



Media Release: Friday, April 29, 2016, 4:30 p.m.

Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, May 3, 2016

Approximately 10:45 a.m. (← **Note Time Change**)

Immediately Following Administration and Finance Committee

Regional Council Chamber

150 Frederick Street, Kitchener, Ontario

-
- 1. Declarations of Pecuniary Interest under the Municipal Conflict Of Interest Act**
 - 2. Presentations**
 - 2.1** Marg LaSalle, Breastfeeding Committee for Canada, Baby Friendly Initiative Plaque Presentation
 - 3. Delegations**

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.

- 4. Request to Remove Items from Consent Agenda**
- 5. Motion to Approve Items or Receive for Information**
 - 5.1** [PHE-HLV-16-04](#), Baby-Friendly Initiative Accreditation (Information)

5.2	PHE-CFH-16-01 , Healthy Babies Healthy Children Program Budget and Continuous Quality Improvement Service Targets for 2016 (Information)	10
5.3	PHE-16-02 , Public Health 2015 Year-End Accountability Agreement Indicator Results (Information)	15
5.4	PHE-HPI-16-03 , 2015 Food Safety Annual Report (Information)	21
5.5	CSD-HOU-16-03 , Social Housing Electricity Efficiency Program (SHEEP)	29

Recommendation:

That the Regional Municipality of Waterloo approve the following actions with regard to the Social Housing Electricity Efficiency Program (SHEEP), as outlined in report CSD-HOU-16-03, dated May 3, 2016:

- a) Authorize the Director, Housing Services, to execute and deliver all documentation required by the Province of Ontario and the Region of Waterloo for the purpose of implementing SHEEP;
- b) Authorize the Commissioner, Community Services, to execute such agreements and documentation in a form satisfactory to the Regional Solicitor, as may be required to advance funding for this program; and,
- c) That the 2016 Operating Budget for Housing Services be increased by \$634,470 gross and \$0 net Regional levy as outlined in report CSD-HOU-16-03 dated May 3, 2016.

5.6	CSD-EIS-16-09 , Social Development Programs Review	34
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Recommendation:

That the Regional Municipality of Waterloo undertake the following actions with respect to the Social Development Program as outlined in report CSD-EIS-16-09 dated May 3, 2016:

- a) Conduct a Request for Proposal (RFP) process to determine a lead agency to administer community outreach programs throughout the Region of Waterloo;
- b) Enter into an agreement with the Food Bank of Waterloo Region effective January 1, 2017 to act as a lead agency to provide a range of food hamper and food security services

throughout Waterloo Region;

- c) Enter into contracts effective January 1, 2017 with Carizon Family and Community Services, Family Counselling Centre of Cambridge and North Dumfries, Interfaith Community Counselling Centre, Kitchener-Waterloo Counselling Services Inc., Shalom Counselling Services Inc. and Woolwich Counselling Centre for the ongoing provision of counselling services; and
- d) That, effective January 1, 2017, the allocation of funds to agencies within the Social Development Program be delegated to the Commissioner of Community Services.

Regular Agenda Resumes

6. Information/Correspondence

6.1 Council Enquiries and Requests for Information [Tracking List](#) 48

7. Other Business

8. Next Meeting – May 24, 2016

9. Motion to go Into Closed Session

That a closed meeting of the Administration and Finance Committee be held on Tuesday, May 3, 2016 immediately following the Community Services Committee in the Waterloo County Room in accordance with Section 239 of the “Municipal Act, 2001”, for the purposes of considering the following subject matters:

- a) receiving of advice that is subject to solicitor-client privilege related to legal liabilities
- b) labour relations

10. Adjourn



Report: PHE-HLV-16-04

Region of Waterloo
Public Health and Emergency Services
Healthy Living

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

Date: May 3, 2016

File Code: P09-80

Subject: **Baby-Friendly Initiative Accreditation**

Recommendation:

For information.

Summary:

Region of Waterloo Public Health has been awarded full Baby-Friendly Initiative accreditation status. Ontario Public Health Units are required to achieve Baby-Friendly Initiative accreditation as part of the Accountability Agreement with the Ministry of Health and Long Term Care. For Region of Waterloo Public Health, the process of seeking this designation formally began in 2012 and involved a document review, a pre-assessment site visit and an external assessment all completed by the Breastfeeding Committee for Canada.

The Baby-Friendly Initiative is evidenced based and recognized globally by the World Health Organization as a best practice, designed to improve breastfeeding outcomes for mothers and babies by improving the quality of their care and establishing breastfeeding as the cultural norm. The Baby-Friendly Initiative supports all families regardless of their infant feeding decision.

Report:

The Baby-Friendly Initiative is a global campaign of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). It was developed to help hospitals and community agencies protect, promote and support breastfeeding through adherence to The Integrated 10 Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services (see Attachment 1). The Baby-Friendly

Initiative outlines best practices for health care professionals working with families at pre-conception, during pregnancy and with young children, with the following goals:

- To help parents make informed decisions about feeding their baby;
- To support all families regardless of their feeding method;
- To recommend breast milk as the only food for babies until they are six months old;
- To recommend breast milk be included in a child's diet up to two years and beyond;
- To protect women's rights to breastfeed anytime, anywhere; and
- To work with our community to protect, promote and support breastfeeding.

Breastfeeding is the normal and unequalled method of feeding infants yielding health benefits to both the infant and mother. In infants, breastfeeding is associated with enhanced cognitive development, and is shown to protect against gastrointestinal infection, ear infection, respiratory tract infection, and sudden infant death syndrome (Health Canada, 2016). In mothers, breastfeeding has been shown to provide some protection against breast cancer, ovarian cancer and weak bones later in life (Public Health Agency of Canada, 2016). Health Canada and the World Health Organization recommend that breast milk be the only food or drink for the first 6 months of life and after that, breastfeeding should continue for up to 2 years or more along with age-appropriate solid foods. In 2015, 77 per cent of babies were exclusively breastfed at hospital discharge in Waterloo Region¹ (BORN Information System, 2015).

Public Health Accountability Agreement and BFI Accreditation Process

In 2011, Baby-Friendly Initiative accreditation was included as a Public Health Accountability Agreement indicator by the Ministry of Health and Long Term Care requiring public health units in Ontario to report their Baby-Friendly Initiative status annually and actively work towards accreditation. While supporting breastfeeding has always been a key role of Region of Waterloo Public Health in accordance with the Ontario Public Health Standards, work on achieving Baby-Friendly Initiative designation for the department formally began in 2012. Meeting the Baby-Friendly Initiative requirements involved making changes to the types of services, programs and resources available to families (e.g. establishment of Early Breastfeeding Contact clinics at Grand River Hospital and Cambridge Memorial Hospital), along with implementation of mandatory staff education programs and a breastfeeding surveillance system.

In June 2014, a pre-assessment visit was completed, providing Region of Waterloo Public Health with recommendations about improvements needed to prepare for the

¹ Exclusive breastfeeding means no other liquid was provided, i.e. artificial breast milk (formula). In 2015, there were 5,963 live births in Waterloo Region. Missing data, which accounts for 18% of overall births, was excluded from the denominator.

Baby-Friendly Initiative full assessment. On December 9th, 10th and 11th of 2015, three assessors from the Breastfeeding Committee for Canada, the body responsible for awarding designation to public health units, conducted an assessment of Region of Waterloo Public Health. This process included the following activities:

- reviewing materials and resources targeted to parents;
- conducting interviews with the Medical Officer of Health and the Director of Child and Family Health;
- conducting interviews with randomly selected staff including direct care providers, indirect care providers, managers and supervisors;
- conducting interviews with prenatal mothers and postpartum mothers;
- observing a youth prenatal drop in program;
- observing Region of Waterloo Public Health and Emergency Services clinics (Post-birth and Early Breastfeeding Contact);
- observing home visiting; and
- receiving a presentation from the Epidemiologist related to breastfeeding surveillance systems and local breastfeeding rates.

The External Assessment Summary report was received on January 26, 2016 indicating Region of Waterloo Public Health achieved conditional Baby Friendly Initiative designation. To respond to the conditions, three work plans were developed related to the following observations of the review team during the assessment visit:

1. Confusion among most mothers about the recommended age to introduce complementary food due to inconsistent messages being provided by the health unit compared to those provided by some physicians and pediatricians.
2. Reports from some (30%) mothers that they had not received information about how to recognize signs that their child is ready for complementary foods.
3. Reports from some (30%) mothers that they had not been told about the rights of breastfeeding women (i.e. in the community and the work place).

Work plans were submitted to the Baby-Friendly Initiative lead assessor on March 14, 2016. On that same day, notification was received that Region of Waterloo Public Health had met the requirements for full Baby Friendly Initiative designation.

Maintaining Baby-Friendly Initiative Status

The Breastfeeding Committee for Canada requires that all accredited public health units submit the following information in order to maintain their Baby-Friendly Initiative accreditation status:

Requirement:	Timeline/due date:
Breastfeeding surveillance data showing a breastfeeding rate of 75% on entry to community services (or discharge from hospital)	Every year; report due in 2017
Baby-Friendly Initiative status report	Every two years; report due in 2018
Re-accreditation	Every five years; projected for 2021

Corporate Strategic Plan:

Achievement of Baby-Friendly Initiative accreditation status contributes to the Region's Strategic Focus Area of Healthy, Safe and Inclusive Communities.

Financial Implications:

Activities related to the Baby Friendly Initiative accreditation process were covered under the Department's existing base budget for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy. Activities related to ongoing maintenance of Baby Friendly Initiative accreditation status will be funded within the department's annual cost-shared base budget.

Other Department Consultations/Concurrence:

Nil

Attachments

Attachment 1 - The Integrated 10 Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services

Attachment 2 – Letter from the Ministry of Health and Long Term Care to Acknowledge Baby-Friendly Initiative Accreditation

Prepared By: **Stephanie Ferguson**, Public Health Nurse
Grace Bermingham, Acting Manager, Breastfeeding and Positive Parenting, Healthy Living

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

Attachment 1

The Integrated 10 Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services

1. Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.
2. Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.
3. Inform pregnant women and their families about the importance and process of breastfeeding.
4. Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes: Encourage mothers to recognize when their babies are ready to feed, offering help as needed.
5. Show mothers how to breastfeed and maintain lactation should they face challenges including separation from their infants.
6. Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.
7. Facilitate 24-hour rooming-in for all mother-infant dyads: mothers and infants remain together.
8. Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
9. Support mothers to feed and care for their breastfed babies without the use of artificial teats or pacifiers (dummies or soothers)
10. Provide seamless transition between the services provided by the hospital, community health services and peer support programs.

Endorsement of the WHO International Code of Marketing of Breast-Milk Substitutes

- Compliance with the International Code of Marketing of Breast-Milk Substitutes is a prerequisite for Baby Friendly Initiative designation even though it is not included as one of The Ten Steps.

Attachment 2

**Ministry of Health
and Long-Term Care**Health Promotion
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April 15, 2016

Dr. Liana Nolan
Medical Officer of Health
Region of Waterloo Public Health
99 Regina Street South
Waterloo, Ontario N2J 4V3

Dear Liana,

The ministry has heard from your staff that your health unit, has successfully achieved Baby-Friendly Initiative (BFI) designation.

Congratulations to you, your leadership team and your staff on this milestone achievement for Region of Waterloo Public Health! No doubt your Board of Health is pleased to hear of this significant performance achievement, to benefit parents and babies.

Momentum from your achievement will inspire other public health units, assist Waterloo Public Health to encourage and support local hospitals and community partners, but most importantly will build continued support for the health of babies and their parents within your jurisdiction. We hope you will share your success and lessons-learned, on the journey to BFI designation, with other public health units.

Kind Regards,
Laura

Laura A. Pisko
Director

c.

Roselle Martino, ADM, Population and Public Health Division
Dr David Williams, Chief Medical Officer of Health (A)
Dave Sit, Manager (A), Health Promotion Performance and Accountability Unit
Sharlene Sedgwick Walsh, Director, Region of Waterloo Public Health
Andrea Reist, Director, Region of Waterloo Public Health



Report: PHE-CFH-16-01

Region of Waterloo

Public Health and Emergency Services

Child and Family Health

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

Date: May 3, 2016 **File Code:** P09-20

Subject: Healthy Babies Healthy Children Program Budget and Continuous Quality Improvement Service Targets for 2016

Recommendation:

For information.

Summary:

Public Health Units plan and implement the Healthy Babies Healthy Children Program in collaboration with local community partners. The Program is 100% funded by the Ministry of Children and Youth Services and is delivered by Region Waterloo Public Health and Emergency Services within this allocation. A funding envelope of \$2,864,743 (same level since 2008) is available for Waterloo Region in 2016. A one-time funding request for 2016 has been made to the Ministry of Children and Youth Services for an additional \$50,000 to support planning and implementation of program adjustments to stay within the available funding envelope.

In its second year of implementation, the Ministry of Children and Youth Services' Continuous Quality Improvement initiative aims to move all Public Health Units to meet provincial benchmarks for specific program components, within available resources. The Ministry is supportive of an incremental approach to identifying and meeting three benchmarks for 2016. Region of Waterloo Public Health has identified and submitted a plan for:

- Increasing the number of births screened with the Healthy Babies Healthy Children Screen;
- Improving the quality of service provision and parent engagement through the use of Ministry approved family assessment and teaching tools (e.g. Partners in

- Parenting Education and Nursing Child Assessment Satellite Training);
- Increasing the number of postpartum contacts of families identified with risk and consenting to service within 48 hours of being discharged from hospital.

These targets will enhance services received by families.

Report:

A child's experiences and support in the early years, from before birth to age six, provide the foundation to lifelong health and development.

The Healthy Babies Healthy Children is a free and voluntary program for pregnant women and families with young children up to the child's transition to school. Introduced in 1998, the program is delivered by Public Health Units across Ontario as mandated by the Ontario Public Health Standards (2008). The purpose of the program is to help children get a healthy start in life by:

- Screening families before birth, at birth and during early childhood to identify families who might need and benefit from more support. Screening involves gathering information from parents, hospital records and/or service providers, with the family's consent, to identify children potentially at risk for poor child development;
- Providing home visits by Public Health Nurses and Family Visitors to expectant mothers and new parents who need and want more support and can benefit from home visiting by learning about:
 - Having a healthy pregnancy and birth
 - Connecting with their baby
 - How children grow and develop as well as what parents can do to help
 - Being a parent
 - Breastfeeding, food and healthy nutrition
 - Taking care of themselves and their family
 - Other services available to parents and their child in the community

Public Health Units plan and implement the Healthy Babies Healthy Children Program locally, in collaboration with community partners (e.g. hospitals, child protection agencies, children's services, family support programs). The local Healthy Babies Healthy Children Program offers a face-to-face contact with those families identified as potentially "with risk" on the Healthy Babies Healthy Children Screen, in keeping with the new Healthy Babies Healthy Children Guidance Document (2012) and available 100% provincial funding. All families, regardless of risk rating on the Screen, receive information about healthy child development and local services and supports for families, including how to contact a Public Health Nurse with any questions or for additional support. The New Parent Resource Guide, sponsored by Region of Waterloo Public Health and Ontario Early Years Centres, is provided to all families with newborns

through local hospitals, midwifery services and Ontario Early Years Centres, and is also available at www.parentguide.ca.

2015 and 2016 Healthy Babies Healthy Children Service Delivery

In 2015 in Waterloo Region:

- 5954 children were born to families living in Waterloo Region
- 4093 Healthy Babies Healthy Children Screens were completed
- 2618 families were identified as “with risk” on the Screen. 1322 families were contacted by a Public Health Nurse within 48 hours of hospital discharge (either seen at the Postbirth Clinic or contacted by phone) and 501 families were contacted after 48 hours
- 793 families received an In-Depth Assessment through a home visit completed by a Public Health Nurse
- 492 families were confirmed “with risk” and 384 families consented to receiving ongoing home visiting by a Public Health Nurse and Family Visitor
- 3618 home visits were completed through the home visiting component of the program

It is expected that Program service delivery statistics for 2016 will remain similar to those in 2015 except in one area – In-Depth Assessment home visits. The Program will be creating a process to triage families who attend Postbirth Clinic at the hospitals to streamline the time spent completing an assessment of families. This will maximize use of available HBHC resources to provide timely services to those families who would benefit most from the home visiting program.

All families who are identified as “with risk” on the Healthy Babies Healthy Children Screen will be offered a Postbirth Clinic appointment or telephone call. Through the assessment completed by the Public Health Nurse at Postbirth Clinic, families will either be provided with a home visit to complete an In-Depth Assessment to determine if they would benefit from the home visiting component of the Program or they will be provided with information about community resources available to assist them in supporting their new baby. All families will be encouraged to sign up for the Sleep and Your New Baby Sessions offered by Region of Waterloo Public Health in partnership with the Ontario Early Years Centres. In addition, all families will continue to receive the New Parent Resource Guide and information about how to contact a Public Health Nurse with any questions or for additional support.

Continuous Quality Improvement Plan

In 2015, the Ministry of Children and Youth Services introduced a Continuous Quality Improvement component to further strengthen delivery of the Healthy Babies Healthy Children Program across the province. The Ministry has identified aspirational or ideal

service levels for the Program and specific service benchmarks for Public Health Units to work toward. The Ministry is supportive of Public Health Units using an incremental approach toward reaching the identified Provincial benchmarks.

In 2015, the following achievements were made:

- The number of births screened with the Healthy Babies Healthy Children Screen increased from 59% in Q1 to 69% in Q4 with an overall screening rate of 61% for the year. The provincial benchmark is 80%.
- The number of families participating in the home visiting component of the Program with a Family Service Plan improved from 98% in Q1 to 100% in Q4 with an overall rate of 99%. The provincial benchmark is 90%.

For 2016, the Ministry has asked that Public Health Units identify three targets to include in their Continuous Quality Improvement Plans. The Healthy Babies Healthy Children Program in Waterloo will work on the following areas:

- Increasing the number of births screened with the Healthy Babies Healthy Children Screen from 61% to 63% (continued from 2015). The provincial benchmark is 80%;
- Improving the quality of service provision and parent engagement through the use of Ministry approved parent assessment and teaching tools (e.g. Partners in Parenting Education and Nursing Child Assessment Satellite Training);
- Increasing the number of families identified with risk and consenting to service who receive postpartum contact by a Public Health Nurse within 48 hours of being discharged from hospital (from 72% to 74%). The provincial benchmark is 80%.

Ontario Public Health Standards:

The Ontario Public Health Standards for Child Health indicate “The board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol (2008) or as current.” The Standards, which outline the expectations for providing Public Health program and services, mandate that staff complete screening, assessment, home visiting and referral to community programs and services to meet the needs of families and to help children get the best start in life.

Corporate Strategic Plan:

The Healthy Babies Healthy Children Program contributes to the Region’s Strategic Focus Area of Healthy, Safe and Inclusive Communities.

Financial Implications:

The Ministry of Children and Youth Services has allocated \$2,864,743 for implementation of the Healthy Babies Healthy Children Program in Waterloo Region for 2016. This is unchanged since 2008. A 2016 one-time funding request has been made to the Ministry of Children and Youth Services for \$50,000 to assist with planning and implementing program changes to stay within the provincial funding allocation for the Program in Waterloo Region.

Other Department Consultations/Concurrence:

Nil

Attachments

Nil

Prepared By: Janet McCreary, Manager, Child and Family Health
Andrea Reist, Director, Child and Family Health

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



Report: PHE-16-02

Region of Waterloo

Public Health and Emergency Services

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

Date: May 3, 2016 **File Code:** P01-80

Subject: Public Health 2015 Year-End Accountability Agreement Indicator Results

Recommendation:

For Information

Summary:

This report provides 2015 Year-End results for the Public Health indicators that are part of the Public Health Accountability Agreement with the Province of Ontario. The Accountability Agreements between the Ministry of Health and Long-Term Care and Health Units provide a framework for setting specific performance expectations, and establish data reporting requirements to support the monitoring of performance.

As of the end of calendar year 2015, Region of Waterloo Public Health is reporting to the Ministry of Health and Long-Term Care on 40 indicators with 17 indicators categorized as 'Health Promotion' and 23 indicators categorized as 'Health Protection'. The indicators vary in purpose. Of the 40 indicators:

- 16 are tracked against set targets
- 6 are gathering baseline data (either in 2015 or planned for 2016)
- 11 are monitored for trends
- 7 are being developed for potential future inclusion in the Agreement

Of the 16 indicators that Region of Waterloo Public Health tracked against set targets in 2015, 13 met the set targets. For the other three indicators, there were two where the small variance against set targets was deemed to be within reason by the Ministry of Health and Long-Term Care, such that performance results were accepted. One indicator required follow-up with the Ministry of Health and Long-Term Care in the form of a performance variance report.

Report:

As per Report PH-11-041, Public Health Budget Approval & Accountability Agreement, dated September 27, 2011, the Regional Municipality of Waterloo entered into the Public Health Accountability Agreement with the Province of Ontario, effective January 1, 2011 for a term of three years. In November 2014, amendments made to the Public Health Funding and Accountability Agreement were approved by the Board of Health to carry forward with the agreement and additional indicator inclusions.

Indicators Results Measured Against Targets

Of the 16 indicators Region of Waterloo Public Health was accountable to report results on, 13 met the set targets. For the other three indicators, the small variance against set targets was deemed to be within reason by the Ministry of Health and Long-Term Care for two indicators, such that performance results were accepted. Follow-up with the Ministry of Health and Long-Term Care was requested in the form of a performance report for one indicator as outlined below. The following table summarizes 2015 Year-End performance results in comparison to set targets:

Accountability Agreement Indicator	2015 Year-End Target	2015 Year-End Performance	Target Met, Acceptable Range or Follow-up Required?
Health Promotion Indicators			
% of tobacco vendors in compliance with youth access legislation at the time of last inspection	≥90%	98.5%	Target Met
% of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act (SFOA)	100%	100%	Target Met
% of non-seasonal tobacco retailers inspected twice per year for compliance with section 3 of the Smoke-Free Ontario Act (SFOA)	100%	98%	Acceptable Range
% of seasonal tobacco retailers inspected twice per year for compliance with section 3 of the Smoke-Free Ontario Act (SFOA)	100%	100%	Target Met

Accountability Agreement Indicator	2015 Year-End Target	2015 Year-End Performance	Target Met, Acceptable Range or Follow-up Required?
% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	100%	99.4%	Follow-up Required
Oral Health Assessment and Surveillance: % of schools screened	100%	100% (July 1, 2014-June 30, 2015)	Target Met
Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in all publicly funded schools	100%	100% (July 1, 2014-June 30, 2015)	Target Met
Implementation status of NutriStep®	Intermediate	Advanced	Target Met
Baby Friendly Initiative Status	Advanced	Advanced	Target Met
Health Protection Indicators			
% of Class A pools inspected while in operation	100%	100%	Target Met
% of high-risk Small Drinking Water Systems inspections completed for those due for re-inspection	100%	N/A (none due for re-inspection)	N/A
% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification	98%	98.3%	Target Met
% of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS	83%	85%	Target Met
% of Human Papillomavirus (HPV) vaccine wasted that is stored or administered by the public health unit	0.8%	1.2% (Sept 1, 2014 - Aug 31, 2015)	Acceptable Range

Accountability Agreement Indicator	2015 Year-End Target	2015 Year-End Performance	Target Met, Acceptable Range or Follow-up Required?
% of influenza vaccine wasted that is stored or administered by the public health unit	1.5%	0.8% (Sept 1, 2014 - Aug 31, 2015)	Target Met
% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	100%	100%	Target Met

For the Health Promotion indicator “% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)”, the target of 100% was missed by 0.6% and a performance report was requested by the Ministry of Health and Long-Term Care. The reason for the variance was that one tobacco retailer was not inspected during 2015 due to a misunderstanding regarding which retailers are required to be inspected. This variance has been used as an opportunity to clarify the expectations with staff around inspection requirements, and the retailer has subsequently been inspected. Inspection rates for this indicator will be monitored quarterly to ensure continued compliance.

Baseline Results

Baseline data is requested by the Ministry of Health and Long Term Care in order to inform target-setting for indicators. In 2015, results were submitted for two indicators:

- % of population (age 19+) that exceeds the Low-Risk Drinking Guidelines (Baseline Result for 2013-2014 Data = 28.2%, Confidence Interval: 24.6-31.8%)
- % of laboratory confirmed gonorrhoea cases treated according to recommended Ontario treatment guidelines (Baseline Result for 2015 Data = 59.3%)

Baseline results will be gathered for four new indicators in 2016:

- % of 7 or 8 year old students in compliance with the Immunization of School Pupils Act
- % of 16 or 17 year old students in compliance with the Immunization of School Pupils Act
- % of restaurants with a Certified Food Handler on site at time of routine inspection
- % of Measles, Mumps, Rubella (MMR) vaccine wasted

As the sample of Mid-Year and Year-End data continues to grow with all Public Health Units reporting on the defined indicators, the Ministry of Health and Long-Term Care may continue to evaluate and propose new targets, leaving opportunities for negotiation with each Public Health Unit prior to finalizing any target.

Monitoring Indicators

In addition to reporting on set targets and submitting baseline data, results for the following 11 indicators were submitted for surveillance purposes only:

- Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)
- % of youth (ages 12-18) who have never smoked a whole cigarette
- % of high-risk food premises inspected once every 4 months while in operation
- % of moderate-risk food premises inspected once every 6 months while in operation
- % of public spas inspected while in operation
- % of personal services settings inspected annually
- % of confirmed gonorrhoea cases where initiation of follow-up occurred within two business days
- % of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case
- % of school aged children who have completed immunizations for hepatitis B
- % of school aged children who have completed immunizations for HPV
- % of school aged children who have completed immunizations for meningococcus

Developmental Indicators

Lastly, the following seven topic areas are being considered for development and potential future inclusion as indicators in the Accountability Agreement:

- Assess the effectiveness of public health unit partnerships regarding falls prevention (using a partnership evaluation tool)
- Track progression on local alcohol policy development (policies that create or enhance safe and supportive environments)
- Tobacco Prevention - Level of Achievement of Tobacco Use Prevention in Secondary School (progress towards implementation of tobacco-free living initiatives within secondary schools)
- Obesity Prevention - Policy & Environmental Support Status: (healthy eating and physical activity policy development and the creation of supportive environments that will help to reduce childhood obesity)
- Growth and Development - Parent access to the Nipissing District Developmental Screen™ (promotion/implementation of healthy growth and development screen)
- % of food premises changing risk category
- Adverse Events Following Immunization (AEFIs) Education and Reporting

Ontario Public Health Standards and Ontario Public Health Organizational 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 and the Ontario Public Health Organizational Standards, which outline the expectations for providing Public Health programs and services and management operations. This report provides information related to the compliance with several requirements of both sets of Standards.

Corporate Strategic Plan:

Provincial funding for Public Health programs is tied to the Accountability Agreement and enables the delivery of programs and services which contribute to the following focus areas of the corporate strategic plan (2015-2018):

- Environment and Sustainable Growth
- Healthy, Safe and Inclusive Communities
- Responsive and Engaging Government Services

Financial Implications:

The majority of the programs and services covered within the Accountability Agreement are covered under the Department's existing base budgets for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy. To a lesser extent some programs are funded 100% by the province. No new funding or resources are being made available to Public Health Units by the provincial government specifically to enable achievement or monitoring of targets associated with the Accountability Agreement. In order for the targets to be achieved within the existing base budget for Public Health, some program resources are being re-directed to higher priority areas, identified through ongoing monitoring of indicator results versus targets, and the root cause(s) defined through the review and analysis of reports (as required).

Other Department Consultations/Concurrence:

Nil

Attachments

Nil

Prepared By: Jordan Steffler, Strategic & Quality Improvement Specialist

Anne Schlorff, Director, Central Resources

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



Report: PHE-HPI-16-03

Region of Waterloo
Public Health and Emergency Services
Health Protection and Investigation

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

Date: May 3, 2016 **File Code:** P10-80

Subject: 2015 Food Safety Annual Report

Recommendation:

For Information.

Summary:

Food-borne illness can have a considerable public health impact on our community, and Public Health's Food Safety program aims to prevent and reduce the burden of food-borne illness in Waterloo Region. Public Health Inspectors conduct routine inspections of food premises; educate consumers and food handlers; and regularly respond to consumer complaints, food recalls and other requests for service (e.g. special events).

In 2015, Public Health achieved 100% compliance with high-risk and moderate-risk food premise scheduled inspections, which meets the Accountability Agreement indicators set out by the Ministry of Health and Long-Term Care (MOHLTC).

The numbers of consumer complaints and requests to investigate suspected food-borne illness cases received by the Health Protection and Investigation division have been on a gradual, increasing trend over the last few years. As Waterloo Region's population and number of food premises continue to grow and diversify, it is expected that the demand on the Food Safety Program will increase proportionately over time. Public Health will continue to monitor the demand, and work at maximizing efficiency in its use of resources to the extent possible.

Report:**Public Health's Role**

Public Health's Food Safety program conducts its work in accordance with requirements outlined in the Ontario Public Health Standards, the associated Food Safety Protocols, and Ontario Food Premises Regulation 562/90, under the Health Protection and Promotion Act. The overall goal of the program is to prevent and reduce the burden of food-borne illness. To work toward this goal Public Health engages in the following activities: scheduled inspections and enforcement at food premises; education for food handlers and consumers; and timely response to requests for service (consumer complaints, special events, recalls, etc.).

Routine Food Premise Inspections and Enforcement

Public Health Inspectors conduct inspections of food premises to determine compliance with safe food handling practices. Since all food premises do not present the same level of risk to consumers, they are risk assessed at least annually and categorized into high, moderate, or low risk categories. As highlighted below, the frequency of required inspections depends on the assigned risk level of the food premise.

- High-risk premises (e.g., full service restaurants or institutions serving high risk populations) require inspection no less than once every four months
- Moderate-risk premises (e.g., premises involving less preparation or complexity in food handling) require inspection no less than once every six months
- Low-risk premises (e.g., convenience stores, pre-packaged foods) require an inspection no less than once every twelve months

In June of 2015, a new risk assessment tool was introduced by the Ontario Ministry of Health and Long-Term Care. The new risk assessment tool continues to use the three risk classifications (i.e. high, moderate, and low risk); however, the classification criteria for these categories have been modified to include consideration for: history of associated food-borne illness, inspection history, and the presence of certified food handlers or demonstrated formal food safety policies and systems. This change may impact the risk categories of some food premises; and therefore the frequency of inspections for those may change. The new risk assessment tool will continue to be integrated throughout 2016 and the impact of the new risk assessment tool (for example, on the total number of overall inspections required) will be monitored; however, the impact is not expected to be major.

In 2015, the Accountability Agreement between Boards of Health and the Ministry of Health and Long-Term Care monitored two food safety statistics: the proportion of high-

risk food facilities that received an inspection at least once every four months, and the proportion of moderate-risk food facilities that received an inspection every six months.

Public Health achieved a completion rate (actual number of inspections compared to required number of inspections) of 100% for both high and moderate-risk food premises that were open throughout the year. In addition, 100% of low-risk food premises also received at least one inspection in 2015. Figure 1 illustrates the total number of food safety inspections per year, over the last five years. There can be slight fluctuations in the total number from year to year which are not significant. The total number of food safety inspections completed has remained relatively consistent since 2013. In addition, Public Health Inspectors also completed 1,160 other inspections as required in 2015 (e.g. pre-opening consultations with operators, re-inspections, and complaint inspections).

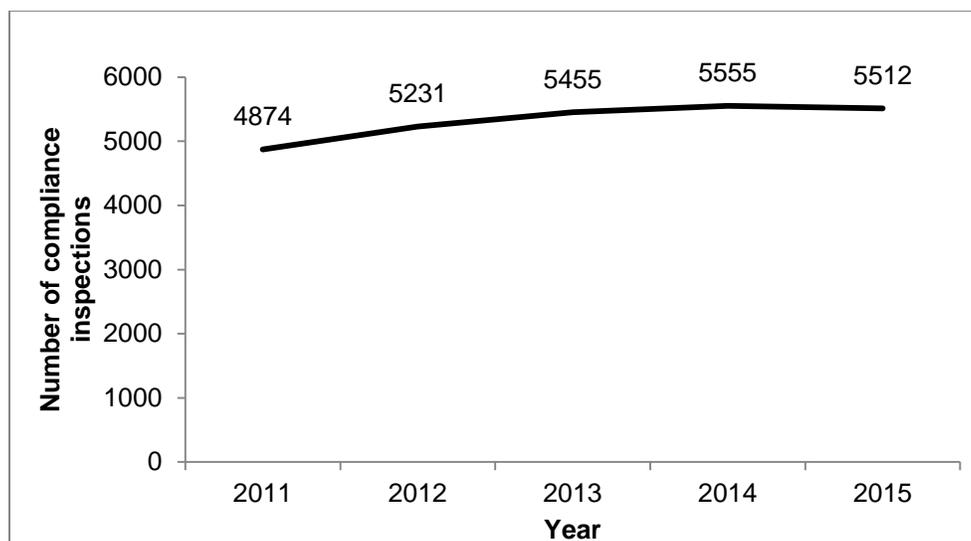


Figure 1: Total number of compliance inspections completed between 2011 and 2015. Total number of compliance inspections increased from 2011 to 2013; and then stayed relatively consistent from 2013 to 2015.

During inspections, Public Health Inspectors address non-compliance by owners and operators of food premises. There are two types of infractions that can be identified during an inspection: critical and non-critical. Critical infractions are violations which have the potential to pose an immediate public health risk and/or lead to a food-borne illness (e.g., improper hot/cold holding temperatures, etc.), if not corrected. Non-critical infractions are violations which do not pose an immediate health risk in and of themselves, are not likely to lead to a food-borne illness, and/or do not directly relate to food handling practices (e.g., structural deficiency of floors or walls)

When critical infractions are identified, the operator of the premise is instructed to make corrections either immediately or within 48 hours, depending on the infraction. A re-

inspection is conducted to verify compliance. A closure order is served when conditions posing an immediate health hazard are present (non-potable water, pest infestation, or gross unsanitary conditions (i.e. sewage backup, fire, and flood). A charge (ticket or summons) can be laid when there is repeat non-compliance of the regulations and conditions are not considered an immediate risk or hazard. Public Health Inspectors identified 2,681 critical infractions in all types of food premises and completed 740 re-inspections in 2015, which is an increase from 2,393 critical infractions and 550 re-inspections in 2014. The most common critical infraction in 2015 was “failure to protect food from potential contamination and adulteration”, which includes inadequate covering of food, storing food on the floor, and storing raw foods above ready-to-eat foods. Inspectors laid 24 charges (Provincial Offences Notices) at 14 food premises in 2015. The most common infraction that led to a charge was also “failure to protect food from contamination and adulteration”. Public Health Inspectors served 11 closure orders and seized food deemed unfit for consumption on 99 occasions. Approximately 1,590 kg of food was seized and destroyed during public health inspections and re-inspections in 2015. The number of charges, closure orders and volume of food seized can fluctuate year to year and the 2015 numbers do not suggest any significant concerns.

In 2015, 7,115 non-critical infractions were identified in all types of food premises, which is an increase from the 6,931 non-critical infractions in 2014. This represents a slight increase from 2014; however, the overall trend over the last 3 years has been relatively stable and does not suggest any significant concerns. The most common non-critical infraction identified was that the “equipment, non-food contact surfaces and linen were not maintained, designed, constructed, installed and accessible for cleaning”.

Education, inspections, re-inspections, and investigations of food premises will continue to be important Public Health activities in reducing the risk of food-borne illness or outbreaks.

Timely Service (e.g. Complaints, Special Event Inspections)

Public Health has a phone-line and online system for notification and response to situations related to food safety and food-borne illness. Online complaints are received via the **Check it! We inspect it.** inspection disclosure website. Common requests received through the phone-line and online systems are requests for inspections, consumer complaints, and requests regarding special events.

Consumer Complaints

Public Health is mandated to act on consumer complaints within 24 hours to determine the response required. Complaints received are typically concerns in food handling or reporting of suspected food-borne illness. When a complainant suspects that their illness may be associated with a food premise, a Public Health Inspector will conduct an investigation, which involves an inspection of the premises. In 2015, Public Health

inspected 232 food premises due to complaints related to general food safety concerns, while 74 inspections were conducted for requests to investigate suspected food-borne illness. Overall, increases in the total number of consumer complaints and requests for suspect food-borne illness investigations have been observed over the past five years (Figure 2). This rise may be a reflection of a combination of factors such as residents' increased awareness of food safety, the ease of filing a complaint through the **Check it! We inspect it.** website, growth in Waterloo Region's population and the increase in the number of food premises in the region.

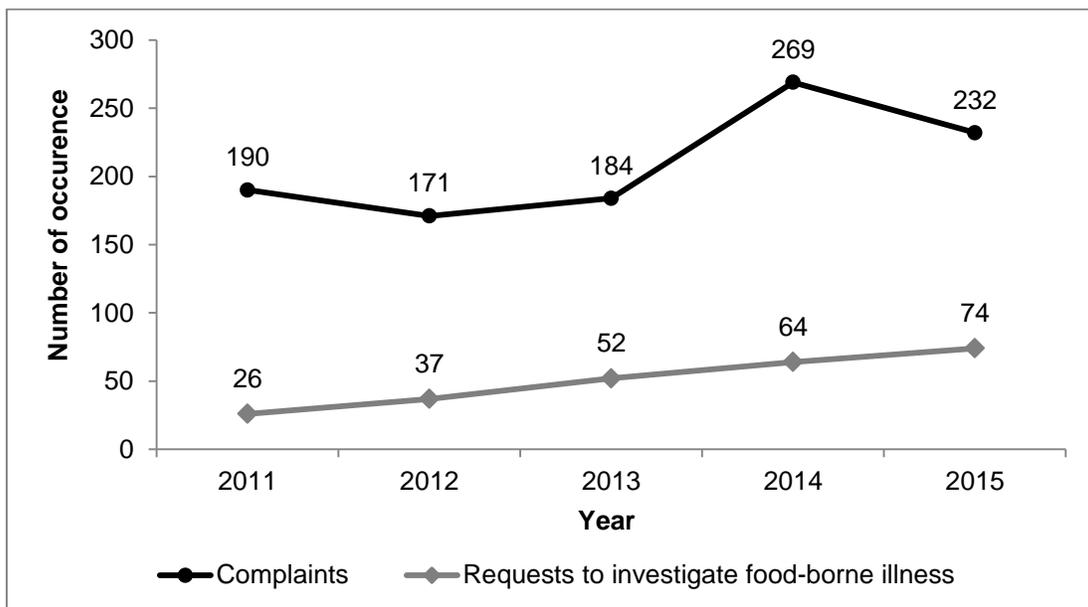


Figure 2: Total number of complaints and requests to investigate suspected food-borne illness received and completed by the Health Protection and Investigation division between 2011 and 2015. Overall, the number of complaints and requests to investigate food-borne illness reflect a gradually increasing trend between 2011 and 2015.

Requests Regarding Special Events

Food vendors at special events held in Waterloo Region are required to submit an application to Public Health. The applications are reviewed and assessed by a Public Health Inspector who will also provide food safety information to the vendor. An inspection is generally required if:

- it is a public event,
- the majority of food for sale is potentially hazardous, and
- a significant number (e.g. >1,000) of people are expected to attend the event.

In 2015, Public Health received applications for 547 special events and conducted 456 vendor inspections at 40 events.

Food Recalls

Public Health also responds to food recalls by providing assistance to partner agencies, i.e. Canadian Food Inspection Agency (CFIA), to ensure food products identified as unsafe or unfit for consumption are removed from sale or distribution. Generally, the Canadian Food Inspection Agency triggers a food recall and engages local public health units in response. This process demands a significant amount of staff resources as Public Health Inspectors are required to contact premises one at a time to identify and ensure the removal of recalled products. The number of recalls where Public Health action was required, per year, has fluctuated between one and five in the past five years. In 2015, Public Health responded to one such recall involving commercially packaged apple slices.

Food Handler and Consumer Education

Public Health ensures that food safety training is available to all food handlers in Waterloo Region. Public Health oversees the Food Safety Training Certification program delivered by Conestoga College Institute of Technology. In 2015, 1,539 food handlers became certified through this partnership. Further, Public Health Inspectors educate food premise owners and operators about food safety during their inspection visits. Public Health also publishes and distributes two newsletters for food premise operators: 'The Front Burner' and 'At the Market', focused toward farmers market food vendors.

Public Health provides food safety information to the public through media releases, social media, and the Public Health website. In 2015, the activities of the Food Safety Program were featured in the media on 6 occasions, including radio, newspaper and television. In addition, Public Health manages the **Check it! We inspect it.** online disclosure program where the public can view food premise inspection results. It is regularly updated and easily accessible via internet or mobile devices. In 2015, there were 18,794 sessions on the Check it! We Inspect it! website, and each session lasted approximately 4 minutes.

Ontario Public Health Standards:

This report outlines Region of Waterloo Public Health and Emergency Service's compliance with the Food Safety Standard and associated protocols of the Ontario Public Health Standards, and provides information that supports ongoing education for Board of Health members, to help them remain abreast of relevant trends and emerging public health issues.

Corporate Strategic Plan:

Focus Area 4: Healthy, Safe and Inclusive Communities

Focus Area 5: Responsive and Engaging Government Services**Financial Implications:**

Food premises enforcement activities are completed by Public Health Inspectors funded within the Department's existing base budget for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy. In addition, the province provides an allocation of \$59,100 in 100% base funding for enhanced food safety initiatives locally; this enables a larger number of inspections and re-inspections of permanent, seasonal or temporary food premises than would be accomplished within the cost shared base budget.

Other Department Consultations/Concurrence:

Nil

Attachments

Appendix: Table 1 presents the summary of activities we carried out in 2015 related to food safety.

Prepared By: **Bhairavi Sivaramalingam**, Public Health Planner, Health Protection and Investigation Division

Aldo Franco, Manager, Food Safety Recreational Water, and Small Drinking Water Systems

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

Appendix

Table 1 presents the summary of activities we carried out in 2015 related to food safety.

Activities	Performance Indicator	2015 Summary
Inspections	<ul style="list-style-type: none"> • Completion rate (actual/required) at high, medium, low risk food premises 	100% inspection completion rate at high, medium, low risk food premises
	<ul style="list-style-type: none"> • Number of inspections and re-inspections carried out at high, medium, low risk food premises 	5,512 inspections 740 re-inspections 373 demand inspections 125 initial assessments (pre-operational)
Education	<ul style="list-style-type: none"> • Number of Food Handler Certifications issued 	1,539
	<ul style="list-style-type: none"> • Number of visits to <i>Check it! We inspect it.</i> website and average time spent on the website 	18,794 sessions 4 minutes per session
	<ul style="list-style-type: none"> • Number of media broadcasts 	6 times (newspaper, TV, and radio)
Response to number of complaints, recalls, and outbreak investigations	<ul style="list-style-type: none"> • Number of consumer complaints 	232 consumer complaints
	<ul style="list-style-type: none"> • Number of special events where inspections were carried out 	40 special events, including 456 vendor inspections
	<ul style="list-style-type: none"> • Number of recalls 	1 recall



Report: CSD-HOU-16-03

Region of Waterloo
Community Services
Housing Services

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

Date: May 3, 2016

File Code: D26-01

Subject: Social Housing Electricity Efficiency Program (SHEEP)

Recommendation:

That the Regional Municipality of Waterloo approve the following actions with regard to the Social Housing Electricity Efficiency Program (SHEEP), as outlined in report CSD-HOU-16-03, dated May 3, 2016:

- a) Authorize the Director, Housing Services, to execute and deliver all documentation required by the Province of Ontario and the Region of Waterloo for the purpose of implementing SHEEP;
- b) Authorize the Commissioner, Community Services, to execute such agreements and documentation in a form satisfactory to the Regional Solicitor, as may be required to advance funding for this program; and,
- c) That the 2016 Operating Budget for Housing Services be increased by \$634,470 gross and \$0 net Regional levy as outlined in report CSD-HOU-16-03 dated May 3, 2016.

Report:

1.0 SHEEP Funding:

On November 26, 2015 as part of the Climate Change Strategy, the Province announced the establishment of a Green Investment Fund (GIF) in 2015-16, "as a down payment of \$325 million that will be targeted at reducing greenhouse gas emissions while strengthening the economy. Through this initial investment, the fund will support energy retrofits in homes (including affordable housing), energy-efficiency investments in small and medium sized businesses and industry, support for Aboriginal communities

and new investments in electric vehicle infrastructure."

On February 12, 2016, the Ministry of Municipal Affairs and Housing (MMAH) announced an investment of \$92 million from the GIF into community housing retrofits to take advantage of the economic opportunities as noted above. The province is investing \$82 million toward energy retrofits for high-rise social housing towers of 150 units or more. Waterloo Region does not have any buildings that qualify for this portion of the funding. The province will also invest a further \$10 million to help improve electricity efficiency in approximately 1,300 single dwellings in community housing. This portion of the funding is the Social Housing Electricity Efficiency Program (SHEEP).

The SHEEP funding of \$10 million is available to selected Service Managers, Consolidated Municipal Service Managers and District Social Services Administration Boards) and Ontario Aboriginal Housing Services (OAHS) who own and/or administer community housing single dwellings. Built at a time when less attention was paid to energy efficiency, these houses typically incur a high electricity use and account for a proportion of greenhouse gases emitted by the residential sector. Program funds are intended to cover 100% of Region approved eligible work (i.e. updating or replacing electric heating systems, installing high efficiency energy saving appliances, updating or replacing electric hot water tanks, upgrading to LED lighting, increasing insulation and installing more efficient windows). Selected Service Managers will use their established program delivery framework to hold their own competitive process to identify housing providers that will be funded for retrofits.

While meeting the goals of the GIF, the SHEEP funding also presents an opportunity to leverage funding from senior levels of government to enhance the capital components of the aging infrastructure and reduce expenses of residents.

The Region is well positioned to partner in SHEEP funding to advance the goal of the Green Investment Fund (GIF) to improve energy efficiency and reduce greenhouse gas emissions. The Region has current building condition audits (BCAs) and energy audits (EAs), internal capacity to deliver the program, relationships with local energy sector partners, and experience in effective delivery of this program model. The Region will meet MMAH procurement expectations and will effectively monitor progress and ensure data collection.

2.0 Business Case to MMAH to request funding:

Service Managers and OAHS were invited to respond to a Request for Expression of Interest by submitting a business case to MMAH by Friday, March 11, 2016. Staff from Housing Services and Corporate Services (Corporate Energy) collaborated to complete and submit a Business Case to MMAH and request for SHEEP funding, subject to approval of Regional Council.

Four local housing providers (with 123 households) appear to be eligible based on the criteria established by MMAH, which include: must be Housing Services Act, 2011 provider, type of units limited to single family, duplex or row townhouse, unit is entirely or substantially heated with electricity and the tenants are directly paying for the electricity costs. None of the properties owned by the Regional Municipality of Waterloo (Waterloo Region Housing – WRH) or Region of Waterloo Community Housing Inc. (ROWCHI) meet the criteria.

Using the recently completed BCAs and EAs on all community housing, including these four properties, these audits identified the SHEEP eligible retrofits/upgrades, capital cost estimates and energy savings which were included in the business case submission to MMAH.

The Region of Waterloo business case requested \$1,652,000 for eligible community housing retrofits in Waterloo Region. The proposed retrofits/upgrades are expected to reduce greenhouse gas emissions by 62.5 tonnes CO₂e/year and are expected to save tenants between \$600 to \$1,100 on their annual electricity costs.

3.0 Next steps:

Business cases were evaluated by MMAH based on how well submissions met the program parameters and the proposed goal of the program to maximize electric energy efficiencies, the available funding (\$10 million) and the total funds requested by all Service Managers.

On March 30, 2016 the Region received verification of a funding allocation of \$634,470 (Attachment 1). This amount is less than the amount requested in the business case (\$1,652,000). The MMAH SHEEP guidelines and implementation require a competitive process to allocate the funding in accordance with the Region procurement By-Law and to ensure the most effective capital work is completed. Staff will undertake a competitive process (expression of interest) to identify eligible projects, scope of work and housing providers to be funded through SHEEP and the projects that are best aligned with the goals of the GIF to quickly realize electrical energy efficiency and financial paybacks. This process meets the requirements of the Province.

Providers selected may choose to add associated capital projects, beyond those approved for SHEEP funding, to enhance energy efficiency and to complement the SHEEP work. This additional work may be funded through the provider's capital reserve fund, or the provider may request a loan from the Housing Reserve Fund which would be subject to Council approval.

The Region of Waterloo must enter into a Transfer Payment Agreement with MMAH, which will include, among other things, the terms for funding and monitoring, program implementation and reporting requirements, by June 15, 2016. All retrofit activities must

be completed by March 31, 2017.

Corporate Strategic Plan:

Implementing the SHEEP funding will assist in achieving the Region's 2015-2018 Corporate Strategic Plan Focus Area 3: Environment and Sustainable Growth and Strategic Objective 3:3 (to) enhance efforts to improve air quality and Focus Area 5 Responsive and Engaging Government Services and Strategic Objective 5.4: (to) ensure regional programs and services are efficient, effective and provide value for money.

Financial Implications:

The Provincial allocation for Waterloo Region totals \$634,470 for retrofits/upgrades for community housing retrofits. These funds are 100% funded by the Province and do not require matching funding from the Region. The approved funding will be provided to four eligible local housing providers, and impact up to 123 households in community housing.

The Region is eligible to use up to 10% of its allocation (\$63,447) to offset the administrative costs related to the management of the program. In order to maximize the SHEEP funding available to the community the Region will not avail itself of the administrative funding available.

Other Department Consultations/Concurrence:

Staff from Corporate Services, Facilities Management and Fleet Services and Treasury Services were consulted in the preparation of this report and the business case submitted to MMAH.

Attachments

Attachment 1: Ministry of Municipal Affairs and Housing - Funding Allocation letter

Prepared By: Jennifer Murdoch-Martin, Manager, Housing Programs

Deb Schlichter, Director, Housing Services

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

Attachment 1: Ministry of Municipal Affairs and Housing - Funding Allocation letter

Ministry of
Municipal Affairs
and Housing

Assistant Deputy Minister's Office

Housing Division
777 Bay St 14th Flr
Toronto ON M5G 2E5
Telephone: (416) 585-6738
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Ministère des
Affaires municipales
et du Logement

Bureau du sous-ministre adjoint

Division du Logement
777, rue Bay 14^e étage
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March 30, 2016

Mr. Michael Murray
Chief Administrative Officer
Regional Municipality of Waterloo
150 Frederick Street
Kitchener ON N2G 4J3

Dear Mr. Murray:

Re: Social Housing Electricity Efficiency Program – Funding Allocation

I am pleased to announce that you have been selected to receive a funding allocation of \$634,470 under the 2015-16 provincial Social Housing Electricity Efficiency Program (SHEEP). This program will fund eligible retrofits that will assist social housing providers increase energy efficiency in social housing single-family dwellings.

This funding allocation reflects the substantial level of requests we received under the program. Please note that due to the limited availability of funds, allocations are being given under one of the two ministry programs (SHEEP or Social Housing Apartment Retrofit Program (SHARP)), but not both.

I would ask that you do not discuss your SHEEP allocation publically until the Province very shortly makes an announcement in your Service Area.

Before receiving the funding, the Region of Waterloo and the province shall enter into a Transfer Payment Agreement before June 15, 2016, with conditions for the SHEEP funding deemed acceptable to the Ministry.

A draft copy of the Transfer Payment Agreement will be forwarded to you in April, 2016 for your review. Thank you once again for your interest and participation in this program.

Sincerely,

Janet Hope
Assistant Deputy Minister - Housing

c: Deb Schlichter, Housing Director



Report: CSD-EIS-16-09

Region of Waterloo
Community Services Department
Employment and Income Support

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

Date: May 3, 2016

File Code: A02-20

Subject: Social Development Programs Review

Recommendation:

That the Regional Municipality of Waterloo undertake the following actions with respect to the Social Development Program as outlined in report CSD-EIS-16-09 dated May 3, 2016:

- a) Conduct a Request for Proposal (RFP) process to determine a lead agency to administer community outreach programs throughout the Region of Waterloo;
- b) Enter into an agreement with the Food Bank of Waterloo Region effective January 1, 2017 to act as a lead agency to provide a range of food hamper and food security services throughout Waterloo Region;
- c) Enter into contracts effective January 1, 2017 with Carizon Family and Community Services, Family Counselling Centre of Cambridge and North Dumfries, Interfaith Community Counselling Centre, Kitchener-Waterloo Counselling Services Inc., Shalom Counselling Services Inc. and Woolwich Counselling Centre for the ongoing provision of counselling services; and
- d) That, effective January 1, 2017, the allocation of funds to agencies within the Social Development Program be delegated to the Commissioner of Community Services.

Summary:

Nil.

Report:**1.0 Background**

As part of the Corporate Organization Review in 2014, the Social Development Programs were moved to the Employment and Income Support Division of the Community Services Department. In the summer of 2015, Community Services undertook a review of the Social Development Program grants; a \$2.7M envelope of funding that supports the Community Outreach Program, Emergency Food Hamper Program and the Counselling Collaborative in addition to some smaller initiatives.

The Social Development Programs (SDP) were established more than 15 years ago to fund programs intended to alleviate the negative impacts of poverty experienced by individuals and families living in low income.

Twenty-three organizations receive a total of \$2,694,288 social development funding to support individuals and families living with low income.

2.0 Social Development Program Review and Methodology

The Social Development Programs were reviewed by Region staff in 2015. The goals of the review were to determine:

- the best fit for SDP programs within Community Services department;
- what role Community Services department should have in relation to the agencies delivering these programs, both administratively and with respect to capacity-building; and
- What structure of service delivery will provide the most efficient and effective services to individuals and families living in low income.

The review included 28 key informant interviews, site visits, a review of existing contracts and budgets, historical information (i.e. reports and memos) and the current existing data collected for each program.

3.0 Overview of Key Findings and Recommendations

Outlined below are the key findings and recommendations for each of the 3 primary program areas within the Social Development Programs funding envelope. For each of these program areas the key findings, initial recommendations, community engagement process and final recommendations are outlined. While the program review initially focused on each of the six funding streams as discrete it became clear throughout the course of the review that there were opportunities to realign funding in order to provide a more efficient and effective approach to program delivery. This realignment is described in the section to which it pertains. Additionally, there were a number of key

principles that were used to facilitate development of the recommendations such as the need for programs to be available region wide and that a decrease in administrative costs be sought but not at the expense of service delivery.

Appendix A provides detailed financial information about the implications of the proposed recommendations on budgets and agencies from 2016 to 2018.

4.0 Implications of Purchasing By-law

In connection with the Social Development Program review, staff also considered the current procurement method of the Social Development Program. This Program is currently structured as a grant program, although in essence it entails the procurement of certain goods and services by the Region through the payment of these grants to agencies for delivery of these goods and services to clients. In this regard, it is noted that the Purchasing By-law contains the following exemption from the requirements – including competitive procurement – of that By-law in respect of the goods and services that are the subject of this Report:

“Services for the purpose of providing identified supports to vulnerable or at risk populations through public health or social service programs.”

The above-noted exemption is included in the Purchasing By-law in recognition of the special circumstances frequently associated with the acquisition of goods and services to best serve vulnerable or at risk populations in the community. As part of the Review, staff evaluated the specific circumstances of each of the programs of the Social Development Program in order to consider whether, despite the exemption in the Purchasing By-law, a competitive procurement process in respect of any of the Social Development Programs might yield the best value in respect of the Region's expenditure.

Based on the staff evaluation of the specific circumstances of each program three different approaches to procurement are being recommended. An RFP process has been recommended for the Community Outreach Program because this process will allow for the 14 existing agencies and any other interested parties to compete to deliver the services. Should Council support the recommendation of a single lead agency accountability will be determined by the RFP and the terms of the contract pursuant to the RFP process. While the RFP has not been developed there have been some initial considerations developed through feedback provided by the existing agencies through the joint submission and by Region staff. Please see Appendix B for a list of these preliminary considerations.

It is recommended that the process of contracting with the Counselling Collaborative agencies remain unchanged as these agencies already deliver a specialized service in defined geographic areas that provide for region wide access to the service.

With respect to the Emergency Food Hamper programs it is recommended that the Region enter into negotiations to contract with a single lead agency to provide a range of food hamper and food security services throughout Waterloo Region as it is unlikely that there are other agencies that are positioned to provide region wide services and would bid on this contract. In recognition of the longstanding nature of the relationship between the Region and the funded food hamper agencies and given that it was the recommendation of these agencies that the Food Bank of Waterloo Region be the lead agency the Region is supportive of following their recommendation.

5.0 Community Outreach Program

The Community Outreach Program is a community wide program created to reduce and/or prevent the depth of child poverty in the Waterloo Region. The Region funds and administers the Program which is delivered in partnership with 14 community agencies that employ Family Outreach Workers in 32 neighbourhoods and communities of interest. The Program supports children and their families by providing support to navigate various systems and access to basic needs such as food, clothing, shelter, transportation, employment/education and recreation.

For the Community Outreach Program there were a number of key strengths of the program identified:

- It is one of a few sources of funding that can be considered "upstream" and it works to strengthen families and avoid having them access more complex and expensive parts of the service system.
- There is a great benefit to having Family Outreach Workers located in neighbourhoods as they connect with families who might not otherwise access the system.
- The Family Outreach Workers act as system navigators and fill a gap that currently exists in the system.

While the Community Outreach Program was seen to benefit children and families, there were a number of issues identified related to the administrative structure that created challenges. Having 14 separate agencies with 14 separate agreements deliver the program meant that it was administratively inefficient. Additionally, it created confusion about the Region's role in this program, particularly in relationship to the direct service staff in the program (Family Outreach Workers). This 14 agency structure also meant that service delivery was inconsistent and variable. For these reasons, it was recommended that in order to provide the most effective and efficient service delivery that the program administration be shifted to a region wide one agency model.

Region staff met with the 14 funded agencies in November 2015 to provide them with the findings from the program review and the proposed recommendations. These

agencies were invited to provide feedback to Region staff about the proposed recommendations. A joint submission that was supported by all 14 agencies was received by the Region on February 12, 2016. This submission recommended that a two lead agency model be considered whereby one agency would be selected for Cambridge and North Dumfries and one lead agency for Kitchener, Waterloo, Wellesley, Wilmot and Woolwich. The rationale for the recommendation of the two lead agency model was “to address the unique characteristics of various communities”. While there was stated consensus in the joint submission from the sponsoring agencies for a two agency model the survey data provided in this submission stated that “46% of sites believe that unique characteristics of the program will be lost with a single lead agency”. There were 8 further recommendations that spoke to the process required to ensure a smooth transition to the new program structure.

Following consideration of the submission from the community agencies Region staff is recommending that the original recommendation of one lead agency model be approved by Council. As noted in the findings presented to the agencies, the neighbourhood based nature of the program is seen as critical and it is the expectation that this element of the program would continue unchanged with one lead agency being responsible for ensuring that Family Outreach Workers be allocated in the neighbourhoods that most require this support. Under the current model there is little flexibility to change staff assignments and a single lead agency model provides the greatest flexibility to meet the changing needs of communities. A single lead agency model will allow for regular environmental assessment to determine whether resources need to be shifted within the seven municipalities based on identified need. The expectation of the selected lead agency is that they will address all areas of Waterloo Region and distribute resources equitably. A single lead agency model has worked successfully in other initiatives to address the unique needs of each community, for example, the Special Needs Resourcing Partnership. Additionally, the Community Outreach Program currently has some agencies who have a number of Family Outreach Workers placed in various sites and there is no concern that these agencies are not meeting the unique needs of the communities that they are serving. The establishment of a two agency model carries with it the same risks and complexity that exist within the current 14 agency model in that there is still potential for inconsistency and variability in staff hiring, support, training, supervision and compensation. Additionally, a two agency model will create difficulties in determining the fiscal allocation and will not allow the administrative funding for the program to be utilized as effectively as possible. A single lead agency model allows for the most streamlined administration and, most importantly, creates the consistency and flexibility that will allow for the unique needs of each neighbourhood to be met in a strategic and timely manner. The eight supplementary recommendations that were provided by the community agencies are seen as feasible and will help to inform the process that the Region uses to facilitate the transition from the current model of administration to the

lead agency model.

6.0 Counselling Collaborative Program

The Counselling Collaborative Program is a partnership between the Region of Waterloo and seven local counselling agencies. It was developed to ensure that individuals in receipt of Ontario Works or Ontario Disability Support Program benefits receive counselling services in an agency of their choice. Recipients of Ontario Works or Ontario Disability Support Program benefits are eligible for up to eight counselling sessions and include such modalities as individuals, group, couple, and family counselling supports. Counselling services allow individuals the opportunity to maximize the well-being and assist many to engage in the workforce.

There were a number of strengths identified with respect to the Counselling Collaborative Program. The agencies who comprise the Counselling Collaborative work closely together to provide evidence-based services. This means that individuals who receive Ontario Works or Ontario Disability Support Program benefits have access to counselling at a location of their choice across Waterloo Region.

The primary concern that was highlighted through the review was that the program is cost-shared between the Region and the agencies and, apart from periodic cost of living allowance increases, there has not been a change in the Regional amount of funding per unit of counselling (\$44.66) since the program began six years ago. As well, it was unclear how or why the service delivery targets were set and they have not changed over the last number of years. Additionally one organization, Lutherwood, has been challenged to meet its service targets on an ongoing basis.

Through the course of the review it became apparent that there are a number of streams of funding that are focused on providing counselling supports for individuals and families living in low income. As part of the Community Outreach Program, \$45,000 annually has been used to provide On-Site Counselling. This counselling was not available to all residents of Waterloo region and was not governed by any formal agreements. Additionally, in 2011 parenting programs were removed from the list of eligible counselling services and a separate envelope of funding was created for the provision of parenting programs for Ontario Works and Ontario Disability Support Program recipients. Only one agency has ever applied for this funding and it is unclear how widely publicized the availability of this funding has been.

As a result of these findings Region staff proposed that the On-Site Counselling funding and Parenting Program funding amounts be consolidated into the Counselling Collaborative Program so that the counselling needs of families, whether at agency locations or on-site, could be delivered across Waterloo Region. Further, it was proposed that Lutherwood not continue to receive funding and that the service delivery targets attached to the program be reviewed. This realignment would allow for the

amount of Regional funding to be increased to more accurately reflect an equitable sharing of costs of the service.

Region staff met with the seven funded agencies in January 2016 to present the key findings and recommendations. Agencies were invited to provide feedback regarding the recommendations and the agencies provided a joint submission on January 31, 2016 that was supported by all seven agencies. This submission supported the realignment of the On-Site Counselling dollars and that Lutherwood would no longer receive funding as part of the Counselling Collaborative. Additionally, they proposed a new rate of \$50.98 per unit of service that reflected 50% of the average cost of service across all the agencies. They also provided a detailed transition plan for 2016 – 2017 that would allow for the transition of the funding and service delivery targets to ensure that the needs of all residents and agencies were met. The joint submission did not include parenting programs in its scope of recommendations. A separate report was received from K-W Counselling with regard to the parenting program in which they provided a detailed overview of the programs that are currently offered and a request that the funding not be discontinued. A further request was received from Interfaith Counselling Centre, who has been one of two agencies who provide On-Site Counselling that their On-Site Counselling funding be maintained in 2017 in order to allow them time to transition in their planning and service delivery.

Region staff has accepted and incorporated all of the suggestions in the proposal received from the Counselling Collaborative agencies which include that:

- Lutherwood will step out of the program in 2017 and these funds (\$44,153) will be redirected into the program to increase the funding to a new hourly rate (\$50.98). Half of Lutherwood's service targets and the associated funding will go to the remaining Cambridge agency (Family Counselling Centre of Cambridge and North Dumfries) to help meet the needs for counselling in Cambridge.
- Funds for on-site counselling (\$45,000 currently located in the Community Outreach Program Basic Needs Fund budget line) be moved to the Counselling Collaborative to fund the hourly rate increase described above. This consolidates all Social Development Program counselling funding into one program.
- In 2017 the Counselling Collaborative Program and Region monitor program targets and review the impacts of the changes.

With respect to the parenting program funding, in recognition of the fact that funding has been consistent for a number of years and KW Counselling Services is developing a new model for parenting education, the Region will provide 100% funding in 2017 (\$15,225) as new funds are sought from Ontario Early Years funding. No funding would be provided from the Region in 2018. Funds would be moved into the Counselling Collaborative Program.

The Region will also provide the Interfaith Counselling Centre \$5,000 in 2017 in order to support their transition.

7.0 Emergency Food Hamper Program

The Emergency Food Hamper Program funds six agencies to distribute emergency food hampers to residents of Waterloo Region. Funds are allocated to a maximum of \$700,000 for 2016.

It became clear through the review of the Emergency Food Hamper Program that emergency food hampers cannot be considered separately from Waterloo Region's Food Assistance Network. The Food Assistance Network consists of more than 100 community agencies and is a large, interconnected and complex system in which Region funding for food hampers is just one component aimed at increasing food security. Best practices have been developed by the member agencies of the Food Assistance Network and these are built into the contracts that the Region has with each agency however it is unclear who is ultimately responsible for ensuring that agencies are adhering to these best practices. Additionally, the Food Assistance Network has recently launched a data collection system that will allow the Network to collect consistent data from the majority of agencies who deliver basic food assistance services and will allow the Food Assistance Network to use this in its strategic planning and reporting on service delivery. Given the existence of the Food Assistance Network, the Region is not necessarily well positioned to provide strategic oversight and monitoring to the food hamper program in isolation from the rest of the system of food security supports.

Additionally, through the process of the review, it was recognized that there is another envelope of funding called Peer Counselling that is used to increase food security. Two agencies currently receive this funding; The Working Centre (\$15,156) and The Cambridge Self Help Food Bank (\$4,827).

In January 2016, Region staff met to present the key findings and recommendations with the six agencies funded to provide emergency food hampers and included the Working Centre as a recipient of peer counselling funding. Given the complexity of the food security system it seemed presumptuous to make recommendations about emergency food hampers and instead the seven agencies were asked to meet to consider how best to utilize the \$719,000 of food security funding in a way that would support the larger food security system to be as effective and efficient as possible. The group agreed with this recommendation and a meeting was held with these seven agencies in March 2016. The Food Bank of Waterloo Region was also invited in recognition of its key role as a partner in supporting the Food Assistance Network.

At this meeting a discussion was held to determine how best to utilize the emergency

food hamper and peer counselling funding in a purposeful manner to strengthen the system of food security supports to make it as cohesive and accountable as possible. Through this discussion a consensus was reached by the group that the funding be allocated to the Food Assistance Network, through the Food Bank of Waterloo Region, in order to be administered in ways that best support the system. A staff representative will participate on the Region of Waterloo Food Network Committee to provide a regional perspective and assist with funding allocations which will be reflected in the contract for food security services between the Food Bank of Waterloo Region and the Region of Waterloo.

Corporate Strategic Plan:

This report supports the Region's 2015-2018 Corporate Strategic Plan, Focus Area 4: Healthy, Safe and Inclusive Communities, Strategic Objective 4.2 (to) mobilize efforts to reduce poverty and the impacts it has on Waterloo Region residents.

Financial Implications:

Total funding for Social Development Program Grants is \$2,694,288. This report recommends that the total funding for 2017 remain the same but be distributed differently. Details of the distribution are outlined below:

	2016 Budget		2017	2018
Counselling Collaborative	\$ 461,740	*	\$520,214	\$501,898
Basic Needs Fund	476,324		417,850	451,391
Parenting Program	15,225	*	15,225	
Community Outreach Program	1,021,016	*	1,021,016	1,021,016
Peer Counselling	19,983	*	0	0
Food Hampers	700,000	*	719,983	719,983
	<u>\$2,694,288</u>		<u>\$2,694,288</u>	<u>\$2,694,288</u>

* Approved by Regional Council (CSD-EIS-16-03)

In 2016, the Basic Needs Fund includes \$45,000 for Counselling Services. Beginning in 2017, this funding will be allocated to the Counselling Collaborative.

The 2016 budget for Emergency Food Hampers totals \$700,000 and forms part of the Region's Discretionary Benefits Program.

The 2016 budget for the Community Outreach Program, Basic Needs Fund, Counselling Collaborative Program, Peer Counselling Program, and Parenting Program is funded entirely by the Region.

Other Department Consultations/Concurrence:

The Social Development Programs are overseen by the Community Services Department based on a service agreement that sets out the term, funding level, use of funds, reporting requirements and other obligations. Service agreements are prepared with support and endorsement of both Legal and Corporate Services.

Corporate Services, Finance has participated in the development of this report.

Attachments:

Appendix A - Program Budget Implications

Appendix B - Preliminary Considerations for RFP for selection of a Lead Agency to administer the Community Outreach Program

Prepared By: Arran Rowles, Manager Business Supports, Community Services

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

Appendix A – Program Budget Implications

Community Outreach Program

Community Outreach Program	2016	2017 – 2018
Cambridge Family Early Years Centre	\$43,070	One Lead Agency administers \$1,021,016 (Plus the Basic Needs Fund for families of \$417,850 in 2017 and \$451,391 in 2018)
Cambridge Self Help Food Bank Incorporated	82,418	
Carizon Family and Community Services	126,030	
Family Counselling Centre of Cambridge & North Dumfries	54,483	
Greenway Chaplin Community Centre	49,081	
House of Friendship of Kitchener	137,144	
Kinbridge Community Association	87,289	
Kitchener-Waterloo Counselling Services Incorporated	186,462	
Kitchener-Waterloo Multicultural Centre Incorporated	36,198	
Kitchener-Waterloo Young Women's Christian Association (YWCA)	33,763	
Langs Farm Village Association	43,645	
Motivational Learning Groups	20,674	
Our Place Family Resource and Early Years Centre	38,972	
Preston Heights Community Group	43,645	
Wilmot Family Resource Centre Incorporated	38,142	
Total Community Outreach	\$1,021,016	

Counselling Collaborative Program

Counselling Collaborative Program	Units of Service	2016 (10,339 units @ \$44.66)	2017 (9,845 units @ \$50.98/hr)	2018 (9,845 units @ \$50.98/hr)
Carizon Family and Community Services	2953	\$131,881	\$150,544	\$150,544
Family Counselling Centre of Cambridge and North Dumfries	1315 (2016) 1810 (2017-18)	58,728	\$92,274+ \$13,316	\$92,274
Interfaith Community Counselling Centre	322	14,380	\$16,415 +\$5,000	\$16,415
Kitchener-Waterloo Counselling Services Incorporated	3996	178,461	\$203,716	\$203,716
Lutherwood	989	44,169	0	0
Shalom Counselling Services Incorporated	454	20,276	\$23,145	\$23,145
Woolwich Counselling Centre	310	13,845	\$15,804	\$15,804
Total Counselling Collaborative	10,339	\$461,740	\$520,214	\$501,898

Parenting Program	2016	2017	2018
Kitchener-Waterloo Counselling Services Incorporated	\$15,225	\$15,225	\$0

Emergency Food Hamper Program

Emergency Food Hamper Program	2016	2017 & 2018
The Governing Council of the Salvation Army in Canada, Cambridge	\$51,470	One Lead Agency administers \$719,983 (includes the former Peer Counselling Program funds)
The Governing Council of the Salvation Army in Canada, Kitchener	25,350	
Woolwich Community Services	10,845	
Cambridge Self-Help Food Bank Inc.	161,035	
House of Friendship of Kitchener	442,200	
Wilmot Family Resource Centre Inc.	9,100	
Total Emergency Food Hamper Program	\$700,000	

Peer Counselling Program	2016	2017 & 2018	Notes
Cambridge Self Help Food Bank Inc.	\$ 4,827	\$0	Agencies may apply to the Emergency Food Hamper Program (Food Security Funds)
K-W Working Centre for the Unemployed	15,156	0	
Total Peer Counselling Program	\$ 19,983	\$0	

Appendix B – Preliminary Considerations for RFP for selection of a Lead Agency to administer the Community Outreach Program

Should Council approve moving to a single lead agency model for the administration of the Community Outreach Program the following is a preliminary list of considerations that will guide the development of the RFP.

1. One lead agency will be selected to receive the allocated amount for delivery of the community outreach program (\$1,021,016) in addition to the allocated amount for the Basic Needs Fund for families (\$417,850 in 2017 and \$451,391 in 2018).
2. The lead agency will be responsible for hiring all of the staff for the program and placing them in neighbourhoods according to the results of the environmental assessment and considering the need to equitably distribute resources region-wide.
3. The lead agency will be held accountable by the Region for the administration of the program, including the equitable distribution of resources and reporting of outcomes.
4. The criteria for the lead agency selection process will include an expectation that organizations understand and respond to the needs of diverse communities; that the organization possess knowledge of the breadth of needs and community resources across the Region; that the organization is able to plan and implement a broad range of services; and most importantly that the organization clearly demonstrates they have the capacity to take on this leadership role.
5. That the lead agency undertake an environmental assessment within their first year to examine the current model of service delivery (e.g., if current sites still have a demonstrated need for a Family Outreach Worker; if enhancements to existing sites is needed and/or if new sites are required to more effectively serve the Region).
6. That the lead agency develop and implement a clear evaluation framework over the next two year period. The evaluation framework should be complete with measures of the impact of the program complete with performance indicators that all sites would be required to meet.
7. That an advisory group should be established to assist the lead agency with the transition process during the first year and that furthermore an ongoing advisory committee structure is considered to oversee the Community Outreach Program. This advisory group would include Regional staff.

Council Enquires and Requests for Information				
Community Services Committee				
Meeting date	Requestor	Request	Assigned Department	Anticipated Response Date
Feb 2/2016	CS Committee	That staff review options and previous resolutions in relation to a basic income guarantee and report back to the Committee	Community Services	May/June 2016