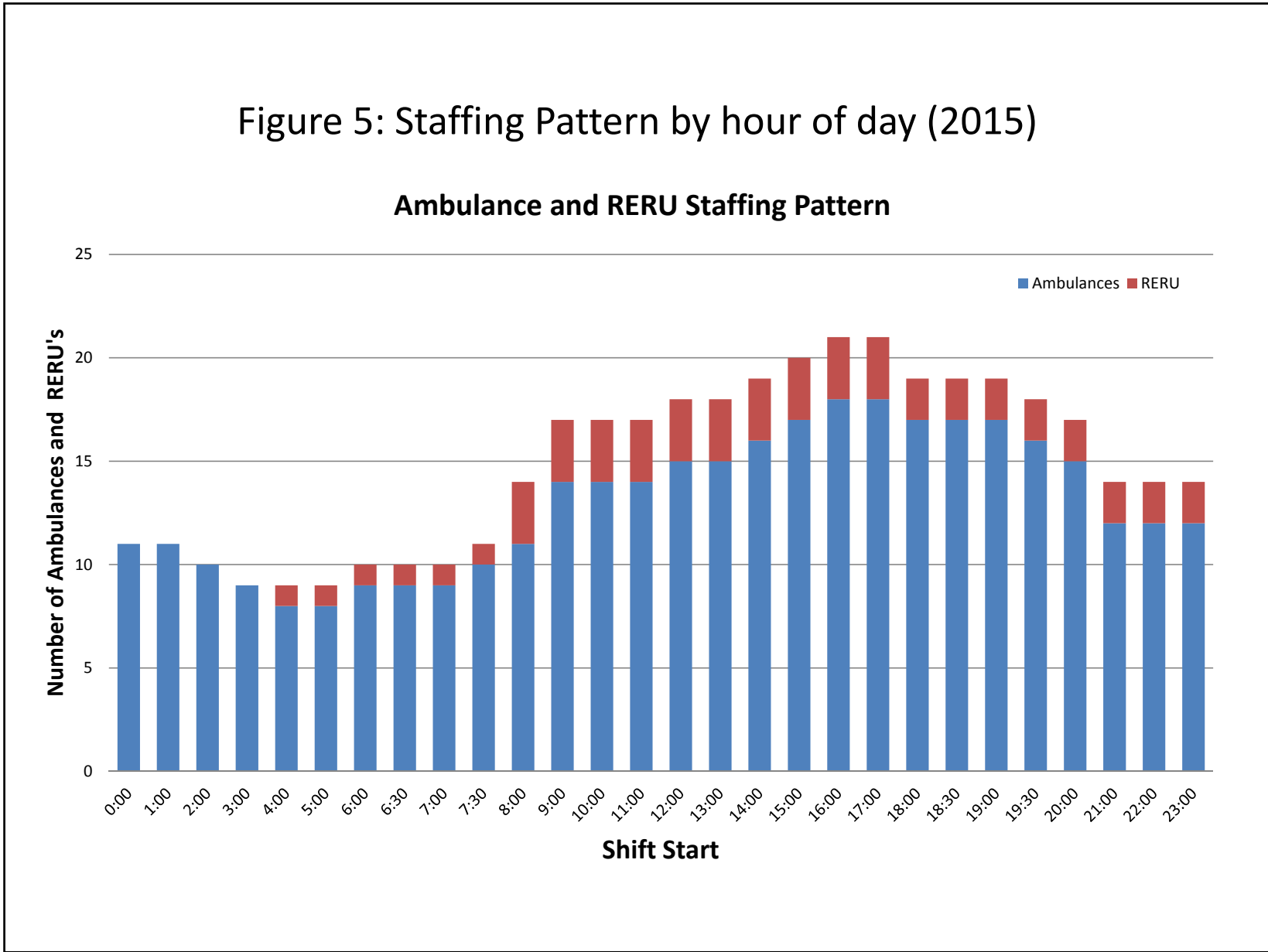**Ambulance and RERU Staffing Pattern**

77 77

Figure 6: Impact of adding RERU on township response times

Township response time (90th percentile) with and without ERU calls included
Waterloo Region, 2011-2014

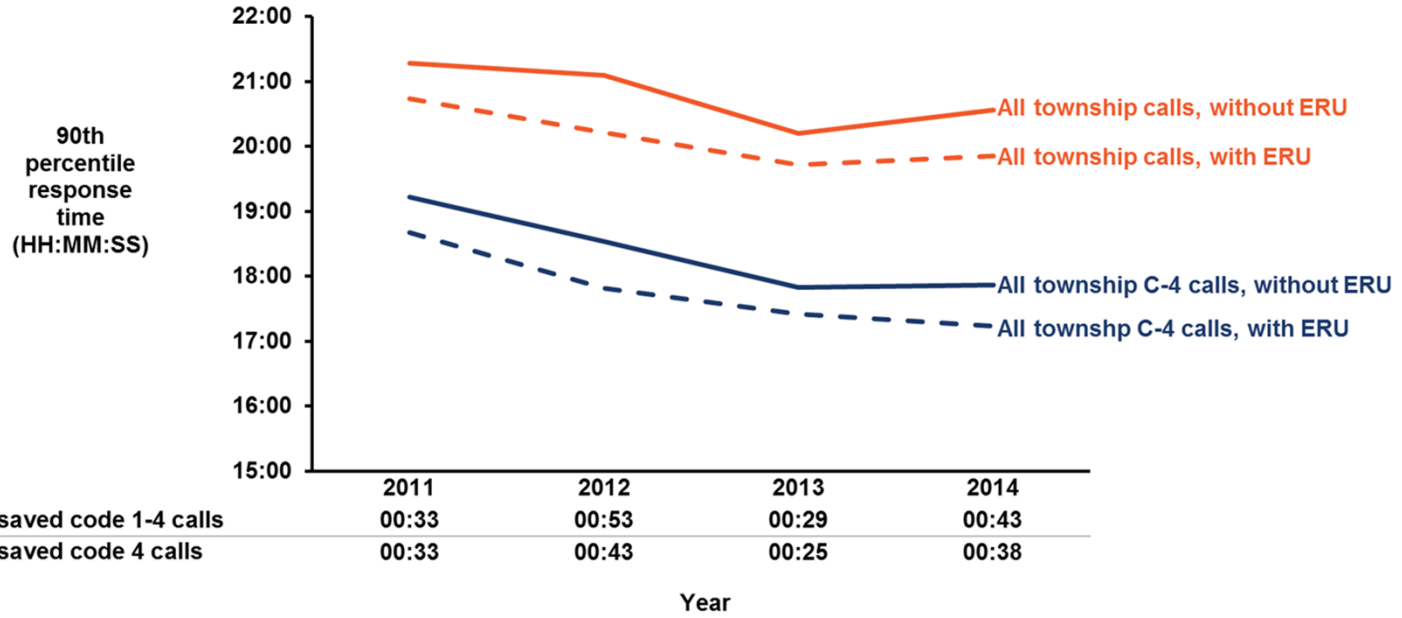|	2011	2012	2013	2014
Time saved code 1-4 calls	00:33	00:53	00:29	00:43
Time saved code 4 calls	00:33	00:43	00:25	00:38

Year

Appendix A: PHE-PSV-15-01

Figure 7: Instances of no resources in the Region left to deploy (Code Red)

Per cent of time in code red status, by month
Waterloo Region, 2013-2014

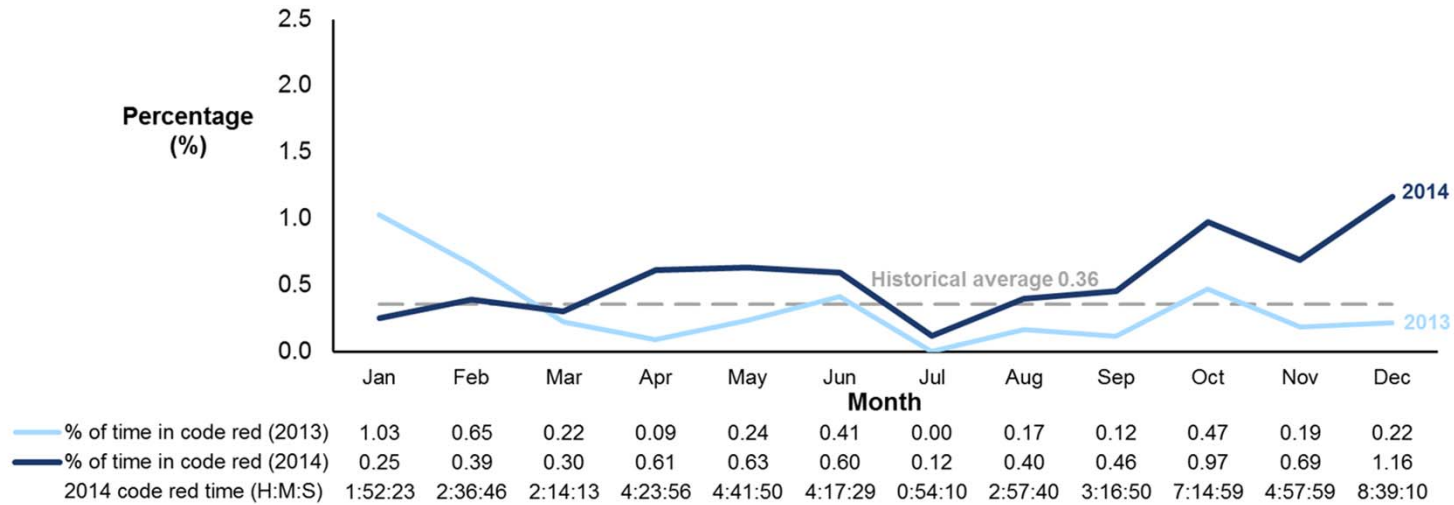|	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% of time in code red (2013)	1.03	0.65	0.22	0.09	0.24	0.41	0.00	0.17	0.12	0.47	0.19	0.22
% of time in code red (2014)	0.25	0.39	0.30	0.61	0.63	0.60	0.12	0.40	0.46	0.97	0.69	1.16
2014 code red time (H:M:S)	1:52:23	2:36:46	2:14:13	4:23:56	4:41:50	4:17:29	0:54:10	2:57:40	3:16:50	7:14:59	4:57:59	8:39:10

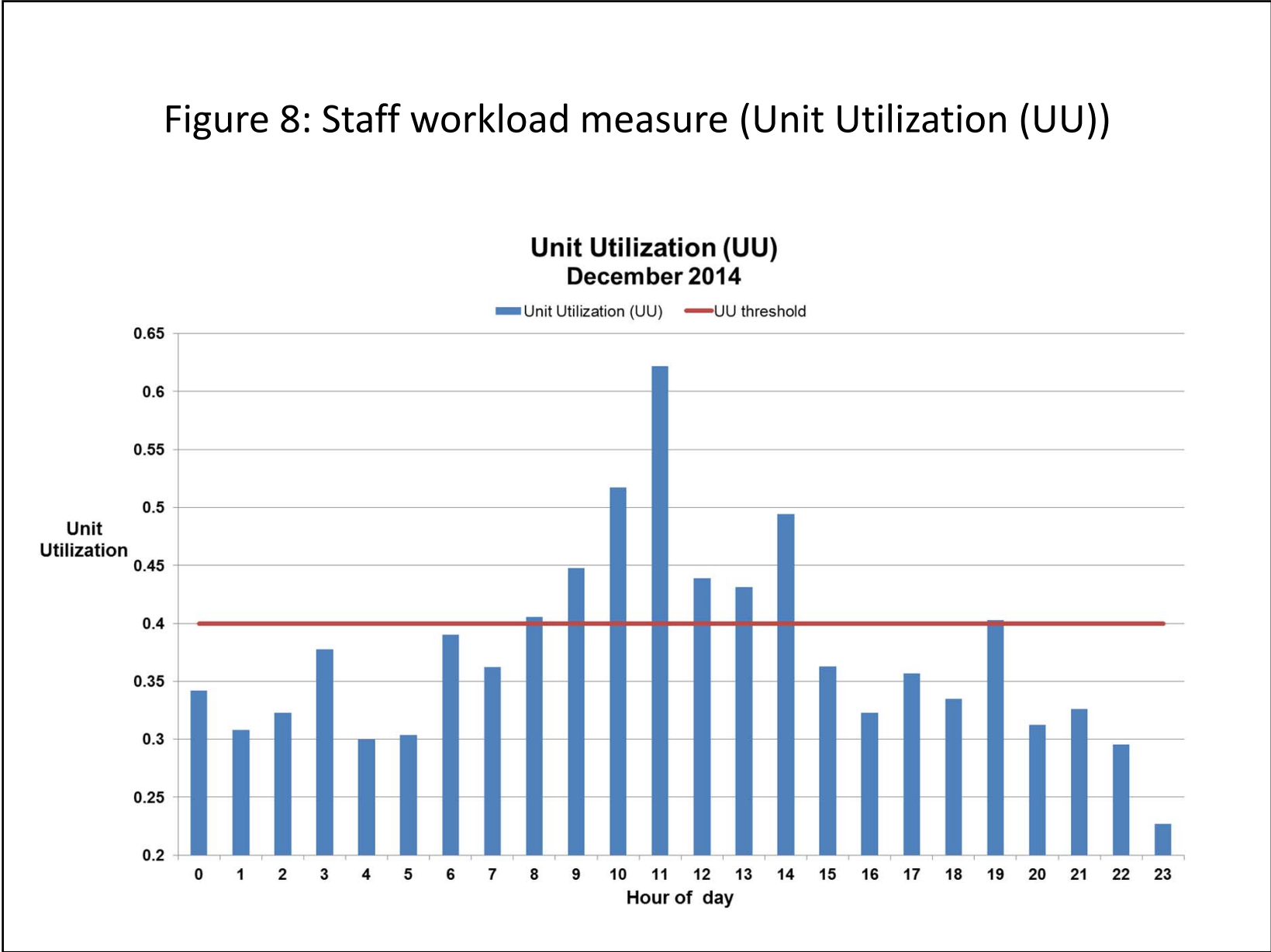Figure 8: Staff workload measure (Unit Utilization (UU))

Figure 9: Response time trends by municipality

Paramedic Services' response time to emergency calls (code 4), 90th percentile, by municipality
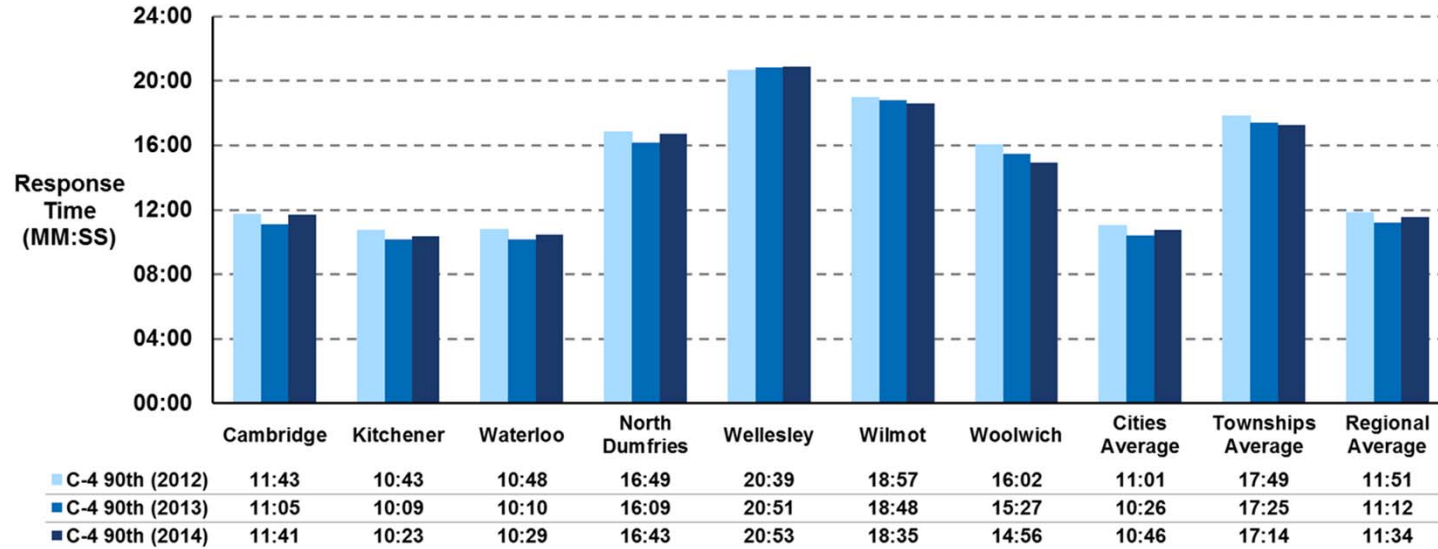Waterloo Region 2012-2014

	Cambridge	Kitchener	Waterloo	North Dumfries	Wellesley	Wilmot	Woolwich	Cities Average	Townships Average	Regional Average
C-4 90th (2012)	11:43	10:43	10:48	16:49	20:39	18:57	16:02	11:01	17:49	11:51
C-4 90th (2013)	11:05	10:09	10:10	16:09	20:51	18:48	15:27	10:26	17:25	11:12
C-4 90th (2014)	11:41	10:23	10:29	16:43	20:53	18:35	14:56	10:46	17:14	11:34

Figure 10: Urban rural, suburban differences
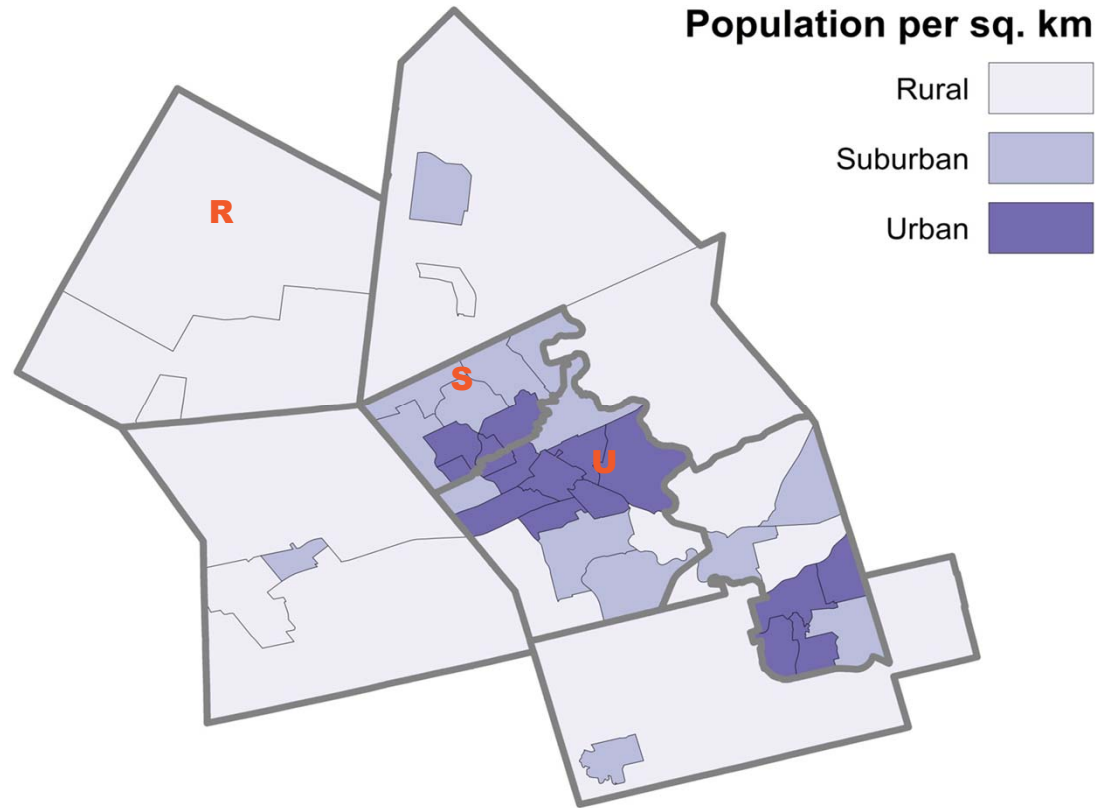
Figure 11: High demand in core areas
Total number and rate of calls by municipality, 2013

		Jan → Dec	Rate per 1,000	Total calls
Urban	Cambridge		64.1	8,763
	Kitchener		71.9	16,786
	Waterloo		55.5	6,155
	Total		65.9	31,704
Rural	North Dumfries		43.3	443
	Wellesley		28.9	318
	Wilmot		46.7	910
	Woolwich		56.2	1,261
	Total		46.4	2,932
Waterloo Region*			63.7	34,659
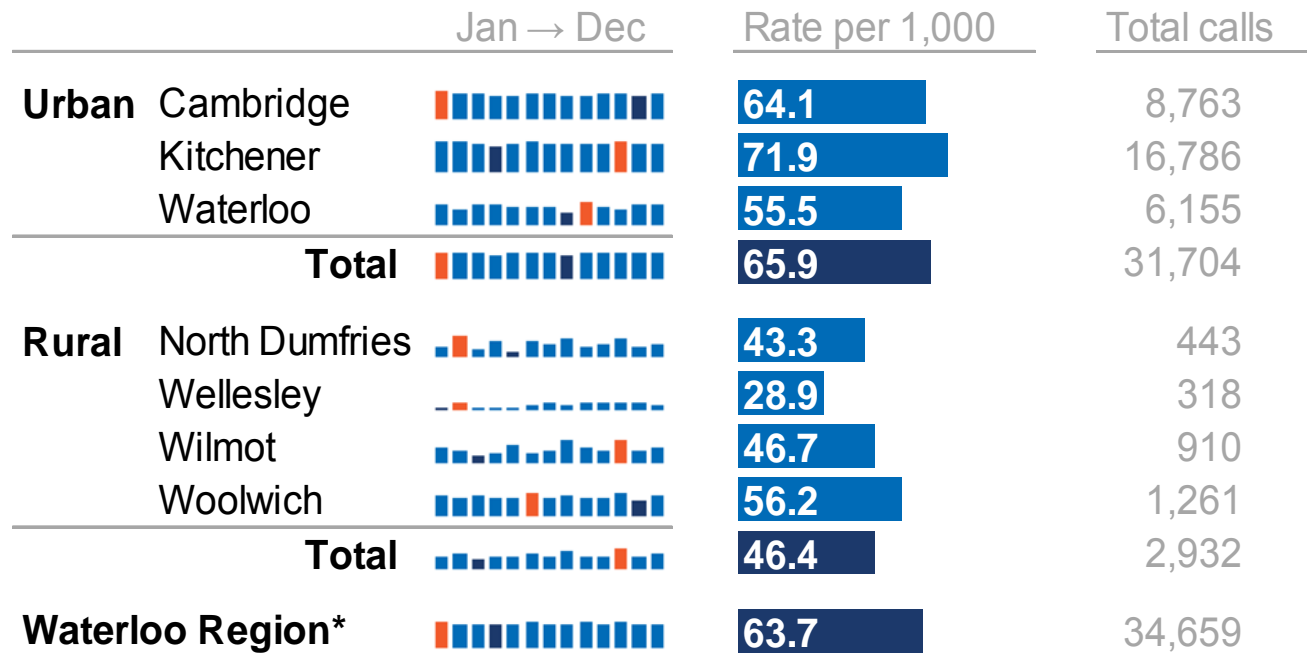
*Excludes 23 calls outside of region.

Figure 12: Dispersion by municipality
Population and road density is low

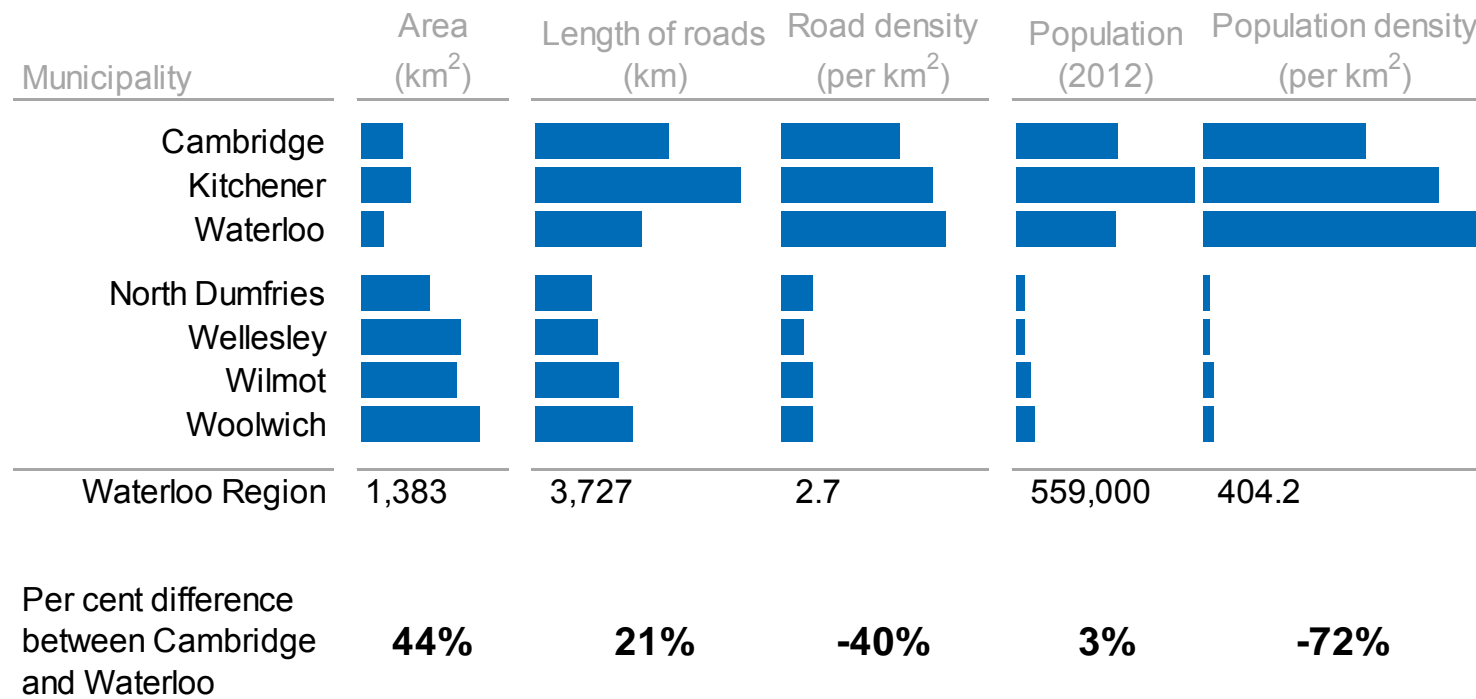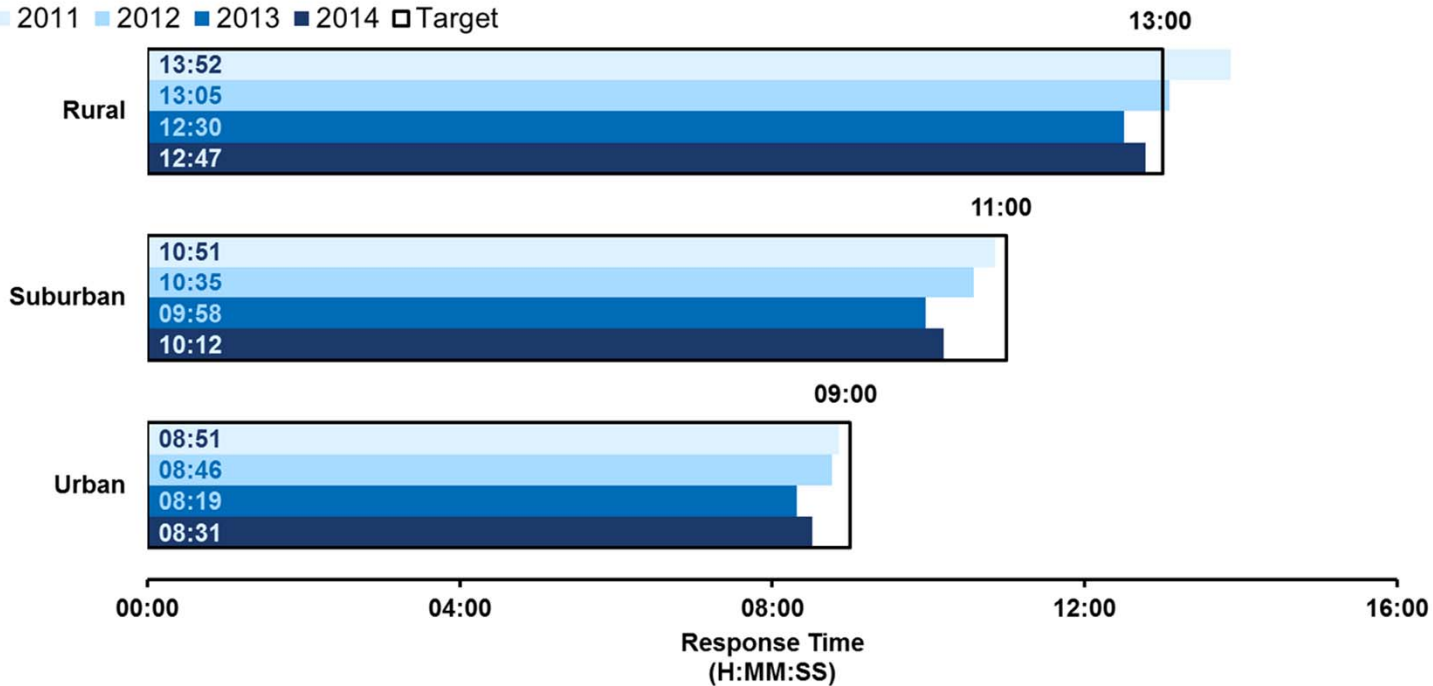| Municipality	Area (km^2)	Length of roads (km)	Road density (per km^2)	Population (2012)	Population density (per km^2)
Cambridge					
Kitchener					
Waterloo					
North Dumfries					
Wellesley					
Wilmot					
Woolwich					
Waterloo Region	1,383	3,727	2.7	559,000	404.2
Per cent difference between Cambridge and Waterloo	**44%**	**21%**	**-40%**	**3%**	**-72%**

Figure 13: Response times by population density

Paramedic Services' response time to emergency calls (code 4),
80th percentile, by population density
Waterloo Region, 2011-2014

Region of Waterloo

Public Health and Emergency Services

Infectious Diseases, Dental and Sexual Health

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 24, 2015   **File Code:** P14-20

Subject: Measles Update

Recommendation:

For information

Summary:

Measles is a highly contagious, respiratory viral illness that spreads easily through the air when an infected person coughs or sneezes; the virus can remain in the air for several hours. Complications of measles, while uncommon, are serious and include pneumonia, encephalitis (swelling of the brain) and, in rare circumstances, death.

As of February 11, 2015, there have been six lab-confirmed cases of measles diagnosed in Toronto and one lab-confirmed case diagnosed in each of Niagara Region and York Region. To date, there is no identified link between these cases and the original source of the infection is still being investigated. Six of the eight cases include children and adults who were unimmunized or immunized with only one of the two needed doses. Concurrent to these 8 cases in Ontario, there has been an outbreak of 121 cases in the United States and 10 in Quebec with most of these associated with an amusement park in California. The majority of United States cases, and all of the Quebec cases, were unimmunized.

There have been no cases of measles in Waterloo Region in 2015. The last reported measles case in Waterloo Region was in March 2014 in an unimmunized university student who acquired it while visiting home in another jurisdiction.

As is evident by the above cases in Ontario, Quebec, and the United States, those who are unimmunized are most at risk of getting measles. Full immunization requires two

doses of vaccine. The most recent measles immunization coverage rates (2012–2013 school year) for Waterloo Region show that the immunization rate for the recommended two doses was approximately 93 per cent among students enrolled in public and Catholic elementary and secondary schools in Waterloo Region.

As measles immunization is 99 per cent effective in preventing infection, Region of Waterloo Public Health continues to seek higher immunization rates through oversight and distribution of the Region's vaccine supply, operating immunization clinics, enforcing the Immunization of School Pupil's Act, and promoting immunization. When neighbouring jurisdictions have measles outbreaks, Public Health encourages individuals to check that they and their family members have received two doses of measles vaccine, if applicable, and to contact their health care provider or Public Health's immunization clinic if additional immunization is required.

Report:

Background

Measles is a highly contagious, respiratory viral illness. Measles virus spreads easily through the air when an infected person coughs or sneezes, and the virus can remain in the air for several hours. The illness begins with fever, cough, nasal congestion, red eyes and white spots in the mouth. About three days later, a rash of tiny, red spots develops on the face and spreads down the body. There is no treatment for measles and a child or adult must rely on their immune system to fight off the infection. In most cases, people make a complete recovery, in some cases, complications can be serious and include pneumonia, encephalitis (swelling of the brain) and, in rare circumstances, death. Those most at risk of getting measles in Canada are persons who are unimmunized. For routine childhood immunization, full immunization requires two doses of vaccine. In Ontario, one dose is scheduled at 12 months of age, and a second dose at four to six years of age.

In Canada, measles no longer circulates normally within the country. Any measles that does occur is usually the result of someone acquiring measles elsewhere in the world, generally in areas where immunization rates are much lower, and then travelling or returning to Canada. When this happens, others, particularly those unimmunized, may also get measles infection.

Current Situation

From the middle of January to February 11, 2015, there have been six lab-confirmed cases of measles diagnosed in Toronto and one lab-confirmed case diagnosed in each of Niagara Region and York Region. To date, there is no identified link between these cases and the original source of the infection is still being investigated. Six of the eight cases of measles were in children and adults who were unimmunized or had only one of

the two needed doses of immunization.

These measles cases in Ontario have occurred in the backdrop of a large measles outbreak in the United States. Since January 1, there have been 121 reported cases of measles across 17 states.[1] Most cases (over 100 of them) have been linked to an outbreak associated with a large amusement park in California. The majority of these cases were unimmunized.

An additional 10 cases (as of February 11, 2015) were just diagnosed in Quebec. All were directly linked to the outbreak in the United States.

Thus far, there have been no reported cases of measles in Waterloo Region in 2015. The last reported measles case in Waterloo Region was in March 2014 in an unimmunized university student who acquired it while visiting home in another jurisdiction. Before that, the last reported cases were in 2009 when a small outbreak of measles occurred in Waterloo Region as a result of travel by an unimmunized child to a large tourist destination in the United States. There, the child acquired it from another unimmunized child with measles. Refer to Attachment 1 for a summary of age-standardized measles incidence rates in Waterloo Region and Ontario from 2009 to 2013, which includes the outbreak in 2009.

Immunization

Measles immunization offers the best protection against measles infection, with those who are unimmunized comprising the large majority of recent cases in Ontario, Quebec, and the United States, and with many of the remaining cases being those with only one of the recommended 2 doses of immunization. Immunization with two doses is considered to be 99 per cent effective in preventing measles infection.

Region of Waterloo Public Health works to prevent measles in Waterloo Region by ensuring a high immunization rate. The most recent measles immunization coverage rates published by Public Health Ontario are from the 2012-2013 school year.[2] The immunization rate for the recommended two doses was approximately 93 per cent among students enrolled in public and Catholic elementary and secondary schools in Waterloo Region. More specifically, the coverage rate for students seven years of age who had received the recommended two doses was 92.6 per cent while the rate for students 17 years of age was 93.2 per cent. The provincial averages were 88.3 per cent and 95.4 per cent respectively. Public Health Ontario uses ages 7 and 17 to assess coverage since childhood vaccinations (including for measles) are to be completed by

---

[1] Centres for Disease Control and Prevention. "Measles Cases and Outbreaks" February 9, 2015. http://www.cdc.gov/measles/cases-outbreaks.html Accessed February 10, 2015.
[2] Immunization rates were not calculated or collected by the Ministry of Health and Long-Term Care or Public Health Ontario in the 2013-2104 school year due to the implementation of Panorama, a pan-Canadian electronic information system for the surveillance and management of infectious diseases, immunizations against those diseases and management of vaccine inventories.

the end of age 6, and most booster vaccinations are administered by the end of age 16.

Specific activities taken by the Region of Waterloo Public Health to maximize measles immunization coverage rates include the following:

1. Public Health manages, processes, and inspects vaccine distribution and storage for primary care providers (e.g. family doctors, hospitals) to ensure they have an adequate supply of vaccine for their patients and ensuring vaccine is maintained at optimal quality.

2. Public Health operates routine immunization clinics in Cambridge or Waterloo. These clinics are focused on providing services for individuals and families who do not have a family doctor. Similar to those immunized by family doctors, clients coming to Public Health clinics would be immunized at these clinics free of charge under Ontario's publicly funded immunization schedule.

3. Public Health enforces the Immunization of School Pupils Act which requires that all children attending school between the ages of four to 17 years be immunized against designated diseases which includes measles. Public Health analyzes and maintains the immunization records of all students four to 17 years of age attending English-speaking publicly funded schools in Waterloo Region. Parents of students who are medically unable to be immunized or are opposed to immunization for religious/conscience beliefs, must have an exemption notice completed by the required official, and submit it to Public Health. Refer to Report PHE-IDS-15-01 for an update on Immunization of School Pupils Act enforcement for the 2014-2015 school year.

4. Public Health continuously advertises and promotes the value of immunization, including through media interviews, fact sheets, social media, promotional materials, the Region of Waterloo web site, and other avenues.

5. When outbreaks of measles occur in neighbouring areas, such as the current outbreaks in Toronto, Quebec, and the United States, Public Health proactively reminds the public to check if their immunizations are up-to-date, and to seek additional immunizations if necessary. As part of Public Health's reminders to ensure immunization related to the current situation, a bulletin has been prepared and circulated to school boards, children's services, and other partners; special social media messaging has been published; Public Health has provided comment through the media; and a physician advisory has been circulated to all primary care providers in the Region.

Panorama, the new information system recently introduced to assess and maintain immunization records offers greater reporting capability than the previous system. The system, once fully implemented, will be used to obtain better data on immunization

coverage rates, which will help Region of Waterloo Public Health better plan immunization programs and services.

Individual & Community Prevention/Protection

Were an individual to acquire measles in Waterloo Region, that person's physician would advise Public Health of their suspicion of the disease when first assessing the patient. Public Health would contact that person or their parent/guardian to provide counselling and to advise the infected person to remain at home so as not to infect others. The Public Health Ontario Laboratory would immediately notify Region of Waterloo Public Health if laboratory testing confirmed infection. At that stage, Public Health would identify all contacts of the ill person. Where unvaccinated contacts are around others who might be at greater risk of complications from measles (e.g. health care providers, child care workers), Public Health may require the contacts to refrain from attending those places until the period during which infection might develop has passed (21 days from their last contact with the ill person).

As measles immunization is 99 per cent effective in preventing infection, Region of Waterloo Public Health continues to encourage individuals and parents/guardians to check that they and their family members have received two doses of measles vaccine, if applicable, and to contact their health care provider (family doctor) if immunization is required.

Immunization Recommendations for Children & Adults

Recently, as a result of media coverage and increased interest in measles, Public Health has received more questions around who is eligible for immunization. In short, any Ontarian is eligible for two doses of immunization, though it is not effective in conferring long-lasting immunity to children younger than 12 months of age, nor needed for those born before 1970 who are likely already immune from having acquired measles as a child. The specific recommendations are as follows:

- Children require one measles containing vaccine dose (through a combined vaccine called MMR) at 12 months of age, and a second dose at four to six years of age
- For infants who are travelling to regions where measles is a concern (including North America) one dose of measles containing vaccine can be offered on or after 6 months of age- based on the clinical judgement of the health care provider. (These infants should then receive two more doses of immunization against measles according to the normal schedule.)
- Adults born before 1970 are generally presumed to have acquired natural immunity to measles. As per the current publicly funded immunization schedule, all Ontarians, regardless of date of birth, are eligible for two doses of measles-containing vaccine based on the health care provider's clinical judgement.

- A second dose of measles-containing vaccine is particularly recommended for adults in the following groups:
  - Young adults (18 to 25 years of age)
  - Post-secondary students
  - Persons who received killed vaccine previously (born between 1967-1970)
  - Health care workers
  - Those who plan to travel internationally

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 Infectious Diseases Prevention and Control and Vaccine Preventable Disease Standards and supports ongoing education for Board of Health members to help them remain abreast of relevant trends and emerging public health issues.

Corporate Strategic Plan:

The prevention of vaccine preventable and infectious diseases relates to strategic focus area #4 (Healthy and Inclusive Communities).

Financial Implications:

Vaccine preventable and infectious disease prevention programs are carried out using existing resources in Region of Waterloo Public Health's cost-shared base budget which is funded 75 per cent by the provincial Ministry of Health & Long Term Care and 25 per cent by the local tax levy and to a lesser degree through 100% funding allocations from the province which are designated for specific infectious disease prevention and control initiatives.
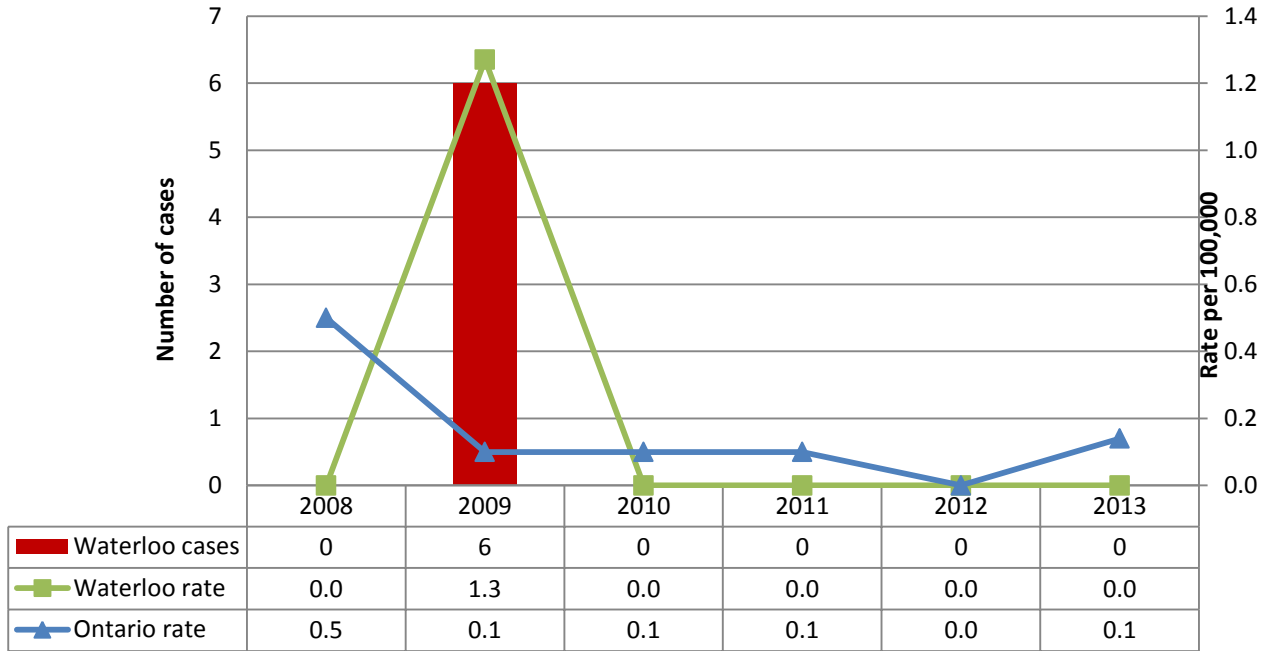
Other Department Consultations/Concurrence:

Nil

Attachments

Attachment 1 — Age-standardized measles incidence rates per 100,000[1], by year, Waterloo Region & Ontario, 2008-2013

Prepared By: Kristy Wright, Manager, Infectious Diseases and Tuberculosis Control
                Chris Harold, Manager, Information and Planning, Infectious Diseases, Dental & Sexual Health

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

	2008	2009	2010	2011	2012	2013
Waterloo cases	0	6	0	0	0	0
Waterloo rate	0.0	1.3	0.0	0.0	0.0	0.0
Ontario rate	0.5	0.1	0.1	0.1	0.0	0.1

Attachment 1

Age-standardized measles incidence rates per 100,000[1], by year, Waterloo Region & Ontario, 2008-2013

Source: iPHIS 2008-2013, MOHLTC, extracted April 9, 2014; Ontario Public Health Portal 2008-2013, downloaded April 2, 2014; Population estimates, IntelliHEALTH, MOHLTC, extracted November 21, 2013.
[1]The Waterloo Region rate for 2009 is unstable due to small numbers (Relative Standard Error [RSE] >23%) and should be interpreted with caution.

Region of Waterloo

Planning, Development and Legislative Services

Cultural Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 24, 2015   **File Code:** R-07-02

Subject: Public Art for the Cambridge Centre Terminal

Recommendation:

That the Regional Municipality of Waterloo approve an expenditure of up to $55,000 to be funded from the Public Art Reserve Fund for an artwork project at the new Cambridge Centre Terminal being planned to serve ION and Grand River Transit users at the Cambridge Centre mall on Hespeler Road, as outlined in report PDL-CUL-15-07, dated February 24, 2015.

Summary:

The Council approved GRT Business Plan (Report P-12-013, dated January 31, 2012) identified the need for a new Cambridge Centre transit facility to integrate local routes with the planned ION aBRT service on Hespeler Road. The facility would include the ION aBRT stops, passenger shelters and platforms for the 203 Maple Grove iXpress and local routes, as well as a new transit operator break room and washroom.

This new public space at the Cambridge Centre Terminal is being recommended as the site for the Region of Waterloo's fourteenth Public Art Project. The proposed artwork would be incorporated into the terminal platform with the intention of adding pleasure and interest to the transit rider experience, and enhancing the character of the public space. The artwork would be community focused, engaging, accessible, inclusive, and have an interactive component.

An allocation of $55,000 from the Public Art Reserve Fund is being requested to cover the costs of the outdoor piece. A $30,000 contribution from the Cambridge Centre Terminal Project has been made to the Public Art Reserve Fund; the additional $25,000 is available from the Strasburg Road GRT Operations Centre Project reserve fund

contribution which is to be used for transit related public art, as directed by Council following Report No. P-12-119, dated November 6, 2012.

The artwork would be commissioned using the typical juried selection process. The proposed artwork would be recommended to Regional Council for final approval. It is intended that it would be installed in coordination with the scheduled construction of the Regional transit facility beginning in 2015/early 2016.

Report:

The Region of Waterloo's Public Art Program was initiated in 2002 with the goals of developing awareness and appreciation for public art, and increasing the quantity of Public Art available to the residents and visitors to the Region of Waterloo. The Region's Public Art Advisory Committee (PAAC) administers public art policies and procedures for the Region, including the development and recommendation of policies for selection, acquisition, display, retention, maintenance, storage and de-accessioning of Public Art for Regional facilities.

Regional Public Art Projects are funded through the Regional Public Art Reserve Fund which has been supported by an annual capital contribution from the Regional budget (2002-2013) and contributions ($30,000 each) from the budgets of major Regional construction projects. Public Art projects are considered in conjunction with large capital construction projects undertaken by the Region, including new buildings and expansions to existing buildings, particularly where there is a significant public presence. To date, thirteen public art projects have been commissioned for installation at Regional facilities, for example "The Tree of Life" at Sunnyside and "The Lion and Lamb" at the Waterloo Region Police Services building.

Cambridge Centre Terminal Project

The approved GRT Business Plan (Report P-12-013, dated January 31, 2012) identified the need for a new Cambridge Centre transit facility to integrate local routes with the planned aBRT service on Hespeler Rd. The facility would include the ION aBRT stop, passenger shelters and platforms for the 203 Maple Grove iXpress and local routes, as well as a new transit operator break room and washroom.

This new public space at the Cambridge Centre Terminal is being recommended as the site for the Region of Waterloo's fourteenth Public Art project. It is proposed that the artwork be integrated into the transit terminal platform and be intended primarily for the enjoyment of transit users – community focused, engaging, accessible, inclusive, and interactive. The intention of the artwork would be to add pleasure and interest to the transit rider experience, and to enhance the character of this important public space.

A budget allocation of $55,000 from the Public Art Reserve Fund is being requested to

cover the costs of the outdoor piece. A $30,000 contribution from the Cambridge Centre Terminal Project has been made to the Public Art Reserve Fund. The remaining $25,000 would be funded using a portion of the $55,000 contributed to the Public Art Reserve Fund from the renovation and expansion projects at the Strasburg Road GRT Operations Centre, which are to be used for transit related public art as per Council direction following Report No. P-12-119, dated November 6, 2012, and Report No. P-14-016, dated February 11, 2014.

Previous budgets for Regional Public Art projects have ranged from $55,000 to $125,000 based on the size, location and complexity of the project. In order for an artist to embody the selected theme in a durable outdoor artwork, substantial creativity, material and labour will be required. The proposed design of the artwork would be tailored to the available space and would encourage the public to approach the artwork and experience it at close range. For these reasons, a budget of up to $55,000 is proposed for this artwork project. Of this amount, $5,000 would be provided for advertising, maquette and jury fees while the balance would be available to the artist.

The traditional artwork acquisition process which has been used for the previous Regional projects would be followed. This starts with a public call for artists' concepts and résumés which are reviewed by a jury established by the Public Art Advisory Committee. The jury short-lists artists to create maquettes for public comment, and selects a piece based on pre-determined criteria. The selected piece is recommended to Regional Council for approval. The artwork would be commissioned and installed in coordination with the scheduled construction of the Regional transit facility beginning in 2015/early 2016.

Area Municipal Consultation/Coordination

The Region works in partnership with Area Municipal staff in the promotion of Public Art Projects and Programs throughout the Region, and has met with Cambridge staff and the Cambridge Arts and Culture Advisory Committee to discuss public art at the Cambridge Centre Terminal.

Corporate Strategic Plan:

This public art project supports Focus Area 2 and the specific action of "promote and enhance arts, culture and heritage".

Financial Implications:

The Public Art Reserve Fund was established in 2002 and received an annual contribution from the property tax levy of $50,000-$65,000 from 2002-2013, and one time contributions from applicable capital projects (in this case, $30,000 from the Cambridge Centre Terminal Project included in the 2015 GRT Capital Budget and

$25,000 from the Strasburg Road GRT Operations Centre). The balance in the Reserve Fund after allowing for artworks in progress is approximately $430,000 which is sufficient to cover the artwork project budget of $55,000 recommended in this report.

Other Department Consultations/Concurrence:

Staff from Corporate Services (Facilities Management and Finance) and Transportation and Environmental Services (Transit and Rapid Transit) are working collaboratively on this project. They have reviewed this report and their comments have been included

Attachments:

Nil

Prepared By: Kate Hagerman, Cultural Heritage Specialist

Approved By: Rob Horne, Commissioner, Planning, Development and Legislative Services

Council Enquires and Requests for Information				
Community Services Committee				
Meeting date	Requestor	Request	Assigned Department	Anticipated Response Date