



Media Release: Friday, October 28, 2016, 4:30 p.m.

Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, November 1, 2016

9:00 a.m.

Regional Council Chamber

150 Frederick Street, Kitchener, Ontario

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- 1. Declarations of Pecuniary Interest under the Municipal Conflict of Interest Act**
 - 2. 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.

- 3. Request to Remove Items from Consent Agenda**
- 4. Motion to Approve Items or Receive for Information**
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 - 4.2 [PHE-IDS-16-08](#), Influenza - Previous Season Summary and 2016-2017 Plan (Information) 12**
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| 4.5 | CSD-HOU-16-16 , Community Homelessness Prevention Initiative Funding Increase (Information) | 30 |
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| 5.2 | CSD-HOU-16-15 , 2015/16 Housing Stability Data Summary Report (Information) (Staff Presentation) | 54 |
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| 6.1 | Council Enquiries and Requests for Information Tracking List - No items pending | |
| 7. | Other Business | |
| 8. | Next Meeting – November 22, 2016 | |
| 9. | Adjourn | |



Report: PHE-IDS-16-06

Region of Waterloo
Public Health and Emergency Services
Infectious Diseases, Dental and Sexual Health

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: November 1, 2016 **File Code:** P25-80
Subject: Parent-Child Sexual Health Communication in Waterloo Region: A Situational Assessment

Recommendation:

For information

Summary:

Parents and guardians are the primary educators of their children and play an essential role in communicating values related to sexual health education. Family connectedness and communication within families can influence the sexual health behaviours of children and youth. Research supports that parents are interested in improving their parent¹-child sexual health communication, but need support in doing so.

In 2014, Region of Waterloo Public Health and Emergency Services established a project team consisting of staff from Public Health and SHORE (Sexual Health Options Resources and Education) Centre, with support from the Waterloo Catholic District School Board and Waterloo Region District School Board, to conduct a situational assessment to determine the sexual health support needs of parents in Waterloo Region. Another goal of the assessment was to determine which strategies are effective at increasing parents' and guardians' awareness, knowledge, skills, and confidence for talking with their children about sexual health. The project is an activity of the Waterloo Region Sexual Health Youth Strategy (refer to Report PH-12-027 and PHE-IDS-16-01).

The situational assessment included a literature review, an environmental scan of local

¹ The term parents is used throughout the report to refer to parents, guardians, grandparents, or others who care for children up to 18 years of age.

programs and services and comparator health regions, and an online survey completed by 917 parents in Waterloo Region.

This report highlights key findings from the situational assessment and presents recommendations to increase Waterloo Region parents' awareness, knowledge, skills and confidence for talking with their children about sexual health.

Next steps, including how Public Health will continue to support parents to discuss sexual health with their children, and plans to implement the recommendations are also presented.

Report:

Background

The Waterloo Region Sexual Health Youth Strategy is a collaborative project between Region of Waterloo Public Health and Emergency Services and several community partners including the Waterloo Catholic District School Board, Waterloo Region District School Board, AIDS Committee of Cambridge, Kitchener, Waterloo & Area, oneROOF Youth Services, Sexual Assault Support Centre, and SHORE (Sexual Health Options Resources and Education) Centre. The goal of the Strategy is to promote healthy sexuality among youth in Waterloo Region (refer to Report PH-12-027 and PHE-IDS-16-01). The strategy includes three focus areas: access, education, and parents. Within these focus areas, there are seven action areas and several activities to develop and implement (refer to Attachment 1 for a complete list of activities within each focus area).

The strategy recognizes that parents and guardians are the primary educators of their children and play an essential role in communicating values related to sexual health education. Research indicates family connectedness and communication within families can influence the sexual health behaviours of children and youth, and that parents are interested in improving their parent-child sexual health communication, but need support in doing so.

Action Area 7 of the strategy focuses on "increasing parents' and guardians' knowledge, skills and confidence for talking with their children about sexual health". There are three activities within this Action Area. This report relates to activity 7.1: Conduct a situational assessment to determine the sexual health support needs of parents in Waterloo Region and to determine which strategies are effective at increasing parents' and guardians' awareness, knowledge, skills, and confidence for talking with their children about sexual health.

In mid-2014, a project team consisting of staff from Public Health and SHORE Centre was established to conduct the situational assessment to determine parent-child sexual health communication support needs of parents in Waterloo Region. Team members, with support from the Waterloo Catholic District School Board and the Waterloo Region

District School Board, collaborated on the planning and implementation of the assessment, as well as synthesis and interpretation of the findings.

Methodology

The situational assessment aimed to:

- Document existing sexual health supports for parents in Waterloo Region and surrounding areas
- Identify which topics parents discuss (or intend to discuss) with their children
- Identify barriers to discussing sexual health topics with children
- Identify information, program, and/or service needs to support parents in discussions about sexual health with their children

A range of methods were used to gather data, including a literature review, an environmental scan of programs and services offered in Waterloo Region as well as in comparator health regions, and an online survey completed by 917 parents in Waterloo Region on parent-child sexual health communication between February and October 2015.

Key findings

The situational assessment highlighted a number of key findings, including:

- Evidence to suggest that parent-child sexual health communication influences behaviour is mixed. Although parent-child sexual health communication may have some effect on modifying risk-taking behaviour, its effects should not be overestimated.
- Multiple factors influence sexual risk-taking in youth, many of which are not directly related to parenting practices; however, parents remain the primary educators of their children. Parental support, parental monitoring of children's activities and overall quality of parent-child relationships are associated with positive sexual health communication. To achieve maximum possible benefit, any parent-child sexual health communication interventions should be aligned or linked with parenting programs in general.
- The majority of parents (73.5 per cent) who completed the online survey indicated that they have initiated sexual health-related conversations with their children. However, the data suggests that parents do not discuss certain topics, including some that influence behaviour according to the literature (e.g. use of technology, pornography, oral sex) and that these conversations may occur too late in relation to initiation of sexual activity. These local findings are consistent

with the literature.

- A 2010 Public Health study of local secondary school students (that ultimately led to the development of the Sexual Health Youth Strategy; refer to Report PH-10-052), noted that friends/peers are the primary source of sexual health information for youth, with parents being the secondary source for females and the third source for males; the second being the internet. The literature also suggests that youth, particularly males, rely primarily on sources of sexual health information that may not be necessarily useful or educational, including movies, television and pornography. Findings from the situational assessment that parents are not discussing certain topics with their children, and further, that fewer parents are engaging in parent-child sexual health communication with their sons compared to their daughters. This causes youth to look to other, potentially inaccurate, information sources.
- Parents experience barriers to discussing sexual health topics with their children; the most commonly reported by Waterloo Region parents being feeling uncomfortable, lacking confidence, and not knowing how to initiate the conversation.
- Local parents indicate they are interested in receiving support to improve parent-child sexual health communication; however, few programs are currently available in Waterloo Region to meet this need. This is reflected in the survey data indicating that just 8.2 per cent of survey participants report having ever accessed a program or service in Waterloo Region that helps parents discuss sexual health topics with their child. However, a greater proportion of parents (41.1 per cent) reported that they would use such a service suggesting that additional supports, if offered, would be utilized by parents in Waterloo Region.
- Certain populations are likely receiving little to no information about sexual health from their parents and may require targeted or more specific education and communication supports. These include:
 - males
 - LGBTQ youth
 - youth living in rural areas
 - individuals with intellectual disabilities
 - youth from families with strong religious or conservative beliefs, and
 - youth who are immigrants.

Overall, there are opportunities to improve the timing and quality of the conversations parents have with their children, and make them a trusted source of more accurate sexual health information through interventions targeted to parents. The situational

assessment has highlighted that while there is interest among parents in Waterloo Region to discuss human development and sexual health topics with their children, they require supports to remove barriers they experience in doing so. Waterloo Region parents have also indicated that they are willing to access supports that will help them discuss these topics with their children, if such supports are made available.

The extent and reach of existing programs and services to meet this need appears to be limited. Parents in Waterloo Region could benefit from supports that address the barriers to parent-child communication, including practical information on age-appropriate topics to discuss, how to start the conversation and how to address questions as they come up. Strategies to increase parents' awareness of the importance of initiating discussions with their children early and continuing throughout childhood and adolescence also appears to be a current gap in supports currently offered in Waterloo Region.

A copy of the full report can be found at:

http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/Parent_Child_Sexual_Health_Communication.pdf

Recommendations

Based on the findings of the situational assessment, the following strategies are recommended to increase Waterloo Region parents' awareness, knowledge, skills and confidence for in talking with their children about sexual health.

1. Collaborate with existing groups already working with, or providing services to, parents (e.g. Children's Planning Table member organizations, school boards) to leverage connection between parent-child sexual health communication and parenting in general
2. Develop programs and services to increase parent-child communication, with emphasis on human development and sexual health, beginning the conversation early, and continuing discussions throughout childhood and adolescence
 - Address barriers to communication, including feelings of discomfort or lack of confidence, not knowing how to start the conversation, and fear that discussing sexual health will encourage sexual behaviours
 - Develop resources that provide age appropriate sexual health information for parents to use with their children
 - Develop targeted interventions for parents of identified priority populations (e.g. males, LGBTQ)
3. Develop and increase awareness of online resources for parents to access information on discussing human development and sexual health with their children

- Include practical tips or guides (e.g. videos modelling parent-child conversations) on how to start the conversation
 - Include links to existing resources
4. Provide resources and/or training for health care providers to support parents in discussing human development and sexual health with their children
 5. Partner with academia, if appropriate, to develop any interventions and/or evaluations

Next Steps

In the short term, Public Health will continue to support parents to overcome barriers to discussing sexual health with their children through the following activities:

- Answering phone calls received from parents (as currently happens on ext. 2314)
- Promoting the Tots to Teen Resource² which highlights what topics parents should discuss with their children and at what age (currently available on the Public Health website and included as an adapted version in the Parent-Child Resource Guide)

To support parent-child communication through a more comprehensive approach, our partners at SHORE Centre have submitted a grant application to a local foundation to develop, implement and evaluate a two year initiative based on the findings and recommendations of the situational assessment.

Should the application be successful, Public Health will continue to partner with SHORE Centre throughout the development, implementation and evaluation of the initiative. In the event that the application is not successful, Public Health will look to implement the recommendations over time in partnership with community agencies and within existing resources.

Ontario Public Health Standards

This work relates to Ontario Public Health Standards requirements 3, 5, and 6 in the Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV) standard, which require that the board of health:

- Conduct epidemiological analysis of surveillance data, including monitoring trends over time, emerging trends, and priority populations; and

² Available at http://chd.region.waterloo.on.ca/en/healthyLivingHealthProtection/resources/TheTalk_ParentsGuide.pdf

- Use a comprehensive health promotion approach to increase the community capacity regarding the promotion of healthy sexuality, including the prevention of adolescent pregnancies, sexually transmitted infections, and blood-borne infections
- Collaborate with community partners, including school boards, to create supportive environments to promote healthy sexuality and access to sexual health services.

Corporate Strategic Plan:

This report relates to strategic objective 4.4 (Promote and support healthy living and prevent disease and injury) in the Healthy, Safe and Inclusive Communities focus area in the 2015-2018 Strategic Plan.

Financial Implications:

Region of Waterloo Public Health's contributions to the Sexual Health Youth Strategy 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.

Other Department Consultations/Concurrence:

Nil

Attachments

Attachment 1 — Sexual Health Youth Strategy: Focus Areas, Action Items and Activities

Prepared By: **Meghan Randall**, Health Promotion and Research Analyst

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

Attachment 1
Sexual Health Youth Strategy: Focus Areas, Action Items and Activities

Focus Area 1: Access

Action Item 1: Establish or increase youth-centred services in community settings	
Activity	
1.1	Identify opportunities for collaboration, and to streamline existing sexual health services, between all Sexual Health Youth Strategy partners
1.2	Explore opportunities to provide accessible sexual health services to youth in community settings
1.3	Establish youth-friendly, accessible sexual health services in one community setting (i.e. "co-location of services") in Waterloo Region (WR)
1.4	Establish youth-friendly, accessible sexual health services in multiple community settings across WR
1.5	Encourage health practitioners to discuss healthy sexuality with their young clients; provide resources and supports where appropriate
Action Item 2: Enhance youth sexual health services in elementary and secondary schools	
Activity	
2.1	Discuss opportunities to increase the range and type of sexual health services provided in the Waterloo Region District School Board in keeping with the board's curriculum
2.2	Discuss opportunities to increase the range and type of sexual health services provided in the Waterloo Catholic District School Board in keeping with the board's faith perspective
2.3	Increase sexual health services provided in the WRDSB in keeping with the board's curriculum
2.4	Increase sexual health services provided in the WCDSB in keeping with the board's faith perspective
2.5	Discuss opportunities to increase and/or provide sexual health services in private schools in Waterloo Region
Action Item 3: Increase access to sexual health information through technology	
Activity	
3.1	Develop a youth-friendly, interactive website for youth in Waterloo Region

Focus Area 2: Education

Action Item 4: Establish or increase youth-centred services in community settings	
Activity	
4.1	Increase supports for educators and other professionals to deliver sexual health information to secondary school students (e.g. resources, training and consultation)
4.2	Enhance existing sexual health education classes/programs/campaigns/curriculums offered to secondary school aged youth beyond grade 9

Action Item 5: Enhance sexual health education in elementary schools

Activity	
5.1	Advocate that the Ministry of Education expand the health and physical education component of the Ontario curriculum for elementary school students
5.2	Increase supports for educators and other professionals to deliver sexual health information to elementary school students (e.g. resources, training and consultation)
5.3	Implement and evaluate a sexual health education pilot project in one WR elementary school
5.4	Develop and enhance elementary school sexual health programming (resources, education and services) for students.

Action Item 6: Explore options and opportunities for the development of sexual health programs for males

Activity	
6.1	Explore options and opportunities for the development of sexual health programs for males
6.2	Implement sexual health programs for males

Focus Area 3: Parents**Action Item 7: Increase parents' and guardians' knowledge, skills, and confidence for talking with their children about sexual health**

Activity	
7.1	Conduct a situational assessment to determine the sexual health support needs of parents in Waterloo Region and to determine which strategies are effective at increasing parents' and guardians' awareness, knowledge, skills, and confidence for talking with their children about sexual health
7.2	Develop and/or provide tools, resources, and supports for parents and guardians' related to talking about sexual health with their children
7.3	Develop and distribute age and developmentally appropriate guidelines for the provision of sexual health information



Report: PHE-IDS-16-08

Region of Waterloo

Public Health and Emergency Services

Infectious Diseases, Dental and Sexual Health

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

Date: November 1, 2016 **File Code:** P03-20

Subject: **Influenza - Previous Season Summary and 2016-2017 Plan**

Recommendation:

For information.

Summary:

Public Health programs aim to reduce the incidence, spread and complications from influenza illness through:

- implementation of outbreak control measures and recommendations when influenza illness is detected in a long term care facility, retirement home or hospital.
- promotion of annual influenza immunization for all persons six months of age or older; and
- targeted promotion of influenza immunization for health care workers.

2015-2016 Influenza Season

Last year's influenza season was one with a high number of cases but few influenza outbreaks in hospitals, long-term care facilities and retirement homes. During the October 3, 2015 to July 23, 2016 influenza season there were 432 laboratory-confirmed cases of influenza, 102 influenza related hospitalizations and one death where influenza was a direct cause or a contributing factor. There were only 8 influenza outbreaks declared in long term care facilities, retirement homes and hospitals. This level of community activity was high but remains within expectations for a typical influenza season.

The 2015-2016 influenza vaccine was a good match with the most widely circulating strain of influenza this past season (Influenza A – H1N1). There were many vaccine access points for citizens that included;

- 107 pharmacies in Waterloo Region offered influenza immunizations receiving 47 340 doses of vaccine.
- 146 780 doses of flu vaccine were delivered to health care providers throughout the Region of Waterloo
- A total of 736 clients were immunized at eight Family Clinics in Waterloo and Cambridge Public Health offices.
- 646 Syrian Refugees were immunized at the Resettlement Assistance Program (RAP) sites.

Health care worker influenza immunization plays a vital role in minimizing the risk of cross infection to patients and clients. For Region of Waterloo facilities, the average health care worker immunization rates in the 2015-2016 season for:

- Long-Term Care homes decreased slightly to 75.1% from 76.2% in 2014-15 and was slightly above the provincial average of 72.4%.
- Retirement homes increased from 70.9% in 2014-15 to 76.8% this past season. There is no provincial comparator as retirement home immunization data is not collected by the Ministry of Health and Long Term Care.
- Local hospitals decreased from 40.5% in 2014-15 to 37.2% this past season, falling well below the provincial average of 53% for public hospitals.

2016-2017 Influenza Season

This season the community will see an increase of 7.5% in the number of pharmacies providing influenza vaccine, resulting in a total of 116 pharmacies across the region participating in the Universal Influenza Immunization Program. Public Health will:

- Provide Family Flu clinics for families with children under the age of five at both Waterloo and Cambridge offices.
- Provide nursing support to both Wilfred Laurier University and University of Waterloo, to support the immunization of students and staff.
- Partner with Lang's Farm to offer flu clinics at the Community Health Clinic in Ayr to increase access to residents in this part of the region that does not have a pharmacy that offers the flu vaccine.
- Provide flu vaccine to vulnerable street involved residents in partnership with Sanguen Health Centre through their mobile outreach van.
- Offer flu vaccine to all new Syrian refugee families as part of their immunization review when they arrive at our clinics.

- Coordinate the Big Shot Challenge, a local program designed to increase uptake of flu vaccine among staff that work in long-term care and retirement homes through the use of education, worksite immunization and incentives.
- Continue to receive reports of confirmed cases of influenza and work with facilities (e.g. long-term care homes, retirement homes, and local hospitals) to monitor and manage respiratory and influenza outbreaks as part of the routine influenza surveillance and response program.

Report:**Background**

Influenza (commonly known as the flu) is a contagious virus that circulates on a seasonal basis. In Canada, influenza causes annual outbreaks of respiratory illness from October to April. People who get the flu may experience symptoms including fever, headache, chills, muscle aches, physical exhaustion, cough, sore throat and runny or stuffy nose. Most healthy individuals are able to recover from the flu, but certain segments of the population, such as the elderly and those with underlying medical conditions, may experience further complications. In some cases, the flu can be fatal.

Yearly circulation of the influenza virus can account for significant illness within the community. Public Health programs aim to reduce the incidence, spread and complications from influenza illness through:

- implementation of outbreak control measures and recommendations when influenza illness is detected in a long term care facility, retirement home or hospital;
- promotion of annual influenza immunization for all persons six months of age or older; and
- targeted promotion of influenza immunization for health care workers.

2015-2016 Influenza Season Summary

The first influenza cases of the season in Waterloo Region were reported the week of September 27, 2015. Local influenza activity however, did not peak until late in the season during the week of February 21, 2016. Influenza activity remained high through mid-April, with sporadic activity continuing between April and July.

During the period of September 26, 2015 to July 23, 2016, there were 432 laboratory confirmed cases of influenza, 102 influenza-related hospitalizations and 1 death for which flu was the direct cause or a contributing factor. Influenza activity can vary significantly in intensity from season to season. This past season's activity was high but

remained within expectations for a typical influenza season.

Table 1 presents the total number of lab confirmed influenza cases and deaths in Waterloo Region by influenza season in the past six seasons.

Table 1: Total number of lab confirmed influenza cases and deaths, by influenza season, Waterloo Region 2010-2011 to 2015-2016

Influenza Season	Total Number of lab confirmed cases	Number of deaths in lab confirmed cases
2010-2011	274	8
2011-2012	159	4
2012-2013	392	12
2013-2014	315	8
2014-2015	408	11
2015-2016	432	1

*H1N1 influenza pandemic season.

Despite high numbers of influenza cases in the 2015-16 season, there were only a total of 8 influenza outbreaks and 28 additional respiratory outbreaks caused by other circulating viruses (e.g. RSV, coronavirus, rhinovirus) declared in long-term care facilities, retirement homes and hospitals.

The majority (74%) of 2015-2016 cases of influenza in the Region were subtyped as Influenza A. The remaining cases (26%) were caused by Influenza B.

Influenza vaccine effectiveness varies from season to season. In the six months between when the vaccine choices are made and when the vaccine is delivered, the influenza virus continues to change. These changes vary in extent from season to season and, at times, the virus mutates to such an extent that the vaccine does not match the circulating strains of influenza. A small percentage of cases (17% in 2015-2016 across the province) each season are strain-typed to determine compatibility with the season's vaccine. Strain typing indicated a good match with the strains included in the 2015-2016 influenza vaccines.

Although influenza vaccine effectiveness in preventing infection is variable, studies show that even in seasons with a poor match, immunization reduces the number of influenza outbreaks in long-term care facilities and reduces the number of influenza complications and deaths. Immunization remains one of the most effective ways to protect against influenza. As a result of the complex and changing nature of the influenza virus, yearly immunization is recommended to all Canadians six months of

age and older.

Since 2000, the Government of Ontario has implemented the annual Universal Influenza Immunization Program which offers the vaccine free of charge to all persons in Ontario six months of age or older.

Public Health immunized 736 clients at eight Family Flu clinics as well as 646 Syrian Refugees at Resettlement Assistance Program (RAP) sites. In addition Public Health assisted Wilfred Laurier University, the University of Waterloo, Lang's Farm Community Health Center and Out of the Cold clinics to immunize 2882 clients.

During the 2015-2016 season, 107 pharmacies in Waterloo Region offered influenza immunizations. The 2015-2016 season was the fourth season that pharmacies participated in the delivery of the Universal Influenza Immunization Program. Public Health assists pharmacists to qualify to be an influenza vaccine provider by providing education and inspection of required vaccine handling and storage practices. As a result of the significant immunization service provided through pharmacies, Public Health has reduced the number of community immunization clinics over the last 4 years with the 2015-2016 season being the first season where Public Health did not offer large community influenza clinics.

As per provincial policy, pharmacists can only immunize clients 5 years of age and older. Public Health continued to offer Family Flu clinics in the 2015-2016 flu season to ensure seamless access to flu vaccine for families with small children.

Analysis of the distribution of vaccine for the 2015-2016 flu season indicated that 68 per cent of flu vaccine distributed by Public Health was sent to physicians and other health care providers in a variety of settings (e.g. hospitals, community health centers, educational institutions, workplaces), 32 per cent of flu vaccine was distributed to 107 pharmacies, and less than 1 per cent of vaccine received (which represents 1382 persons) was administered in Public Health offices (Syrian Refugee and Family Flu clinics). Overall, Public Health distributed 146,780 doses of flu vaccine to local physicians, pharmacies, walk-in clinics, long-term care and retirement homes, hospitals and workplaces through local nursing agencies. The amount of vaccine distributed in the 2015-2016 season was similar to the previous season.

In addition, Public Health implemented the Inventory Module of a new provincial immunization information system called Panorama in the 2015-2016 flu season. While the Inventory Module of Panorama assisted in streamlining the vaccine ordering and delivery process, the implementation of this new system required additional staffing resources.

Many new products were added to the list of influenza vaccine products for the 2015-2016 season. One of these products included Flumist, a live intranasal vaccine, which

is publicly funded for children 2yrs-17yrs, as an alternative to an injection in the arm.

Healthcare worker influenza immunization plays a vital role in minimizing the risk of cross infection to patients and clients. The Ministry of Health and Long-Term Care requires that public hospitals and long-term care facilities report their health care worker immunization rates to Public Health each influenza season. The average health care worker immunization rate for local long-term care homes in 2015-16 decreased slightly to 75.1% from 76.2% in 2014-15 and was slightly above the provincial average of 72.4%. The average rate in local retirement homes also increased from 70.9% in 2014-15 to 76.8% in 2015-16. Conversely, the average health care worker immunization rate for local hospitals decreased from 40.5% in 2014-15 to 37.2% this past season, falling well below the provincial average of 53% for public hospitals.

Each influenza season, Public Health coordinates the Big Shot Challenge, a local program designed to increase uptake of flu vaccine among staff that work in long-term care and retirement homes through the use of education, worksite immunization and incentives. Research indicates that influenza immunization programs which are multifaceted achieve the highest immunization rates. Recommended components include flexible worksite delivery of vaccine; education; incentives; reminders and the use of a declination statement for staff choosing not to be immunized.

2016-2017 Influenza Program Implementation Plan

The number of pharmacies offering flu vaccination has increased by 400% over the past 5 years from 23 pharmacies in year one to 115 pharmacies this flu season.

For the 2016-2017 flu season, the Ministry of Health and Long Term Care revealed a new vaccine distribution model for pharmacies. The Province will utilize the existing pharmacy distribution centers across the province to facilitate flu vaccine delivery to local pharmacies. Public Health units will remain responsible for the qualification inspection and the continuous monitoring of pharmacies' safe vaccine storage and handling practices.

Each year, the local implementation of the Universal Influenza Immunization Program is evaluated by Region of Waterloo Public Health in an effort to reduce redundancy of service, focus on vaccine safety and efficacy and to enhance customer service and access to flu vaccine in the region.

In the 2016-2017 flu season, Public Health will continue to:

- Partner with Lang's Farm Community Health Centre (Ayr location). The partnership with Lang's Farm proved to be successful in the 2015-2016 flu season. This continued partnership will allow this Centre to administer additional doses of flu vaccine to the residents in this area (Ayr is the only area in Waterloo Region without a pharmacist offering flu vaccine).

- Provide nursing support to both Wilfred Laurier University and The University of Waterloo, thereby increasing their capacity to immunize more students and staff in the university community.
- Add additional staffing resources to help support the use of Panorama in vaccine ordering and delivery to community partners
- Offer Family Flu clinics for families with children under the age of 5. Families with children under 5 may still experience barriers to accessing the flu vaccine as pharmacists cannot immunize children less than 5 years of age. To address these potential barriers these clinics are being specifically provided for young families in both Waterloo and Cambridge.
- Partner with Sanguen Health Centre to offer flu vaccine in their Mobile Van to high risk street involved clients once/week in the month of November. Sanguen Health Centre is a local hepatitis C service provider and the Mobile Van provides harm reduction materials and resources to over 100 high risk street involved clients. Through this partnership Public Health hopes to reach more of the regions vulnerable, high risk populations that have an increased risk of complications and an increase chance of transmitting influenza.
- Offer flu vaccine to all new Syrian refugee families as part of their immunization review when they arrive at our clinics.

Flumist will continue to be offered to children 2yr-17yrs as an alternative to the injection in the arm. Parents still have the option to vaccinate their children using an injection. There is an injection for children and youth aged six months to 17 years that will also protect against the same four flu viruses as the nasal spray.

Region of Waterloo Public Health will continue to provide enhanced health promotion and community awareness regarding the benefits of the influenza vaccine. Recognizing that the immunization of health care workers is a key strategy for protecting the most vulnerable in our community, Region of Waterloo Public Health will continue to focus on the promotion of health care worker influenza immunization. New for the 2016-17 influenza season is the 'Health Care Worker Influenza Immunization Tool Kit', a compilation of local influenza immunization resources, including a Decision Making tool and Declination Statement which can be used by local hospitals, long-term care and retirement homes to increase health care worker immunization. The Tool Kit can be found on the Public Health external website at <http://bit.ly/2dZQwID>.

As part of the routine influenza surveillance and response program, Public Health will continue to receive reports of confirmed cases of influenza and work with facilities (e.g. long-term care homes, retirement homes) to monitor and manage respiratory and influenza outbreaks.

Corporate Strategic Plan:

Healthy, Safe and Inclusive Communities: The Region will work with the community to provide quality services and programs that contribute to a healthy, safe and inclusive community.

Responsive and Engaging Government and Services: Organizational processes, facilities and resources will be reliable, cost efficient and effective, and will strive to provide excellent value to the community.

Ontario Public Health Standards:

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region's Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information related to compliance with the Vaccine Preventable Disease Program and Infectious Diseases Prevention and Control Program requirements of the Standards, and provides information for Board of Health members to help them remain abreast of relevant trends and public health issues.

Financial Implications:

Public Health continues to receive \$5.00 per dose in cost recovery from the province for the direct delivery of influenza vaccine. This fee has remained unchanged since the beginning of the Universal Influenza Immunization Program in 2000. The program strives to provide the required services within the limits of the cost recovery fee of \$5.00 per dose. When expenditures related to the delivery of influenza clinics exceed the revenues generated, they are covered within the remaining cost shared Vaccine Preventable Disease Program or overall cost shared Public Health base budget; 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.

Public Health services that focus on the storage and handling of vaccine represents a significant resource expenditure that qualifies for some one time funding from the province. The amount of one time funding does not cover the cost of delivering the program.

Other Department Consultations/Concurrence:

Nil.

Prepared By: **Kristy Wright**, Manager of Infectious Disease and Tuberculosis Control
Linda Black, Manager of Vaccine Preventable Diseases

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



Report: PHE-HPI-16-08

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

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

Date: November 1, 2016 **File Code:** P10-30

Subject: Quarterly Charged/Closed Food Premises Report

Recommendation:

For information

Summary:

This report is a summary of food premises enforcement activities conducted by Public Health Inspectors, in Public Health, for the third quarter of 2016.

Food premises enforcement activities have been reported to Community Services Committee as per Committee request on a quarterly basis since 2007, in order to enhance transparency and access to information.

The information in this report aligns with what is posted on our online disclosure website of food premises inspection results established in 2004, which was first enhanced in 2007 and further updated in 2014, named “**Check It! We Inspect it**” (checkit.regionofwaterloo.ca)

Food premises inspection results are readily accessible to the public, online, through a Public Health Inspector telephone intake line and either walk-in service in Waterloo (99 Regina Street) or by appointment in Cambridge (150 Main Street) as part of an ongoing commitment to transparency and timely customer service.

Report:

During the third quarter of 2016, there were 20 charges issued to 9 food premises under the Ontario Food Premises Regulation 562, and there were 4 premises ordered to close, under the Health Protection and Promotion Act. (See Table 1: Food Safety Enforcement Activity)

Food premises charges and closures can be viewed on the **Check it! We Inspect it!** Public Health Inspection Reports website, Enforcement Actions Page, for a period of up to 6 months from the date of the charge or closure. Every food premises charged has the right to a trial and every food premises ordered closed under the Health Protection and Promotion Act, has the right to an appeal to the Health Services Appeal and Review Board.

Ontario Public Health Standards:

The goal of the Food Safety program as outlined in the Ontario Public Health Standards is to prevent or reduce the burden of food-borne illness. Conducting routine inspections, complaint investigations, following up on suspect food-borne illnesses, and balancing education and enforcement for operators to achieve compliance with legislative requirements in food premises are among the activities that Public Health administers to reduce the burden of food-borne illness.

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region's Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information related to compliance with the Food Safety Protocol of the Ontario Public Health Standards.

Corporate Strategic Plan:

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

Financial Implications:

Food premises enforcement activities are completed by Public Health Inspectors funded within Region of Waterloo Public Health'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). The province provides an additional 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 budget.

Other Department Consultations/Concurrence:

Nil

Attachments:

Table 1: Food Safety Enforcement Activity

Prepared By: Aldo Franco, Manager Food Safety, Recreational Water, Small Drinking Water Systems, Private Well Water and Waterloo and Area Team

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

Table 1: Food Safety Enforcement Activity

Closures				
	Name Of Establishment	Reason for the Order	Date of Order	Status
1	KFC/Taco Bell 499 Dundas St. N., Cambridge.	Operate in an unsanitary manner adversely affecting food safety.	July 4	Reopened on July 5
2	EL RINCONSITO MEXICANO - MI CASA ES TU CASA 49 Main ST CAMBRIDGE ON N1R 3J3	Failure to provide adequate protection against the entrance of rodents Operate in an unsanitary manner adversely affecting food safety.	July 6	Reopened July 8
3	Pioneer Bar-B-Q 25 Sportsworld Drive Kitchener N2G 3W6	Failure to provide adequate protection against the entrance of rodents Operate in an unsanitary manner adversely affecting food safety.	July 26	No response or request for a re-inspection and premises remains Closed
4	Madchilli 9-465 Phillip St. N., Waterloo	Operate in an unsanitary manner adversely affecting food safety. Failure to provide adequate protection against the entrance of rodents	July 28	No response or request for a re-inspection and premises remains Closed

		Charges		
	Name Of Establishment	Date of Charges	Charge	Total Charge
1	Northern Thai Restaurant 95 Queen Street S. Kitchener	Four Provincial Offence Notices issued for infractions observed on July 13	<ol style="list-style-type: none"> 1. Store hazardous foods at internal temperature between 5C and 60C (\$460) 2. Fail to wash hands before resuming work. (\$300) 3. Fail to clean utensils as often as necessary (\$300) 4. Fail to ensure floor of food handling room kept clean (\$60) 	\$1120
2	Indulge Ice Cream Company 10 Queen Street East Cambridge	Three Provincial Offences Notices issued for infractions observed on July 13	<ol style="list-style-type: none"> 1. Fail to sanitize multi-service utensils (\$300) 2. Operate food premise in a manner adversely affecting sanitary condition (\$120) 3. Food premises not maintained to permit sanitary maintenance of ceilings (\$60) 	\$480

		Charges		
	Name Of Establishment	Date of Charges	Charge	Total Charge
3	Charcoal Steakhouse 2980 King Street East Kitchener	Three Provincial Offence Notices issued for infractions observed on July 14	<ol style="list-style-type: none"> 1. Fail to clean utensils as often as necessary (\$300) 2. Mechanical equipment not maintained to provide sufficient chemical solution rinse. (\$120) 3. Fail to provide thermometer in storage compartment (\$120) 	\$ 540
4	Milton's Restaurant 2979 King Street East Kitchener	One Provincial Offence Notice issued for infractions observed on July 22	<ol style="list-style-type: none"> 1. Fail to ensure floor of food handling room kept clean (\$60) 	\$60
5	Café 13 Main Street Grill Inc. 13 Main St, Cambridge, ON	One Provincial Offence Notice issued for infractions observed on August 4	<ol style="list-style-type: none"> 1. Operate food premise in a manner adversely affecting sanitary condition (\$120) 	\$120
6	Silva's Portuguese Bakery 45 McLaren Ave., Cambridge	Two Provincial Offence Notices issued for infractions observed on August 12	<ol style="list-style-type: none"> 1. Store ice in unsanitary manner (\$300) 2. Store hazardous foods at internal temperature between 5C and 60C (\$460) 	\$760

		Charges		
	Name Of Establishment	Date of Charges	Charge	Total Charge
7	Gastropub No.29 907 Victoria St. N., Kitchener ON	Three Provincial Offence Notices issued for infractions observed on August 24	<ol style="list-style-type: none"> 1. Fail to have test reagent available at place of sanitization (\$60) 2. Fail to provide towels in food preparation area (\$120) 3. Fail to maintain mechanical equipment to provide sufficient chemical solution rinse (\$120) 	\$300
8	Wild Wing 37-200 Franklin Blvd., Cambridge	One Provincial Offence Notice issued for infractions observed on September 14.	<ol style="list-style-type: none"> 1. Fail to maintain mechanical equipment to provide sufficient chemical solution rinse (\$120) 	\$120
9	AMICI Restaurant Inc. 30 Glamis Rd., Cambridge	Two Provincial Offence Notices issued for infractions observed on September 29.	<ol style="list-style-type: none"> 1. Use hand basin other than for hand washing of employees. (\$120) 2. Fail to keep facility clean. (\$60) 	\$180



Report: CSD-EIS-16-15

Region of Waterloo

Community Services

Employment and Income Support

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

Date: November 1, 2016 **File Code:** S04-20

Subject: Ontario Works Caseload: August 2016

Recommendation:

For Information.

Report:

This report provides an overview of the Ontario Works caseload for August 2016; the second Ontario Works Caseload Report since the Province introduced the new computer system, Social Assistance Management System (SAMS) in November 2014. A budget issue paper in response to Council's questions will be forthcoming. Collaboration with the Province continues through various working groups and activities to assist with business recovery from the implementation of SAMS and technical system changes and updates. The Region of Waterloo is one of forty-seven Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs) in the Province of Ontario. The Region of Waterloo as well as other CMSMs and DSSABs continue to question the integrity of the data within SAMS. Despite these concerns, the Ontario Works Caseload Reports to Council are being reinstated as the Province assures that the data is valid and has communicated confidence in the integrity and stability of the data from SAMS.

Employment & Income Support, Community Services along with Finance monitor the Ontario Works (OW) caseload on a monthly basis. Table 1 summarizes the caseload at the end of August 2016 with comparisons to the previous month (July 2016) and previous year (August 2015). Table 2 provides the unemployment rates at the end of August 2016 with comparisons to the previous month (July 2016) and previous year (August 2015). In summary, the tables demonstrate that for Waterloo Region the caseload numbers have risen slightly over the last year while the unemployment rate decreased marginally.

- The OW caseload at August 2016 was: 8,620
- The OW caseload at July 2016 was: 8,755
- The **decrease in caseload size** from July 2016 was: -135 (-1.5%)
- The **increase in caseload size** from August 2015 was: +61 (+0.7%)
- Waterloo Region unemployment rate for August 2016 was: 5.7%
- Waterloo Region unemployment rate for August 2015 was: 5.9%

Table 1: Ontario Works Caseload*

August 2016	July 2016	August 2015	% Change July to August 2016	% Change August 2015 to August 2016
8,620	8,755	8,559	-1.5%	+0.7%

*As reported in August 2016 SAMS Transition Report

Table 2: Unemployment Rates – Seasonally Adjusted*

	August 2016	July 2016	August 2015
Province	6.5%	6.5%	6.6%
Waterloo Region	5.7%	5.9%	5.9%

*As revised by Statistics Canada

Employment and Income Support Modernization

Region staff is preparing a report for the November 16, 2016 budget meeting in follow up to the discussion at the October 19, 2016 budget meeting. Council requested additional information regarding demographics and trends for the Ontario Works caseload and the Division's efforts to support clients to increased financial sustainability and quality of life.

Region staff will be preparing a full report and presentation to Council for early 2017 regarding the modernization of the service delivery model for Ontario Works to better support clients along their pathway into, through and off social assistance. The modernization project will include adopting an integrated quality of life service delivery approach; utilizing technologies to manage information and communicate with clients; and improving efficiencies, risk management and performance measurements.

A project team made up of Region staff is currently working through a Lean Six Sigma process to analyze and define a new process design for delivery of OW (which includes financial assistance and employment support). Draft concept designs will be available on the Region's internal portal in the next few weeks to gather further feedback on the proposed high level concepts. Employment and Income Support Community Advisory Committee (EISCAC) members will also be asked for their input on the modernization project at their December 9th meeting.

The intent of modernization is to streamline the local delivery system, enhance the customer service experience and significantly increase the employment outcomes in an effort to put downward pressure on the size of the caseload. Full details will be included in the early 2017 report.

Corporate Strategic Plan:

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

Financial Implications:

Nil

Other Department Consultations/Concurrence:

Nil

Prepared By: Carolyn Schoenfeldt, Director of Employment and Income Support
Nina Bailey-Dick, Social Planning Associate, Employment and Income Support

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



Report: CSD-HOU-16-16

Region of Waterloo
Community Services
Housing Services

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

Date: November 1, 2016

File Code: S13-30

Subject: Community Homelessness Prevention Initiative Funding Increase

Recommendation:

For information.

Summary:

The Province has announced additional funding for the Community Homelessness Prevention Initiative (CHPI) with an increase of \$457,399 in 2017/18 and an additional \$457,630 in 2018/19. This announcement results in a total \$10,225,029 annual investment in Waterloo Region in 2018/19, an increase of 9.8 percent over the 2016-17 allocation (see letter attached as Appendix A). The additional CHPI funding will be used to enhance existing and add additional programs which will support the Province's goal to end chronic homelessness in 10 years.

Report:

1.0 Background

The Province, through the Ministry of Municipal Affairs and Housing (MMAH), began providing Community Homelessness Prevention Initiative (CHPI) funding to Service Managers (Region) as of January 2013. CHPI consolidated five previous separate homelessness prevention programs to create a single flexible funding envelope to better meet local needs. CHPI is part of the "Housing Services Act, 2011" and is a key resource for implementation of the Province's required 10 Year Housing and Homelessness Plan (P-14-042/SS-14-011). Funding is provided each fiscal year (April – March) subject to approval of an annual investment plan in alignment with CHPI Program Guidelines. A summary of programs currently funded through CHPI is included in Appendix B.

2.0 CHPI Funding

MMAH, now the Ministry of Housing (MHO), identified that CHPI would be reviewed over the initial 2013-2016 implementation timeframe. Through the Province's Long Term Affordable Housing Strategy Update released March 2016, it was identified that an additional \$30M would be added incrementally to CHPI over the next two fiscal years 2017/18 and 2018/19 for a total of \$324M in annual investments across the province.

Local allocations were announced on October 4, 2016 through a letter attached as Appendix A. The Province held a local funding announcement at Region headquarters on October 11, 2016. CHPI funding in Waterloo Region is being increased in stages over the next two fiscal years: by \$457,399 in 2017/18 (4.9% over 2016/17), and by an additional \$457,630 in 2018/19 (4.7% over 2017/18). This funding announcement results in an overall annual allocation of \$10,225,029 by 2018/19, an increase of \$915,029 (or 9.8%) over the 2016/17 approval.

This funding has been allocated based on a new funding model across the province. This new funding model had little initial impact on Waterloo Region as we received a similar proportional allocation as we have had in the past. CHPI funding changes over the years are outlined in the table below where it can be seen that this new funding announcement is the first real increase in funding since 2013/14.

Year	Funding	Additional Information
2013/14	\$7,653,382	The Ministry of Community and Social Services also provided one-time transition funding of \$1,517,140 over 2013 resulting in available funding totalling \$9,310,000
2014/15	\$7,792,902 \$9,310,000	The original allocation of \$7,792,902 was increased by \$1,517,140 in September 2014 to total \$9,310,000
2015/16	\$9,310,000	March 2015 confirmed annual funding allocation for 2015/16 and 2016/17 at the same level as previous year
2016/17	\$9,310,000	
2017/18	\$9,767,399	October 2016 confirmed annual funding allocation for the next two years with an additional \$457,399 in 2017/18 – a 4.9% increase over 2016/17
2018/19	\$10,225,029	An additional \$915,029 in 2018/19 – a 9.8% increase over 2016/17

3.0 Next Steps

Region staff and community partners have been working on a housing stability system redesign over the last number of years aligned with the Region's 10 Year Housing and Homelessness Plan. This redesign is incorporating best and promising practices and creating a more coordinated and accessible system designed to provide people the right

level of support at the right time to find and keep their housing.

In consultation with the community over the spring of 2016, a long list of needs and gaps were identified in working towards the goal of an effective and coordinated system with consideration for the Province's goal to end chronic homelessness in 10 years. Some of these gap areas have been addressed through temporarily funded enhancements and pilot programs. The new funding for 2017/18 will allow us to continue these programs until March 2018 as confirmed through the annual CHPI Investment Plan, due to MMAH each year by February 15. A further review of funding allocations will be considered for 2018/19 after existing pilots have been evaluated and we have further information on other federal and provincial investments and plans (e.g., a National Housing Strategy and the Province's Long Term Affordable Housing Strategy).

Corporate Strategic Plan:

Implementing CHPI and working to strengthen the housing stability system and build the community's capacity to address issues of housing instability and homelessness is consistent with the Region of Waterloo 2015-2018 Corporate Strategic Plan, Focus Area 4: Healthy, Safe and Inclusive Communities; and specifically, Strategic Objective 4.3.1 to "Implement the Homelessness to Housing Stability Strategy".

Financial Implications:

CHPI is 100 percent provincial funding with up to 10 percent allowed for administration. The 2017 Operating Budget will incorporate the impact of this funding announcement.

Other Department Consultations/Concurrence:

Corporate Services (Treasury Services) was consulted in the preparation of this report.

Attachments

Appendix A CHPI Allocation Letter from MOH

Appendix B CHPI Funded Programs 2016/17

Prepared By: **Marie Morrison**, Manager, Housing Stability
Deb Schlichter, Director of Housing Services

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

Appendix A CHPI Allocation Letter

Ministry of Housing

Housing Programs Branch
777 Bay St., 14th Floor
Toronto, Ontario M5G 2E5
Tel: 416 585-7021
Fax: 416 585-7003

Ministère du Logement

Direction des programmes de logement
777, rue Bay, 14^e étage
Toronto (Ontario) M5G 2E5
Tél. : 416 585-7021
Télécopieur : 416 585-7003



October 4, 2016

Ms. Deb Schlichter
Director, Housing Services
Regional Municipality of Waterloo
99 Regina Street South - 5th floor
Waterloo, ON N2J 4G6

Dear Ms. ^{Deb} Schlichter:

I am writing to provide you with further details of your 2017-18 and 2018-19 allocations under the Community Homelessness Prevention Initiative (CHPI) following Minister Ballard's letter to Chair Ken Seiling.

I am pleased to inform you that the Regional Municipality of Waterloo's CHPI funding allocation is:

2017-18 Allocation	2018-19 Allocation
\$9,767,399	\$10,225,029

Please note that your CHPI funding allocations are contingent on provincial budget approvals and an amendment to the CHPI Program Guidelines under the CHPI Service Manager Service Agreement. You will be notified if there are any changes to your CHPI allocations once we receive the respective approved budget for each year.

Your CHPI allocations are based on a revised CHPI funding approach that is informed by the recommendations of the Expert Advisory Panel on Homelessness, a commitment to using evidence based approaches, and to achieving the two CHPI program outcomes: people experiencing homelessness obtain and retain housing; and people at risk of homelessness remain housed.

- o For the population experiencing homelessness, historic program spending continues to be used as an indicator as it best reflects the existing service system to address the needs of those who are homeless.
- o For the population who are at-risk of homelessness, two components are used:
 - the continued use of Deep Core Housing Need to capture the general risk of homelessness; and
 - the use of new indicators to capture the at-risk population based on three of the provincial homelessness priorities: chronic homelessness, youth and Indigenous peoples.

Under this approach we are reallocating the \$42 million which was added to the CHPI program permanently in 2014-15 and allocating the additional funding announced in the 2016 Ontario Budget, using the new provincial homelessness indicators. To help Service Managers impacted by this redistribution, allocations will be capped and phased-in. This will allow these Service Managers to receive a 2 per cent increase over two years.

As per the CHPI Program Guidelines, Service Managers are required to submit an annual CHPI Investment Plan outlining how they plan to use their CHPI allocation for the upcoming year. Please use the above 2017-18 CHPI allocation to complete the 2017-18 Investment Plan, which is due on February 15, 2017. Service Managers are required to submit their Investment Plans through the Grants Ontario System.

The ministry will be advancing the first CHPI payment for 2017-18 to Service Managers in early April 2017 upon approval of the 2017-18 Investment Plan. The amount for this payment will be based on the projected funding outlined in each Service Manager's Investment Plan. Please use your 2018-19 allocation to complete the 2018-19 CHPI Investment Plan, which will be due on February 15, 2018.

If you have any questions or require additional information, please contact your regional Municipal Services Office Team Lead, Tony Brutto.

Once again, thank you for your participation in the CHPI. I look forward to continuing to work with you as we implement the program.

Sincerely,


Janet Hope
Assistant Deputy Minister
Ministry of Housing

cc. Tony Brutto, Team Lead, Regional Housing Services, MSO-Western
Brent Whitty, Manager, Housing Programs Branch
Alicia Yurichuk, Manager, Housing Funding and Risk Management Branch

Appendix B

CHPI Funded Programs 2016/17

Emergency Shelters - There are seven CHPI funded programs including six emergency shelters and the Emergency Shelter Referral Protocol which supports motel costs (for capacity overflow and special needs) as well as costs for transportation (for referrals between shelters and to and from motels). CHPI provides grant funding based on bed capacity for a total of 245 shelter beds.

Transitional Housing - Marillac Place serves up to 10 pregnant or parenting young mothers and up to 12 children for up to one year. This program supports young sole support mothers to stabilize through the transition of having a child and then to find and keep housing.

Supportive Housing - The CHPI Supportive Housing Program includes 11 permanent supportive housing programs (six self-contained and five shared living) with a total of 297 spaces. These programs are grant funded based on approved budget.

Housing First and Rapid Rehousing - One rapid re-housing worker is connected to each of Cambridge Shelter and Charles Street Men's Hostel to support re-housing of shelter residents. Funding is also committed to the Cambridge STEP Home Team pilot to provide Housing First support to people experiencing persistent homelessness with high acuity.

Families in Transition- Lutherwood's Families in Transition (FIT) program serves as a central point of access for families seeking emergency shelter. FIT assesses families' needs and supports shelter diversion with four FIT Counsellors through prevention and rapid-rehousing efforts aided by a small flex fund. FIT makes referrals to shelter as necessary and serves as the centralized referral for families experiencing homelessness to Urgent Status for Community Housing.

Housing Support Services - Lutherwood operates two housing resource centres (one in Kitchener and one in Cambridge) offering a number of self-directed housing help options as well as access to five Housing Advisors who provide further housing help supports and referrals. The Housing Advisors also deliver the Rent Fund which provides eligible households with support for rental arrears or with first/last month's rent to support re-housing. Note that this program receives additional funding through the Region's 100% Homelessness to Housing Stability Strategy Fund.

Prevention Programs - Funding is provided through CHPI to support Discretionary Benefits for people on OW and ODSP with rental arrears and with the Waterloo Region Energy Assistance Program (WREAP) for utility arrears.



Report: CSD-CHS-16-28

Region of Waterloo
Community Services
Children's Services

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

Date: November 1, 2016 **File Code:** S02-90

Subject: **Implementation of Child Care Fee Subsidy Stop Placement and Wait List**

Recommendation:

For Information

Summary:

This report provides an overview of the current funding pressures for child care fee subsidy. A number of factors are contributing to higher than anticipated expenditures resulting in pressures in the 2016 fee subsidy budget:

- In 2016, demand for fee subsidy has increased and the program is currently serving an average of approximately 50 more children, when compared to the same time period in 2015. While staff are closely monitoring the number of children, the reason for the increase is not yet clear;
- In addition to a higher number of children, the higher expenditures are also associated with serving a greater number of infant, toddler and preschool age children; and
- There has been a change in the trend of expenditures, which has resulted in higher than expected expenditures. Since 2012, expenditures in August have typically decreased approximately 11% from July while in August 2016 expenditures increased 7.5%.

This report details a plan to work within the current operating budget by implementing a stop placement followed by a wait list for fee subsidy.

Report:**1.0 Wait List**

To manage access to fee subsidy and funding pressures, the Province encourages municipalities to develop wait list policies. Provincial guidelines allow for local flexibility in the development of policies and wait lists ensure consistency across the province in managing access to fee subsidy. While not every municipality has an active wait list in place, there are many that do.

For the first time in over 10 years, the Region implemented a short-term wait list in 2006, and again in 2010.

In 2011, Council approved a revised wait list policy, updating the former prioritization categories detailed in Report SS-11-004.

2.0 Child Care Fee Subsidy

Child Care Fee Subsidy provides financial assistance to subsidy eligible families with the cost of licensed Early Learning and Child Care (ELCC) programs. The fee subsidy program enables eligible families to access and maintain employment, upgrade their education, attend training programs, and provide early intervention experiences for children with special needs. Through fee subsidy, families have access to licensed community-based child care centres, licensed home child care programs or before and after school programs.

3.0 Fee Subsidy Application Process

Families apply for fee subsidy and are deemed eligible through the administration of a Provincial income test.

Fee Subsidy is available to eligible families who are working, attending school or who have a child with special needs. Eligibility is based on the parent/guardian adjusted net income. Families with an adjusted net income of \$20,000 or less per year are eligible for full subsidy, which means they don't pay towards the cost of care. Families with an adjusted net income above \$20,000 are eligible for a partial subsidy and pay a percentage of their income toward the cost of care; a family is ineligible when parental contribution exceeds the cost of care. Subsidy eligible families are able to choose a placement in a licensed child care centre, home child care agency caregiver home or a before and after school program.

4.0 Changing Trends

Fee subsidy expenditures are closely monitored on a monthly basis. A number of trends have been noted which are impacting the overall budget. By the end of August 2016 there was an average increase of approximately 50 children receiving fee subsidy, when compared to the same time frame in 2015.

Over the past five years, a number of changes have occurred, that impact child care fee subsidy. The availability of full day kindergarten resulted in a decrease in the demand for 4 and 5 year old care on an alternate day basis and reduced the costs for this age category. However, there has been a growing increase in the number of children in the infant, toddler and preschool age groups accessing child care fee subsidy. These age groupings have a higher associated cost of daily care. Over the past two years the average monthly cost per child has increased by 14.6%.

In addition, a growing trend has been noted in the demand for full day programs during the summer months. In comparison to historical averages, summer 2016 had higher than typical expenditures during July and August. In the summer months, the expenditures are usually higher due to the number of kindergarten and school-age children accessing full day ELCC programs. Since 2012 expenditures typically decrease by almost 11% in August from July, which was not the case this summer. Instead, expenditures in August increased by 7.5% from July. This may be indicative of a new pattern in demand.

Tracking and monitoring numbers of children and expenditures for the fee subsidy program is a somewhat complex task due to the variability of client needs and turn over in the program. This is further complicated by a Provincial technology system that provides data on a one month delay.

5.0 Wait List Management Strategy

Due to the higher than average demand for fee subsidy, to date, it is projected that 2016 expenditures will exceed the annual budget by \$350,000 if no action is taken. In order to reduce monthly expenditures for the remainder of the year, a full stop placement approach will be implemented effective November 1, 2016, followed by a wait list. The stop placement approach means no new children will be approved for fee subsidy. This strategy will allow for the reduction of monthly expenditures through attrition from the program and to decrease the risk of a variance in the fee subsidy budget. It is projected that a full stop placement approach will reduce expenditures by \$300,000 by year end.

As families apply for fee subsidy, they will be informed that their names will be placed on a wait list. It is anticipated the full stop placement will remain in effect until January 2017 at which time children may be placed from the wait list using the approved wait list categories.

A wait list for fee subsidy will remain in place in 2017 until it is determined that

expenditures align with the budget or new Provincial funding is available. A wait list means that children are placed in licensed Early Learning and Child Care programs as other children leave the program, based on the approved wait list categories, which are as follows:

Category One	Families with a special needs child
Category Two	Families with income of \$0 - \$20,000
Category Three	Families with Income of \$20,001 - \$40,000
Category Four	Families with an income of \$40,001 - \$60,000
Category Five	Families with an income of \$60,001+

Staff will continue to closely monitor expenditures to determine if any change to the stop placement can be made before the end of the year.

The implementation of a stop placement followed by a wait list will mean a decrease in access to the supports and services of licensed early learning and child care for low income families and could result in loss of revenue for licensed child care operators if those spaces cannot be filled by full fee paying children.

Corporate Strategic Plan:

This report addresses the Region's Corporate Strategic Plan 2015-2018, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.1: Support early learning and child development.

Financial Implications:

The 2016 Children's Services Division budget totals approximately \$49.3 million, of this total approximately \$40 million is cost shared on an 80/20 basis with the Provincial government (80% Provincial) and \$1.5 million funded through fees and charges. The fee subsidy budget totals \$17.4 million. This is funded \$14.6 million by Provincial grants and \$2.8 million by Regional levy.

Other Department Consultations/Concurrence:

The implementation and monitoring of a wait list would require the assistance of Finance and Information Technology staff.

Attachments

Nil

Prepared By: Sheri Phillips, Interim Director, Children's Services

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



Report: PHE-IDS-16-07

Region of Waterloo

Public Health and Emergency Services

Infectious Diseases, Dental and Sexual Health

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

Date: November 1, 2016

File Code: P25-20

Subject: Harm Reduction Update

Recommendation:

For information

Summary:

Region of Waterloo Public Health continues to work with a variety of community partners under the Waterloo Region Harm Reduction Coordinating Committee to implement key recommendations in the Waterloo Region Integrated Drugs Strategy.

Since March 2016, Public Health has worked with several community partners to determine how to improve disposal of harm reduction equipment in Waterloo Region (refer to Attachment 1 for a full list of organizations represented on the Harm Reduction Disposal Work Group). As part of the process, the work group conducted an assessment to determine the scope of the problem. This included a review of current disposal options (refer to Attachment 2), local data on the inappropriate disposal of equipment, a scan of comparator health units and a survey of harm reduction clients.

Results from the assessment were used to generate five recommendations for implementation. Three of the recommendations — pilot three outdoor 24/7 tamper proof disposal units in Cambridge, Kitchener and Waterloo, increase awareness of disposal options, and improve data collection measures to monitor inappropriate disposal — will be implemented over the next six to nine months. The locations of the three disposal units are being finalized, but the options were selected by work group members. The remaining recommendations — enhance outreach and expand the number of organizations that offer disposal — should be prioritized for implementation in order to adopt a comprehensive solution to the challenge. These will be initiated when/if

resources permit.

The report also highlights initiatives that Public Health and community partners are implementing to improve harm reduction programs and services in Waterloo Region. A full report on this work, including efforts to prevent overdose, will be forwarded to Community Services Committee by the end of the first quarter in 2017. A brief overview of the recently released Ontario Opioid Strategy is also provided (refer to Attachment 3).

Report:

Background

Since 2013 (refer to Reports PH-14-029 and PHE-IDS-15-06), Region of Waterloo Public Health has been working with a variety of community partners under the Waterloo Region Harm Reduction Coordinating Committee (refer to Attachment 1 for a list of organizations represented on the committee) to implement two key recommendations in the Waterloo Region Integrated Drugs Strategy:

- Recommendation #39 — Expand harm reduction programs and services (increase access to services, disposal, initiate a range of harm reduction initiatives that support individuals who inject and/or inhale substances, etc.)
- Recommendation #45 — Increase public awareness of topics related to substance use

In December 2015 (refer to Report PHE-IDS-15-11), Region of Waterloo Public Health committed to lead a work group of community partners to look at options to improve the disposal of harm reduction equipment, as per recommendation #39. This report highlights the work completed to date and proposed next steps. Refer to Attachment 1 for a list of organizations represented on the Harm Reduction Disposal Work Group.

The report concludes with information on proposed future harm reduction updates and an update on Ontario's recently released Opioid Strategy (as per Community Services Committee report PHE-IDS-16-03).

Assessment

In order to determine the scope of the problem and identify what recommendations should be implemented to improve disposal of harm reduction equipment, the work group:

- Discussed what options exist in Waterloo Region for disposal of harm reduction equipment, and member assumptions about why inappropriate disposal occurs;
- Reviewed available local data on inappropriate disposal of equipment;
- Completed an environmental scan of comparator health units on available disposal options in those communities; and

- Conducted a survey of clients accessing services through the AIDS Committee of Cambridge, Kitchener, Waterloo & Area, oneROOF Youth Services, Public Health and Sanguen Health Centre

As part of the assessment process, the work group determined:

- The challenge of disposal should be addressed at a community, individual and organizational level
- A range of disposal units already exist in the community, including numerous Region of Waterloo and local municipal facilities (refer to Attachment 2 for a full list)
- There is limited data on inappropriate disposal of harm reduction equipment (i.e. calls to Regional or municipal by-law) and what is being collected is inconsistent. However, anecdotal evidence suggests:
 - The challenge is greatest in the urban core areas of Cambridge, Kitchener and Waterloo
 - The challenges often occur in warmer weather and likely during the evening
 - The problem is transient
- Comparator health regions offer a range of disposal options including, but not limited to: outdoor 24/7 disposal units, direct outreach to persons that use drugs, quick response needle recovery for improperly discarded needles, and education on proper disposal to clients and the community

In addition, the survey of clients (n=93) indicated:

- Thirty-six per cent of respondents did not dispose of their used equipment properly at one point in the past 12 months
- The main reasons for not disposing of equipment properly were:
 - There were no disposal options around me (31 per cent of respondents)
 - I didn't have a proper container to put them in (27 per cent of respondents)
 - I just didn't (16 per cent of respondents)
 - I didn't know where to dispose them properly/not aware of disposal options (13 per cent of respondents)
 - I didn't have enough time/had to leave the area quickly (five per cent of respondents)
 - Other (eight per cent of respondents)

In addition, respondents provided feedback on how Public Health and community partners could ensure people dispose of their harm reduction equipment properly. Overwhelmingly, respondents requested increased disposal options; that is, more drop-off sites, public disposal units, and more units in urban centres. Another key theme was

education. This included better education and awareness on how to dispose of harm reduction equipment materials appropriately, and where to access disposal services. In addition, respondents requested better education of the general public to reduce the stigma that individuals who use substances face in accessing these services. Other respondents recommended the establishment of supervised injection sites. A small number of respondents suggested one-to-one needle exchange or incentives to promote disposal. Other suggestions included having discrete disposal bins, less conspicuous needle containers, and social re-education programming for staff and the public.

Recommendations

Based on the assessment, the work group determined that a comprehensive solution is required. Specifically, one single recommendation or initiative would not address the full scope of the disposal challenge. As such, the work group drafted five recommendations for consideration. Members suggest a range will need to be implemented, over time, in order to address this multi-faceted challenge. These include:

1. Increase disposal options by:
 - Installing outdoor, tamper-proof disposal units in Cambridge, Kitchener and Waterloo
 - Work with partners to determine where units should be located
 - Work with partners to develop a monitoring and maintenance plan
2. Explore opportunities to enhance existing outreach services to increase disposal education provided to clients, and to provide mobile disposal service
3. Increase awareness of disposal options available in Waterloo Region among individuals who use substances, service providers, and members of the public
 - For example: Provide resources with maps to disposal locations, hours of service, etc.
4. Increase the number of agencies providing harm reduction disposal supplies (e.g. sharps containers) and education on proper disposal practices
5. Develop coordinated data collection measures to monitor inappropriate disposal of harm reduction equipment throughout Waterloo Region

Implementation

Since drafting the recommendations in June/July 2016, the work group has been actively working to determine which recommendations can be implemented within existing resources. Specifically, recommendations #1, #3 and #5 have been selected for implementation over the next six to nine months.

In keeping with client recommendations and work group recommendation #1, Region of Waterloo Public Health will pilot three outdoor 24/7 tamper proof disposal units in Waterloo Region – one in Cambridge, one in Kitchener and one in Waterloo. Work group representatives have selected and prioritized potential locations; all have the support of the working group representatives from the Waterloo Regional Police Service and the local municipalities. Public Health has allocated one-time funding to pay for the units and their installation, and will also work to modify its contract with its biohazard waste disposal company to empty the units on a weekly basis. A monitoring plan is in the initial stages of development. Other sources of funding will be needed to be obtained, or cost-shared, if the pilot is successful and additional units are installed in the future. It should be noted that installing these units will not mitigate or resolve all disposal challenges. Over time, all recommendations would need to be implemented to achieve a greater impact.

As an interim measure, Public Health created a tear-off sheet that lists disposal locations and hours of service in Waterloo Region. This has been shared with the Needle Syringe Program sites, Waterloo Regional Police Service, and other community partners for distribution to persons who use drugs. This will be updated once the outdoor disposal units are installed. The work group will also consider other opportunities to increase awareness of disposal options available in Waterloo Region over the coming months.

In addition, the Region and cities of Cambridge, Kitchener and Waterloo have agreed to collect data on calls related to inappropriate disposal of harm reduction equipment. This will allow all partners to monitor trends over time and the extent/scope of the problem. Updating data collection systems is already in progress.

Implementation of recommendations #2 and #4 would require additional resources or external funding to implement. These will not move forward until this is secured. Implementing outreach services will be particularly important as this can introduce an education and prevention component to disposal (i.e. avoiding the problem from occurring rather than focusing all efforts on clean-up). This is considered an essential element of a comprehensive strategy to address disposal challenges in Waterloo Region.

Next Steps

Over the next few months, Public Health will work with all partners to finalize the locations for the outdoor disposal units and obtain the appropriate approvals for installation. Once approved, the units will be installed.

Staff will also work to update its biohazard waste contract to incorporate disposal of these three units. This is timely as the contract is up for renewal. Further, Public Health is partnering with other Regional departments who are interested in updating their

biohazard disposal contract as well. It is hoped efficiencies can be gained by partnering on a joint contract.

Public Health will also continue to collaborate with the work group on educating clients and providers about disposal options, and increasing available options. Staff will also work to monitor use of the outdoor disposal units, calls to municipalities about inappropriate disposal, etc. over time.

Future Harm Reduction Updates (including disposal)

Public Health continues to collaborate with a variety of partners on harm reduction initiatives in Waterloo Region. This includes, but is not limited to:

- Implementing recommendations in the Waterloo Region Integrated Drugs Strategy (under the Harm Reduction Coordinating Committee)
- Dispensing naloxone to qualified individuals
- Training on overdose prevention and education in community and secondary school settings in partnership with Sanguen Health Centre and community members
- Collaborating with the University of Waterloo School of Pharmacy on posters and videos related to naloxone and naloxone administration
- Partnering with the Region of Waterloo Pharmacists' Association regarding naloxone distribution at pharmacies and how to support pharmacist dispensing of naloxone
- Collaborating with the Kitchener Downtown Community Health Centre, Sanguen Health Centre, Waterloo Regional Police Service, Paramedic Services, The Working Centre and Waterloo Region Crime Prevention Council on the Waterloo Region Overdose Monitoring, Alert and Response System (OMARS)
- Completing the Substance Use Study (overview of substance use and its implications in Waterloo Region)

A comprehensive update on the current status of substance use in Waterloo Region (i.e. drugs, overdose, health) and initiatives to reduce the associated harms will be forwarded to Community Services Committee in the first quarter of 2017. This will include disposal-related items.

Follow-up to Community Services Committee recommendation to the Ontario Minister of Health

In April 2016 (refer to Report PHE-IDS-16-03), Community Services Committee requested the "federal Minister of Health and provincial Minister of Health and Long-Term Care develop consistent real-time monitoring and surveillance of opioid use and overdoses in Canada and Ontario as outlined in the Municipal Drug Strategy Co-ordinator's Network of Ontario's Prescription for Life report; and that the Regional

Municipality of Waterloo request the Minister of Health and Long-Term Care develop an overdose prevention and intervention plan for Ontario...”

On October 12, 2016, the Minister of Health released a strategy to prevent opioid addiction and overdose in Ontario. The strategy includes the establishment of Ontario’s first-ever provincial overdose coordinator — Dr. David Williams, Chief Medical Officer of Health — a commitment to increase access to information and data concerning fatal and non-fatal opioid-related overdoses, and several other initiatives to:

- Modernize opioid prescribing and monitoring
- Improving the treatment of pain
- Enhancing addiction supports and harm reduction

This is in addition to “longer-term initiatives for modernizing chronic pain services, transforming addictions treatment, and preventing injury and death associated with overdose.” Refer to Attachment 3 for a full list of initiatives.

Following the release of the strategy, the Association of Local Public Health Agencies (alPHa) thanked the Minister of Health and Long-Term Care for the Strategy, and acknowledged the Ministry’s public health approach to responding to the opioid overdose crisis. While there are some challenges and gaps, Region of Waterloo Public Health is supportive of the initiatives in Ontario’s Opioid Strategy, and is exploring how it can influence and inform the Ministry’s initiatives going forward.

Ontario Public Health Standards:

This report relates to requirements 11 and 12 in Sexual Health, Sexually Transmitted Infections and Blood-borne Infections (including HIV) Standard, which requires Public Health to engage community partners and priority populations, and ensure access to a variety of harm reduction program delivery models.

Corporate Strategic Plan:

This report relates to strategic objective 4.4 (Promote and support healthy living and prevent disease and injury) in the Healthy, Safe and Inclusive Communities focus area in the 2015-2018 Strategic Plan.

Financial Implications:

Planning and other supports provided by Region of Waterloo Public Health are covered under the department’s existing base budgets; 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 Ministry of Health and Long-Term Care provides 100 per cent funding for needle syringe program equipment and supplies. This year, Region of Waterloo

Public Health received an increase in annual base funding, from \$100,000 to \$125,000 from the Ministry to address continued budgetary pressures.

Disposal costs will rise over the next year or two due to an increase in charges from the Ontario Ministry of Environment and Climate Change regarding the disposal of biohazardous waste. Higher costs are also a result of an increase in the amount of harm reduction equipment being returned to Public Health. Disposal costs are a combination of cost shared and 100% provincially funded expenditures.

Other Department Consultations/Concurrence:

Representatives from the Waterloo Regional Police Service and the municipalities of Cambridge, Kitchener and Waterloo were consulted during the development of this report.

Attachments

Attachment 1 — Harm Reduction Coordinating Committee and Work Group Membership (by Organization)

Attachment 2 — Location of Needle Syringe Disposal Units by Municipality

Attachment 3 — Ministry of Health and Long-Term Care Strategy to Prevent Opioid Addiction and Overdose

Prepared By: **Chris Harold**, Manager, Information and Planning
Meghan Randall, Health Promotion and Research Analyst
Kathy McKenna, Social Determinants of Health Nurse

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

**Attachment 1 —
Harm Reduction Coordinating Committee and Work Group Membership
(by Organization)**

Harm Reduction Coordinating Committee

AIDS Committee of Cambridge, Kitchener, Waterloo & Area
Cambridge Shelter Corporation
Canadian Mental Health Association — Waterloo Wellington Dufferin
House of Friendship
Kitchener Downtown Community Health Centre
Preventing Overdose Waterloo Wellington (POWW)
Region of Waterloo Community Services
Region of Waterloo Public Health (Sexual Health and Harm Reduction)
Sanguen Health Centre
St. Mary's Counselling Service
There are also four community members on the Coordinating Committee.

Harm Reduction Disposal Work Group

AIDS Committee of Cambridge, Kitchener, Waterloo & Area
Cambridge Shelter Corporation
City of Cambridge
City of Kitchener
City of Waterloo
Downtown Kitchener Business Improvement Area
Region of Waterloo Licensing and Enforcement
Region of Waterloo Public Health
Sanguen Health Centre
Waterloo Regional Police Service

**Attachment 2 —
Location of Needle Syringe Disposal Units by Municipality**

Kitchener

Community Centres	Bridgeport Community Centre Centerville Community Centre Chandler Mowat Community Centre Country Hills Community Centre Doon Pioneer Community Centre Downtown Community Centre Forest Heights Community Centre Kingsdale Community Centre Mill Courtland Community Centre Rockway Senior Centre Stanley Park Community Centre Victoria Hills Community Centre Williamsburg Community Centre
Parks	Budd Park Huron Natural Area Kiwanis Park MacLennan Park Victoria Park
Pools	Breithaupt Lyle Hallman Forest Heights
Other	Duke and Ontario Garage Washrooms Kitchener City Hall Kitchener Market Kitchener Operations Facility

Waterloo

Recreation centres/facilities	Adult Recreation Centre RIM Park Waterloo Memorial Recreation Complex
Other	Uptown Waterloo Parkade Waterloo City Hall

Regional Municipality of Waterloo

Regional Buildings	150 Main St., Cambridge 150 Frederick St., Kitchener 99 Regina St. S., Waterloo Select Grand River Transit terminals
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Attachment 3 —

Ministry of Health and Long-Term Care Strategy to Prevent Opioid Addiction and Overdose

**Ministry of Health
and Long-Term Care**

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
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Fax 416 326-1571
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**Ministère de la Santé
et des Soins de longue durée**

Bureau du ministre

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HLTC2976IT-2016-238

Dear colleague:

Communities throughout North America and beyond are struggling to fight an increasing number of opioid-related overdoses. Unfortunately, Ontario is not immune to this epidemic. As health care providers, we've all seen the very real, human cost of opioid misuse and addiction. We ask that you stand with us now in taking action to end this public health crisis.

Between 2010 and 2014, the number of prescription opioids legally dispensed in Canada climbed almost 24 percent. In a country of 35 million people, more than 21.7 million prescriptions were dispensed. Opioid misuse is the third leading cause of accidental death in Ontario.

Building on the significant work already underway, today Ontario is announcing a comprehensive strategy to address opioid misuse and addictions. The plan, based on the expert advice we received from Ontario's Methadone Treatment and Services Advisory Committee, chaired by Dr. Meldon Kahan, among other expert and stakeholder groups, will ensure Ontario health care providers have the tools, resources and information needed to provide the highest-quality care to patients.

We are working with pain management experts and investing in Ontario's Chronic Pain Network to ensure that health care providers have the resources and tools they have told us are required for treating pain safely and effectively. As health care providers, it is important to ensure patients get the treatment they need – manage pain without risking addiction to opioids and help patients who are already suffering from addiction. In order to achieve this, patient access to interdisciplinary pain management teams and evidence-informed harm reduction services is being improved.

Dr. Williams, Ontario's Chief Medical Officer of Health, will also be serving as Ontario's first Provincial Overdose Coordinator, and we are working closely to improve the surveillance of opiate overdoses and deaths and increase access to information concerning fatal and non-fatal opioid-related overdoses. Data from the Narcotics Monitoring System will be more readily available so you have up-to-date prescription records for your patients when making decisions concerning prescribing opioids.

Your voice and experience are key to the collective action required to turn the tide of this epidemic. We urge you to be an active participant in the upcoming consultations. We are engaging health care professionals and other service providers, patients, and individuals with lived experience to gain a deeper understanding of their needs and to ensure our actions are making a real difference.

Patients look to their health care providers for leadership and guidance. We hope that you will embrace this challenge and work with us as partners to stem this crisis for the good of all Ontarians. If we are going to reverse this trend, we must work together.

Yours sincerely,



Dr. Eric Hoskins
Minister



Dr. David Williams
Chief Medical Officer of Health



BACKGROUND

Ministry of Health and Long-Term Care

Strategy to Prevent Opioid Addiction and Overdose

October 12, 2016

Modernizing opioid prescribing and monitoring

- **Ontario's First-Ever Provincial Overdose Coordinator:** Designate Dr. David Williams, Ontario's Chief Medical Officer of Health as Ontario's first-ever Provincial Overdose Coordinator. Dr. Williams will work with a number of key agencies and professionals, including Ontario's Chief Coroner's office, police services, health care professionals and public health officials to increase access to information concerning fatal and non-fatal opioid-related overdoses.
- **Quality Standards:** Develop evidence-based quality standards for health care providers on appropriate opioid prescribing, led by Health Quality Ontario and health sector partners.
- **Appropriate Prescribing:** Develop new, evidence-based training modules and academic programs in conjunction with educational institutions that will provide modernized training to all health care providers who prescribe or dispense opioids.
- **Patient Education:** Improve access to important medication information, including a patient guide, for all patients prescribed opioids to help them better understand the associated risks.
- **Practice Reports:** Provide reports through Health Quality Ontario to physicians that show how their opioid prescribing compares to that of their peers and to best practices.
- **Narcotics Monitoring System (NMS):** Make NMS data readily available to health care providers, including physicians and pharmacists so they have access to up-to-date dispensed medication information for their patients when making decisions concerning opioid prescribing.
- **Overdose Monitoring:** Launch a new overdose surveillance and reporting system to support Ontario's Chief Medical Officer of Health Dr. David Williams, in his role as Provincial Overdose Coordinator. Ontario is working with hospitals across Ontario to ensure that surveillance and reporting of opioid-related overdoses is up-to-date and robust.
- **High-Strength Opioids:** Beginning January 1, 2017, high-strength formulations of long-acting opioids will be delisted from the Ontario Drug Benefit Formulary. The government is currently working with health care providers, including palliative care clinicians, to ensure that Ontario patients can continue to access appropriate pain treatment.
- **Province-wide expansion of the Fentanyl Patch for Patch Program:** Beginning October 1, 2016, stricter controls on the prescribing and dispensing of fentanyl patches took effect. Patients are now required to return used fentanyl patches to their pharmacy before more patches can be dispensed.

Improving the Treatment of Pain

- **Investing in the Chronic Pain Network:** Invest \$17 million annually in multi-disciplinary care teams, including 17 Chronic Pain Clinics across Ontario, to ensure that patients receive timely and appropriate care to help them manage chronic pain.
- **Expansion of the Low Back Pain Strategy:** Expand access and availability of health care services for more Ontarians who suffer from low back pain. This comprehensive model of

care includes a rapid low back pain assessment within an average of two weeks, as well as evidence-based management plans and educational tools to help patients manage pain.

- **Chronic Pain Training for Health Care Providers:** Expand training and support to primary care providers, including in rural and remote communities, to enable them to safely and effectively treat chronic pain. This will be done utilizing case-based learning and video-conferencing sessions with pain, addiction and mental health experts.

Enhancing addiction supports and harm reduction

- **Expanded Access to Naloxone:** Expand participation in the Ontario Naloxone Program. Naloxone, an antidote for opioid overdose is now available free of charge for patients and families through pharmacies and eligible organizations.
- **Naloxone Kits for At-Risk Inmates:** Work with the Ministry of Community Safety and Correctional Services to begin providing naloxone kits free of charge to at-risk inmates at the time of their release from provincial correctional institutions.
- **Intranasal Naloxone:** Explore providing naloxone in nasal spray form to first responders.
- **Expand Access to Suboxone:** Ensure that Suboxone, an effective treatment used to relieve opioid withdrawal symptoms that has a lower risk of overdose than methadone and reduces drug cravings is more widely available. Suboxone has a lower risk of overdose than methadone. Effective October 11, 2016, Suboxone is available as a General Benefit on the Ontario Drug Benefit Formulary. Ontario will ensure that access to Suboxone treatment is better integrated into a holistic, primary care approach to opioid addiction treatment.
- **Nurse Practitioner Scope of Practice:** Continue working with the College of Nurses of Ontario to enable Nurse Practitioner prescribing of Suboxone, improving access to a methadone alternative for patients struggling with opioid addiction, particularly for those in rural and remote areas.
- **Indigenous Mental Health and Addictions Initiatives:** Continue to work with Indigenous partners to identify community mental health and addictions priorities and ensure that culturally appropriate investments are made both on- and off-reserve to improve mental health and addictions issues in Indigenous communities.
- **Harm Reduction:** Work with experts and municipal leaders to develop an evidence-based harm reduction framework, which could include expanding needle exchange programs and supervised injection services which have been demonstrated to save lives and reduce costs within the health care system.
- **Health Care Delivery and Primary Care Integration:** Enhance integration of comprehensive primary care, mental health and Suboxone/methadone treatment to better support patients with opioid addiction.

Ontario will continue to work on additional longer-term initiatives for modernizing chronic pain services, transforming addictions treatment, and preventing injury and death associated with overdose.



Report: CSD-HOU-16-15

Region of Waterloo
Community Services
Housing Services

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

Date: November 1, 2016

File Code: S13-40

Subject: 2015/16 Housing Stability Data Summary Report

Recommendation:

For information.

Summary:

The Region of Waterloo Housing Services produces an annual data summary report to inform the community of current trends in housing and homelessness in Waterloo Region. The 2015/16 Housing Stability Data Summary (attached as Appendix A) examines emergency shelter use, income, rental housing affordability and availability, and supportive housing over the past two years reported against 2012 data as a baseline. This Council Report provides some background information, a brief analysis of the numbers presented in the two-page Data Summary, and next steps.

Report:

1.0 Background

Two page data summaries regarding homelessness and rental housing for Waterloo Region have been produced annually since 2008. For the first five years, the Homelessness and Housing Umbrella Group (HHUG) created an annual report card that included this data. With changes in HHUG funding and focus, Waterloo Region Housing Services assumed the responsibility to continue to produce an annual data summary beginning in 2013. Previous reports have been based on the calendar year. These reports are now being produced to align, where possible, with fiscal year funding and agreement cycles (April 1 to March 31).

2.0 Data Summary Report

The 2015/16 Housing Stability Data Summary (Data Summary) is attached as Appendix A. This report captures key indicators related to housing and homelessness in Waterloo Region. Changes in data from 2014/15 to 2015/16 are highlighted with 2012 data also included as a baseline (before system changes implemented as a result of the introduction of the Community Homelessness Prevention Initiative in 2013.)

The report includes data in five key areas related to finding and keeping housing: emergency shelter; income; rental housing; community housing; and supportive housing.

Emergency Shelter

The emergency shelter system experienced some significant changes since baseline data was collected in 2012. These changes included a new funding model with the implementation of the Province's Community Homelessness Prevention Initiative (CHPI) in 2013 and the closure of the Kitchener-Waterloo Out of the Cold (OOTC) sites over 2014/15.

Emergency shelter data in the Data Summary includes information largely from the six Region funded emergency shelters as well as from seasonal shelters where applicable and available in 2012 and for 2014/15 (i.e., OOTC sites and the temporary YWCA Transitional Shelter that opened to support the OOTC closures in 2014/15). Emergency Shelter data for 2015/16 includes only the remaining six, year-round Region funded emergency shelters.

When comparing shelter use data over the past two years, some areas have increased while others have decreased. Highlights are included below.

- While the overall number of bed nights increased by six percent (from 74,447 to 78,678), the number of individuals accessing shelter decreased by 11 percent (3,219 to 2,878) indicating fewer people overall but longer stays. Average length of stay for singles increased by three days (from 25 to 28 days) and families increased by 13 days (from 23 to 36 days).
- The vast majority of people accessing emergency shelter stay for a short time and don't return (92 percent). The remaining eight percent of people have stays that are episodic or chronic. The number of people experiencing episodic homelessness (defined as three or more shelter stays in a twelve-month period, with each shelter stay period separated by 30 or more days) decreased by two percent (from 182 to 178). The number of people experiencing chronic homelessness (defined as accessing shelter for more than 180 days in one year) increased by 42 percent (from 43 to 61).

- Household types that decreased:
 - Unaccompanied youth ages 16-24 accessing shelter dropped by six percent (from 826 people to 776 people).
 - Older adults ages 65+ accessing shelter dropped by 15 percent (from 53 people to 45 people).
 - While the number of families accessing shelter dropped by four percent (from 112 families to 108 families), the number of dependents in families increased by 30 percent indicating larger families (the average number of dependents per family in 2014/15 was 1.67 and in 2015/16 was 2.39).

- Household types that increased:
 - There was an increase of five percent in First Nations/Metis/Inuit peoples accessing shelter (from 286 people to 299 people). First Nations/Metis/Inuit peoples made up 10 percent of overall shelter residents.
 - There was a one percent increase in immigrants and refugees accessing shelter (from 177 people to 179 people) over the previous year. Immigrants and refugees made up six percent of overall shelter residents.
 - There was a 43 percent increase in veterans (any former member of the Canadian Armed Forces who successfully underwent basic training and is honourably released) accessing shelter (from 21 people to 30 people).

While it is not entirely known why these numbers fluctuate from year to year, it is noteworthy that First Nations/Metis/Inuit and veterans were made mandatory fields in the federal data collection system (HIFIS) as of 2014 which may have contributed to the increase in these numbers.

Income

The Data Summary (Appendix A) provides information on income up until March 2016 (where any changes after that time will be captured in next year's report). This data shows that while incomes have increased slightly, they remain woefully inadequate to afford average market rental housing.

Low social assistance rates continue to exacerbate housing barriers for people. While basic needs allowance increased by nine percent for singles receiving Ontario Works (OW) (from \$280 to \$305) and by two percent for singles receiving Ontario Disability Support Program (ODSP) (from \$619 to \$631), the monthly shelter allowance has remained unchanged over the past four years (\$376 for OW and \$479 for ODSP). Even a bachelor apartment (at an average cost of \$704 in 2015/16) is impossible to afford using the shelter portion of the OW or ODSP allowances.

Although Ontario's minimum wage increased from \$11.00 to \$11.25 (2 percent) over

2015/16, the minimum housing wage (the minimum amount of earned hourly income needed to afford a unit at average market rent) increased between two and five percent (depending on the number of bedrooms). For example, minimum housing wage shows that a person earning \$11.25 minimum wage cannot afford a bachelor apartment (which requires hourly earning of \$16.35). As such, adequate housing in Waterloo Region remains largely out of reach for people earning minimum wage.

Rental Housing

The Data Summary (Appendix A) provides information on the number and cost of private market rental units and number of units and wait times for Community Housing.

The net number of private market rental units available in Waterloo Region (excluding purpose built student housing) increased by two percent in 2015 over the previous year (an additional 654 units). However, the vacancy rate only increased by 0.1 percent (from 2.3 percent in 2014 to 2.4 percent in 2015) remaining below what housing researchers indicate is a 'healthy rate' of three percent. Included in these vacancy rate numbers are also "high end" rentals that are not affordable to those living on a lower income even with a rent supplement. The cost of private market rental continues to rise with rent increases ranging anywhere from two to six percent (depending on the number of bedrooms).

The number of completed Community Housing rental units increased by 22 (or 0.2 percent) in 2015/16. The number of households on the Community Housing Waitlist for 2015/16 is a point-in-time snapshot showing a 1.4 percent increase over the previous year (from 2,962 to 3,004). While the number of households on the wait list does fluctuate from year to year, the number has remained around 3,000 for the last decade. Average wait times for Community Housing have not changed over the past year (with bachelor and one bedroom units remaining at 6+ years and families requiring two or more bedrooms remaining at 3+ years). Over 2015/16, average market rent for Community Housing units increased one percent for bachelor and one bedroom units and decreased by two percent for three or more bedrooms.

Supportive Housing

Supportive Housing capacity includes all government funded supportive housing program spaces from all sectors: homelessness prevention, developmental disability, physical disability and acquired brain injury, mental health and addictions, older adults, women fleeing violence, and the deaf/blind. Programs that were included in this section were re-evaluated this year for fit within this category resulting in some programs being added or removed making a complete year over year comparison difficult. However, any reduced capacity would partially be a result of operator transitions as part of the redesigned CHPI Supportive Housing Program in an effort to improve quality and privacy by offering a greater number of single rooms and self-contained units (CSD-2198118

HOU-15-24 and CSD-HOU-15-25).

Waitlist numbers for these programs continue to serve as one indicator of demand. Over 2015/16, the numbers on the waitlists (1,588) were almost as high as the number of available spaces (1,622) with waitlist numbers increasing 12 percent from the previous year.

Beginning in the spring of 2015, a new coordinated waitlist process for Region funded supportive housing (STEP Home and CHPI Supportive Housing) was initiated called Prioritized Access to Housing Stability or PATHS (for more information see [Supportive Housing Brochure](#) on the Region's website). PATHS is a prioritized waitlist for those experiencing homelessness (priority is determined by client strengths, depth of need and housing barriers) rather than who has been on the list the longest (first come, first served). PATHS priority list numbers are being provided this year for the first time as part of the annual Data Summary.

Over 2015/16, a total of 96 people were housed in permanent housing from PATHS (largely through STEP Home with CHPI Supportive Housing added to the process beginning in 2016). As of March 31, 2016, the PATHS list had a total of 125 people remaining and waiting for supportive housing. People continue to be added and removed from the PATHS list as appropriate on a daily basis¹. Over 2015/16 and continuing in 2016/17, Region staff and community partners are working to ensure people experiencing homelessness are identified and added to PATHS as appropriate. The PATHS priority list is the tool our community will be using to measure in-flow and out-flow of homelessness on our journey towards ending chronic and persistent homelessness in Waterloo Region². The goal is to begin a downward trend towards functionally ending homelessness (for a short video from the US explaining "functionally ending homelessness" see <https://www.youtube.com/watch?v=4O8mEwbF0ps>).

3.0 Next Steps

The 2015/16 Data Summary (Appendix A) supports community planning efforts and provides information used by the Region and many agencies and groups for community education. The Data Summary will be made available on the website for the Region of Waterloo and the Homelessness Hub (national research clearinghouse at www.homelesshub.ca). In addition, the Data Summary will be distributed through the Homelessness and Housing Umbrella Group (HHUG) list serve and hard copies will be distributed to community agencies for their use and further distribution. The Data

¹ People are added to the list when eligible and are removed once they have moved into housing, have moved out of town, lost contact for 90 days or longer, or passed away.

² Ending chronic homelessness by 2025 is one of the priorities identified by the Province in their 2016 update of the Long-Term Affordable Housing Strategy.

Summary serves as an additional report to the community regarding progress on the 10 Year Housing and Homelessness Plan (CSD-HOU-16-04).

Corporate Strategic Plan:

Working to strengthen the housing stability system and build the community's capacity to address issues of housing instability and homelessness is consistent with the Region of Waterloo 2015-2018 Corporate Strategic Plan, Focus Area 4: Healthy, Safe and Inclusive Communities; and specifically, Strategic Objective 4.3.1 to "Implement the Homelessness to Housing Stability Strategy" and Strategic Objective 4.3 Increase the supply and range of affordable and supportive housing options.

Financial Implications:

Nil

Other Department Consultations/Concurrence:

NIL

Attachments

Appendix A: 2015/16 Housing Stability Data Summary

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

Appendix A
2015/16 Housing Stability Data Summary



Region of Waterloo

Housing Stability Data Summary 2015/2016

**For more information
on housing stability:**

[Region of Waterloo
communityservices.
regionofwaterloo.ca](http://regionofwaterloo.communityservices.regionofwaterloo.ca)
(search "housing" and
"homelessness")

**Homelessness &
Housing
Umbrella Group**
www.hhug.ca

Homeless Hub
www.homelesshub.ca

For questions about this
report or to request the
document in alternative
formats please contact:

Region of Waterloo
Housing Services
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This Housing Stability Data Summary captures key indicators related to housing and homelessness in Waterloo Region. Changes in data since 2014/15 are highlighted. 2012 data is included as a baseline before implementation of the Community Homelessness Prevention Initiative in 2013.

The report includes data in five key areas related to finding and keeping housing, including emergency shelter, income, rental housing, community housing, and supportive housing.

Emergency Shelter	2012	2014/ 2015	2015/ 2016	Change Since Last Year
Bed nights	91,697	74,447	78,678	6%
Unique individuals	3,447	3,219	2,878	-11%
Demographic trends:				
- Men	63%	67%	66%	-0.6%
- Women	37%	32%	33%	0.5%
- Other gender identity	0.3%	0.4%	0.5%	0.1%
- Families	214	112	108	-4%
- Dependents ages 0-15	367	186	220	18%
- All dependents in families	420	201	262	30%
- Unaccompanied youth(16-24)	704	826	776	-6%
- Adults (ages 25-64)	1,621	1,694	1,722	2%
- Older adults (ages 65+)	46	53	45	-15%
- First Nations/Metis/Inuit	236	286	299	5%
- Immigrants and refugees	217	177	179	1%
- Veterans	8	21	30	43%
Shelter stay trends:				
- Episodic homelessness ¹	145	182	178	-2%
- Chronic homelessness ²	37	43	61	42%
- Singles' length of stay (avg.)	25 days	25 days	28 days	12%
- Families' length of stay (avg.)	42 days	23 days	36 days	56%
- First time in emergency shelter	48%	48%	51%	3%
- Returning within the year	21%	25%	27%	2%

¹ Chronic homelessness refers to people with shelter stays of 180 days or more (cumulative) in the past year.

² Episodic homelessness refers to people with three or more shelter intakes 30 days apart in the past year.

Income	2012	2014/ 2015	2015/ 2016	Change Since Last Year
Ontario Works (OW) allowance for single person:	\$606	\$656	\$681	4%
- Basic allowance portion ³	\$230	\$280	\$305	9%
- Shelter allowance portion ³	\$376	\$376	\$376	0%
Ontario Disability Support Program (ODSP) allowance for single person:	\$1,086	\$1,098	\$1,110	1%
- Basic allowance portion ³	\$607	\$619	\$631	2%
- Shelter allowance portion ³	\$479	\$479	\$479	0%
Minimum wage (hourly)	\$10.25	\$11.00	\$11.25	2%
Average wage needed to afford rental housing (hourly):				
- Bachelor	\$12.38	\$12.83	\$13.54	6%
- One bedroom	\$14.87	\$15.67	\$16.35	4%
- Two bedrooms	\$17.46	\$18.75	\$19.17	2%
- Three or more bedrooms	\$20.25	\$21.27	\$22.19	4%
Rental Housing ⁴	2012	2014/ 2015	2015/ 2016	Change Since Last Year
Average market rent (monthly):				
- Bachelor	\$644	\$667	\$704	6%
- One bedroom	\$773	\$815	\$850	4%
- Two bedrooms	\$908	\$975	\$997	2%
- Three or more bedrooms	\$1,053	\$1,106	\$1,154	4%
Vacancy rate for private market rent units	2.6%	2.3%	2.4%	0.1%
Private market rent units	31,226	31,680	32,334	2%
Community Housing ⁴	2012	2014/ 2015	2015/ 2016	Change Since Last Year
Capacity	10,320	10,381	10,403	0.2%
Waiting list (households)	3,162	2,962	3,004	1.4%
Waiting time (years):				
- Seniors	1 to 2	2+	2+	0%
- Non-seniors (bachelor/1 bedroom)	4 to 6	6+	6+	0%
- Small families (2-3 bedrooms)	2+	3+	3+	0%
- Large families (4-5 bedrooms)	3 to 4	3+	3+	0%
Supportive Housing	2012	2014/ 2015	2015/ 2016	Change Since Last Year
Supportive housing capacity	1,552	1,675	1,622	-3%
Supportive housing waiting list	1,361	1,403	1,588	13%
Housed from PATHS list ⁵	N/A	N/A	96	N/A
Remaining on PATHS (as of March 31, 2016)	N/A	N/A	125	N/A

³ Shelter allowance is the amount provided to cover rent, utilities and tenant insurance, whereas basic allowance is for all other personal costs (e.g., food, toiletries, transportation, telephone).

⁴ These figures represent point-in-time information gathered in October of each year.

⁵ Prioritized Access to Housing Stability (PATHS) is the coordinated waiting list for supportive housing programs funded through the Region of Waterloo.