



Media Release: Friday, December 2, 2016, 4:30 p.m.

Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, December 6, 2016

9:00 a.m.

Regional Council Chamber

150 Frederick Street, Kitchener, Ontario

-
- 1. Declarations of Pecuniary Interest under the “Municipal Conflict Of Interest Act”**
 - 2. Delegations**
 - 2.1 Birgit Lingenberg re: Thank you to Council

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**
 - 4.1 PHE-16-04**, Suicide in Waterloo Region: A Health Status Report 2016 (Information) 4
 - 4.2 CSD-EIS-16-17**, Ontario Works Caseload: September 2016 (Information) 11
 - 4.3 CSD-EIS-16-18**, Ontario Works Caseload: October 2016 (Information) 13

4.4 **CSD-CHS-16-29**, New Continuous Quality Improvement Approach for ELCC Service System (Information) 15

4.5 **CSD-CHS-16-30**, Change in Protocols for New Licensed Child Care Service Providers 20

Recommendation:

That the Regional Municipality of Waterloo endorse protocols for entering into agreements with provincially licensed Early Learning and Child Care service providers for the provision of child care services as described in CSD-CHS-16-29 and attached as Schedule "A".

And that the Regional Municipality of Waterloo approve an amendment to #47 of Schedule A of the Execution of Documents By-law to delegate authority for approval to enter into such agreements for licensed Early Learning and Child Care service providers and special needs resourcing agencies, to the Commissioner, Community Services. Reports to enter into new, or amend existing, agreements occur on a regular basis throughout the year. Delegating approval to the Commissioner will improve efficiencies and timeliness of requests.

4.6 **PDL-CUL-16-13**, Doors Open Waterloo Region 2016 (Information) 28

Regular Agenda Resumes

5. Reports – Public Health and Emergency Services

5.1 **PHE-HLV-16-08**, Cost of the Nutritious Food Basket (2016) (Information) (Staff Presentation) 43

5.2 **PHE-IDS-16-09**, Public Health Emergency Preparedness Program Report (Information) 52

Reports – Community Services

5.3 **CPC-16-02**, Ontario's Opioid Crisis: An epidemic within an epidemic (Information) (Staff Presentation) 59

5.4 **CSD-HOU-16-19**, Supportive Housing Update (Information) (Staff Presentation) 66

6. Information/Correspondence

- 6.1 Council Enquiries and Requests for Information Tracking List – no items pending
- 7. **Other Business**
- 8. **Next Meeting – January 10, 2017**
- 9. **Adjourn**



Report: PHE-16-04

Region of Waterloo

Public Health and Emergency Services

Medical Office/Epidemiology and Health Analytics

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

Date: December 6, 2016 **File Code:** P16-80

Subject: Suicide in Waterloo Region: A Health Status Report 2016

Recommendation:

For information.

Summary:

Suicide is a community health issue of concern in Canada and locally in Waterloo Region. It is a leading cause of premature and preventable death. This report describes indicators related to suicide for both Waterloo Region and Ontario. In this report, the most recent data are used in all cases, to provide the most up-to-date picture possible.

Some key findings from the report:

- Waterloo Region rates of emergency department visits and hospitalizations for intentional self-harm are higher than those of the province.
- Rates of emergency department visits for intentional self-harm have increased in the past five years, particularly in young females; this finding is true provincially, but the increases are more marked locally.
- In general, suicide mortality rates fluctuate in Waterloo Region, but they are not statistically different from those of the province.
- Men in Waterloo Region represent a much greater proportion of suicide deaths than women, while women represent a much greater proportion of non-fatal intentional self-harm behaviour than men; these trends mirror those seen provincially, nationally and internationally.

This report serves as an update to a report by the same name released in 2011. It continues to highlight the issue of suicide in our local community, and will inform the

activities of the Waterloo Region Suicide Prevention Council and other community groups who aim to reduce the incidence of suicide in Waterloo Region. The findings of this report were presented to the Waterloo Region Suicide Prevention Council at their strategic planning meeting on November 24, 2016.

Report:

Suicide is a community health issue of concern in Canada, and locally in Waterloo Region. It is a leading cause of premature and preventable death. Suicidal behaviour is a multi-faceted issue, the result of complex interactions between individual, relationship, social, cultural and environmental factors. Some populations are at increased risk for suicide and intentional self-harm in Canada, such as youth, late middle-aged and elderly persons, First Nations, Métis and Inuit communities, people in lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities, people in custody, and people with a history of attempting suicide.

In 2012 nearly 4,000 Canadians died by suicide, making it the 9th leading cause of death in the country. Rates are consistently higher in men than women with rates in males approximately three times the rate in females, a consistent pattern internationally. Conversely, intentional self-harm behaviours, including non-fatal suicide attempts, are more frequent in women than men. Suicide also has an economic burden on society, with an estimated \$2.9 billion in direct health care and indirect costs in Canada in 2010. Suicide is currently the second leading cause of injury death in the country and represents 11 per cent of total estimated injury costs.

This report describes indicators related to suicide for both Waterloo Region and Ontario. The most recent data are used in all cases, to provide the most up-to-date picture possible. The key findings from the report are summarized below.

Intentional self-harm emergency department visits and hospitalizations

Hospitalizations and emergency department visits represent a significant proportion of the burden of injury in Waterloo Region for suicide and intentional self-harm, particularly in females. In the past five years there were an annual average of 325 hospitalizations and 679 additional emergency department visits for Waterloo Region residents related to intentional self-harm.

Rates for both emergency department visits and hospitalizations for intentional self-harm were statistically significantly higher for Waterloo Region than for Ontario overall from 2006 to 2015. Rates for emergency department visits have been increasing locally and provincially, but the increases were more marked in Waterloo Region. The rate of emergency department visits for intentional self-harm in Waterloo Region in 2015 was 183.5 visits per 100,000 population, a 52 per cent increase from the 2011 rate. The hospitalization rates increased slightly over time at the provincial level and fluctuated somewhat in Waterloo Region, but with few statistically significant differences. In 2015,

the Waterloo Region intentional self-harm hospitalization rate was 71.4 per 100,000 population.

Canadian and international trends, where females exhibit consistently higher rates of intentional self-harm behaviours, hold true in Ontario and Waterloo Region. Females had consistently higher rates over time of emergency department visits and hospitalizations for intentional self-harm than males across all years from 2006 to 2015. Emergency department visits were stable over time for males, but females experienced an increase in visits over time. The Waterloo Region intentional self-harm emergency department visit rate for females was 254.5 visits per 100,000 population in 2015, representing a 64 per cent increase from 2011.

Once age is also taken into consideration, it is evident that the increases in the overall emergency department visit rate for Waterloo Region are largely attributable to the increases in females, and particularly those in young females. Females aged 10 to 19 had the highest rate of emergency department visits for intentional self-harm, with 657.1 visits per 100,000 for 2011 to 2015; similarly, females in this age group also had the highest hospitalization rates (268.8 per 100,000 population for 2011 to 2015). These local increases in intentional self-harm activity reflect provincial trends, only the increases seen in Waterloo Region are more marked than those for Ontario overall.

The majority of emergency department visits in Waterloo Region for intentional self-harm were drug and alcohol-related (69.3 per cent) followed by self-harm with a sharp object (22.6 per cent). Hospitalizations showed similar trends for the mechanism of intentional self-harm injuries, with 80.6 per cent being drug or alcohol-related, followed by self-harm with a sharp object (11.9 per cent). These trends mirrored those seen provincially.

Suicide mortality

Suicide is the 16th leading cause of death overall in Waterloo Region (8.7 deaths per 100,000 population) and the 17th leading cause of death in the province. The most significant population health impact of suicide death is apparent when premature mortality is taken into consideration. Death by intentional self-harm is the second leading cause of premature mortality in Waterloo Region (290.5 potential years of life lost per 100,000 population), and the 3rd leading cause of premature mortality in the province.

Overall, suicide mortality in Waterloo Region has fluctuated somewhat over time, with an annual average of 57 deaths in the past five years; the variability in local suicide deaths is not statistically significant however, and is more indicative of the relatively small numbers rather than true significant changes in the mortality rate. Local rates were not significantly different from provincial rates at any point from 2003 to 2012.

In 2012, the local suicide mortality rate was 11.2 deaths per 100,000 population,

compared to 9.0 deaths per 100,000 population for Ontario. Regarding suicide mortality, national and international trends in differences by sex also hold true in Waterloo Region and Ontario. Suicide mortality rates are consistently higher in males than females, at approximately three times the rate of suicide deaths in men than women. Suicide mortality peaks in males aged 50 to 59 (21.2 deaths per 100,000 population in Waterloo Region in 2008 to 2012).

The most prevalent mechanism of injury in local suicide deaths was hanging, strangulation or suffocation (51.8 per cent), followed by drug or alcohol-related mechanism (18.9 per cent). Most trends in mechanism of injury for suicide were similar in Waterloo Region compared to the province, except for jumping from high places, which was less common in Waterloo Region than for Ontario overall. The key differences in mechanism of injury in Waterloo Region between the sexes were that males had a higher proportion of hanging, strangulation or suffocation than females (54.9 versus 40.8 per cent) whereas females had a higher proportion of drug or alcohol-related poisoning (36.7 versus 13.9 per cent). Firearms use was the third most common mechanism for males (12.7 per cent) while no local females died by this mechanism in the past five years.

Place of injury for suicide deaths were also examined, and the vast majority of suicide deaths in both Waterloo Region and Ontario take place at home (80 per cent or more).

Suicide and intentional self-harm in local youth

Youth are a population known to be at an increased risk of suicide and intentional self-harm behaviour, and this report examined suicide-related indicators in greater depth for youth aged 10 to 14, 15 to 18 and 19 to 24 years of age in Waterloo Region.

Emergency department visits and hospitalizations for all three youth age groups increased significantly over time, with the largest increases occurring after 2011. The most pronounced increases were in those aged 15 to 18 years, particularly for emergency department visits, with visit rates increasing 2.5 times from 2006 to 2015 in this age group (304.8 emergency department visits per 100,000 in 2006, up to 771.6 per 100,000 in 2015 in Waterloo Region). Those aged 10 to 14 years consistently had the lowest rates of the three age groups examined. These local trends in youth mirrored those seen provincially, although the provincial rates were lower than the local rates.

When trends in youth are examined by sex, females in Waterloo Region and Ontario exhibit higher rates of intentional self-harm emergency department visits and hospitalizations. Rates in females for the three youth age groups were between 1.9 to 6.5 times higher than their male counterparts. In females aged 15 to 18 years of age, the emergency department visit rate was 1,032.4 per 100,000 population for 2011 to 2015. These trends for intentional self-harm in Waterloo Region youth were similar to those for Ontario overall, albeit the provincial rates were lower for both sexes.

Similar to the overall population, the most common mechanism of injury for youth was hanging, strangulation or suffocation. The most notable difference in mechanism of injury for intentional self-harm emergency department visits and hospitalizations in youth, compared to the overall population, was that local youth had a greater proportion of intentional self-harm with a sharp object (34.6 per cent in emergency department visits in youth aged 10 to 18 years, versus 22.6 per cent overall; 19.1 per cent for hospitalizations in youth aged 10 to 18 years, versus 11.9 per cent overall). The trends in mechanism of injury for Waterloo Region were similar to those seen provincially.

In general, youth suicide mortality rates in Waterloo Region showed fluctuation over time, but due to the relatively small numbers, there were no statistically significant differences between the local and provincial rates. Youth aged 19 to 24 years had higher rates of suicide mortality than those aged 10 to 18 years (57.1 deaths per 100,000 versus 8.7 per 100,000 in 2012, respectively). Even without statistical significance, male suicide deaths do appear to exceed female deaths in the local youth population, in a similar trend as is seen in the overall local population, and in youth for Ontario overall.

Youth aged 10 to 18 years tended to have a greater proportion of suicide deaths related to hanging, strangling or suffocation (71.4 per cent in Ontario youth) compared to the overall population (44.2 per cent). Use of firearms or jumping from a high place were the next most common mechanisms of injury in youth aged 10 to 18 years (7.3 per cent each), compared to the overall population where the second most common mechanism of injury was drugs or alcohol-related. These differences in mechanism of injury for youth suicides may indicate differences in the relative availability of certain mechanisms for youth compared to adults. Overall, the local youth trends for mechanism of injury were similar to those for Ontario.

Conclusions

When examining any data related to suicide and intentional self-harm, it is important to take the limitations of the data into consideration. It is broadly understood in epidemiological research on suicide mortality that all data sources will underestimate the true incidence of suicide mortality, as it can be difficult or impossible to determine intent. As well, it must be recognized that intentional self-harm behaviours do not necessarily always indicate an intent to end one's life, and data for emergency department visits and hospitalizations capturing non-fatal intentional self-harm behaviours cannot distinguish between those with and without suicidal intent.

Overall, the most notable trends in suicide and intentional self-harm behaviour in Waterloo Region in recent years centre on youth, particularly the significant increase of emergency department visit rates for young females in the past ten years. The overall increases in emergency department visits observed in the local population which exceed those seen provincially are also key findings. In general, suicide mortality rates

were relatively unchanged for Waterloo Region. Men continue to represent a far greater proportion of suicide deaths than women, and conversely women continue to represent a much greater proportion of non-fatal intentional self-harm hospitalizations and emergency department visits.

It is hoped this report will continue to highlight the issue of suicide in our local community, and inform the activities of the Waterloo Region Suicide Prevention Council, its member organizations, and other community groups who aim to reduce the incidence of suicide in Waterloo Region.

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 to meet the surveillance and population health assessment requirements of the Injury and Substance Misuse Prevention Standard in the Ontario Public Health Standards.

Corporate Strategic Plan:

"Suicide in Waterloo Region: A Health Status Report 2016" contributes to the 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:

The Injury and Substance Misuse Prevention Standard program and the surveillance and population health assessment activities described within this report are implemented 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.

Other Department Consultations/Concurrence:

Nil.

Attachments

The full report is available online at:

http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/Suicide_WR_HealthStatus_2016.pdf

The summary report is available online at:

http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/Suicide_WR_HealthStatusSummary_2016.pdf

Prepared By: Jessica Deming, Epidemiologist, Epidemiology and Health Analytics

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

Table 1: September Ontario Works Caseload*

	September 2016	August 2016	September 2015	% Change August to September 2016	% Change September 2015 to September 2016
Province	259,868	258,375	254,039	+0.6%	+2.3%
Waterloo Region	8,770	8,705	8,467	+0.8%	+3.6%

*As reported in September 2016 Social Assistance Operations Performance Reports and does not include Emergency Assistance cases.

Table 2: Unemployment Rates – Seasonally Adjusted*

	August 2016	September 2016	September 2015
Province	6.5%	6.6%	6.7%
Waterloo Region	5.7%	5.3%	5.9%

*As revised by Statistics Canada

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, Employment and Income Support
Nina Bailey-Dick, Social Planning Associate, Employment and Income Support

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



Report: CSD-EIS-16-18

Region of Waterloo

Community Services

Employment and Income Support

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

Date: December 5, 2016 **File Code:** S04-20

Subject: Ontario Works Caseload: October 2016

Recommendation:

For Information.

Report:

This report provides an overview of the Ontario Works caseload size for October 2016. Employment & Income Support, Community Services along with Finance and Administration monitor the Ontario Works (OW) caseload on a monthly basis. Table 1 summarizes the caseload at the end of October 2016 with comparisons to the previous month (September 2016) and the previous year (October 2015). Table 2 provides the unemployment rates at the end of October 2016 with comparisons to September 2016 and October 2015. In summary, the tables demonstrate that for Waterloo Region the caseload numbers have risen slightly over the last year though they have dropped slightly from September to October. The unemployment rate also decreased slightly from September to October 2016.

- | | |
|---|--------------|
| • OW caseload at October 2016 | 8,689 |
| • OW caseload at September 2016 | 8,770 |
| • Increase in caseload from September 2016 to October 2016 | -81 (-0.9%) |
| • Increase in caseload from October 2015 to October 2016 | +221 (+2.6%) |
| • Waterloo Region unemployment rate for October 2016 | 5.1% |
| • OW caseload average for 2008 | 6,292 |
| • Current average caseload size for 2016 | 8,720 |
| • Increase in average caseload size from 2008 to October 2016 | 38% |

Table 1: October Ontario Works Caseload*

	October 2016	September 2016	October 2015	% Change September to October 2016	% Change October 2015 to October 2016
Province	253,148	259,868	251,683	-2.6%	+0.6%
Waterloo Region	8,689	8,770	8,468	-0.9%	+2.6%

*As reported in October 2016 Social Assistance Operations Performance Reports and does not include Emergency Assistance cases.

Table 2: Unemployment Rates – Seasonally Adjusted*

	September 2016	October 2016	October 2015
Province	6.6%	7.0%	6.8%
Waterloo Region	5.3%	5.1%	6.1%

*As revised by Statistics Canada

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, Employment and Income Support
Nina Bailey-Dick, Social Planning Associate, Employment and Income Support

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



Report: CSD-CHS-16-29

Region of Waterloo
Community Services Department
Children's Services Division

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

Date: December 6, 2016

File Code: S15-01

Subject: New Continuous Quality Improvement Approach for ELCC Service System

Recommendation:

For Information

Summary:

This report provides a general overview of the new approach to continuous quality improvement for the Early Learning and Child Care (ELCC) service sector. This report speaks to the complexity of defining quality and the challenges of establishing and maintaining a high quality system. A model for continuous quality improvement has been developed for the ELCC sector to guide planning for, and evaluation of, progress against established quality benchmarks.

The new approach involves ongoing engagement, consultation and collaboration across the ELCC sector to provide support for moving forward on the quality continuum and to ensure appropriate timing and fit of new activities being rolled out. A robust approach to monitoring and evaluation of the new quality initiative will be implemented at each phase of the plan. A multi-year phased approach to implementation has been developed with the launch of phase one set for February 2017.

Report:

1.0 Background:

As the Consolidated Municipal Service Manager, Children's Services, Region of Waterloo has the responsibility for the development and oversight of quality initiative measures for the licensed Early Learning and Child Care (ELCC) service sector in Waterloo Region. For the past 12 years the Region of Waterloo has utilized the Raising the Bar on Quality model as the endorsed approach with the ELCC community. In 2015, it became clear given the

transformational changes within the ELCC sector, that it was time to take a new system wide approach to support the development of a high quality, inclusive service system.

Research has repeatedly shown that experiences early in life can have lasting impact on later learning behaviour and health. High quality early learning and child care is linked with short and long-term positive impacts in areas such as cognitive and emotional development, social competence and positive behaviour. Conversely, low quality care can have damaging impacts on these areas. There is variability in the current level of quality across all ELCC service providers, highlighting the need for a broader systems level approach.

Stakeholder feedback during the development of the Children's Services Early Learning and Child Care Service Plan 2016-2020, indicated that "providing licensed ELCC that is of the highest quality is the top priority". All five actions, identified in the Early Learning and Child Care Service Plan, speak to the importance of embedding high quality into all aspects of the ELCC system.

2.0 Process

Through a unique partnership with the City of Hamilton, Children's Services staff collaborated with City staff to complete a comprehensive review of approaches that currently exist. In addition to a comprehensive literature review, gold standard practices in other fields were also reviewed for potential fit. A consultation process was also undertaken which included gathering perspective from 14 Ontario Municipalities. From this work, a conceptual framework was developed to define critical components of a quality management approach. This conceptual framework was then vetted through the respective ELCC communities. In addition a number of ELCC sector experts were consulted representing post secondary institutions, Provincial ministries, and lead researchers in the ELCC field. As a result of this broad consultation and application of leading practice the conceptual framework was refined and will be utilized to guide implementation of various phases over the next two years.

3.0 Challenges

Defining and subsequently achieving high quality service delivery is a complex and challenging task. Children's Services has historically, and will continue to use *Quality by Design* based on the work of Friendly and Beach to guide all systems work. *Quality by Design* identifies eight highly interconnected elements that are essential in supporting an ELCC system with high quality ELCC programs. The eight elements are: Ideas, Governance, Infrastructure, Planning and Policy Development, Financing, Human Resources, Physical Environments (Environmental Contexts) and Data, Research and Evaluation.

It is important to note that the ELCC sector is still in a period of significant transformational change due to on-going changes with the new Provincial legislation that governs licensed child care. This has resulted in increased demands on operators for purposes of compliance and program delivery.

During the preliminary work for the ELCC Service Plan, results of a survey that was distributed to families indicated that more information was needed to help navigate and understand the ELCC system so they are better equipped to make informed choices for their child care arrangements.

Approach

This new approach to quality is based on a total quality management model. The goal is to create a high quality system, where quality is embedded into all organizational processes, at both the system and program level. The new approach will involve a shift in thinking away from reaching a set target or level (i.e. triple gold, as in the previous quality initiative) to an ongoing continuous improvement process. This approach involves all levels of an organization (Boards of Directors, Owners, Supervisors, front-line staff) and enables programs to evaluate their own practices on an on-going basis and develop short and long-term plans for improvement along the quality continuum and against established benchmarks.

An example of a change as a result of this framework is the protocol changes related to establishing purchase of service agreements with new service providers as outlined in report CSD-CHS-16-30, which is before you today.

Context for Continuous Quality Improvement

A model for continuous quality improvement (Attachment 1) has been developed for the ELCC sector to use in this approach. The four step process guides operators through a detailed plan, do, review process. Operators will be required to engage in a strategic planning process, developing plans of action each year, evaluating the outcomes (compared to established benchmarks), refining the approach and continuing in an on-going cycle of improvement. Operators will be asked to share and report upon these actions within their existing governance structure, to parents and to the CMSM.

Phased Implementation

At the present time three phases have been identified for implementation between February 2017 and January 2019. A collaborative approach to implementation has been taken with the ELCC sector to ensure appropriate timing and to ensure sustainability of each component. A more detailed report on Phase One will be provided in February.

Data, Research and Evaluation

Work is underway to develop a comprehensive monitoring and evaluation approach that will be supported by Children's Services for the community. Through tracking and evaluation it allows the CMSM, to have greater oversight of ELCC programs and services. The new approach acknowledges that not all service providers will begin at the same place, but allows all programs to move forward with meaningful change and reach alignment with the system

goals. Parents will also be better informed of ELCC program practices through more transparent and easily accessible ELCC operator information that will be posted publicly.

In addition, an annual progress report is planned and will be shared with the community. All operators are required to participate in the new continuous quality improvement approach as a condition of their service agreement with the Region of Waterloo.

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:

Quality Initiatives currently has two FTE staff positions funded through 100% provincial funding. The 2016 Children's Services Budget included the addition of 1.0 temporary FTE staff funded by 100% provincial funding to work on this project.

Other Department Consultations/Concurrence:

Nil

Attachments: 1) Early Years Engage –Continuous Quality Improvement in Waterloo Region

Prepared By: **Debbie Jones**, Supervisor, Quality Initiatives

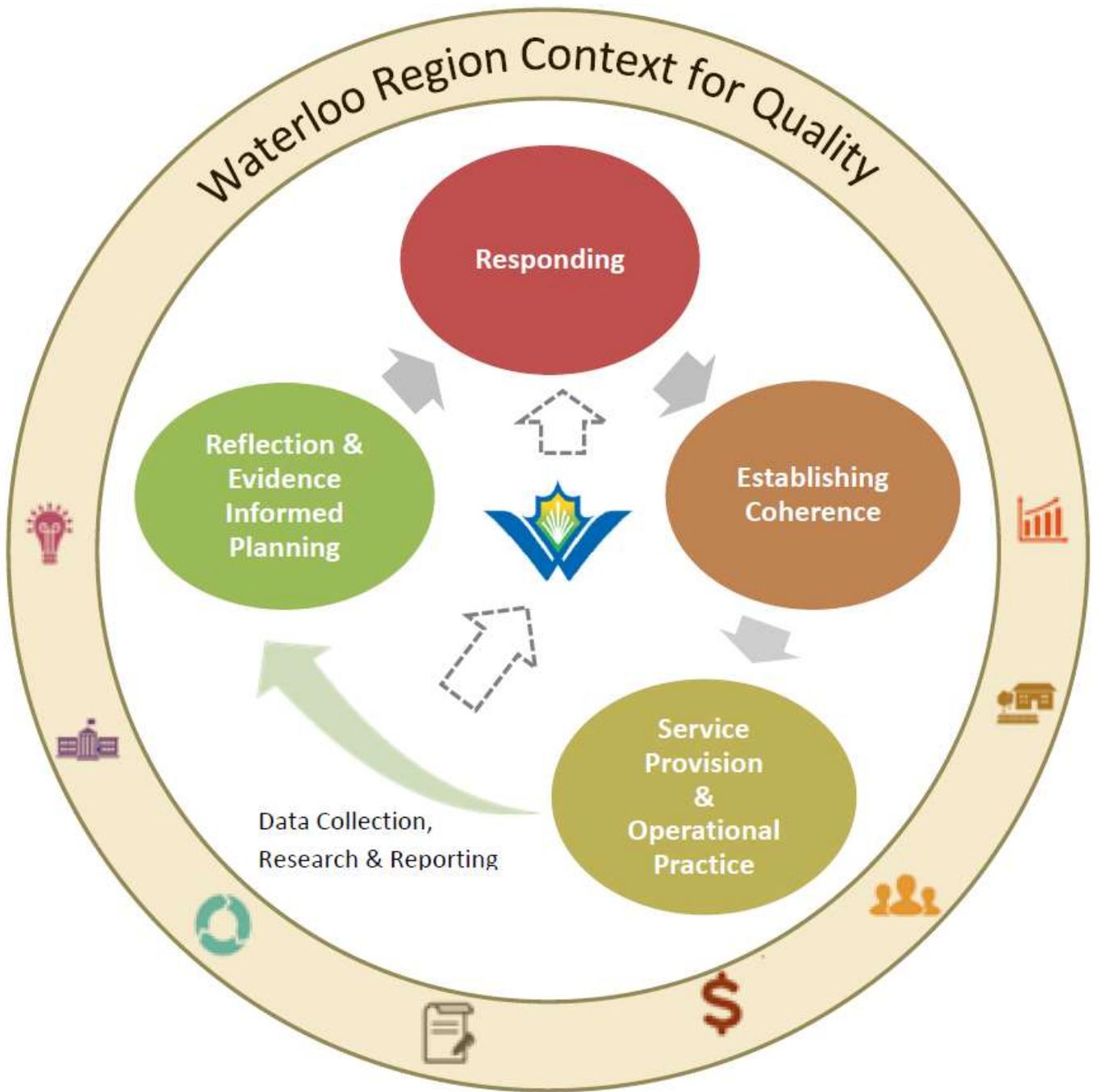
Kim Sangüesa, Manager, Early Learning Services

Sheri Phillips, Interim Director, Children's Services

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

Early Years Engage: Continuous Quality Improvement in Waterloo Region

Waterloo Region is a community where all children thrive.





Report: CSD-CHS-16-30

Region of Waterloo
Community Services
Children's Services

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

Date: December 6, 2016 **File Code:** S15-80

Subject: **Change in Protocols for New Licensed Child Care Service Providers**

Recommendation:

That the Regional Municipality of Waterloo endorse protocols for entering into agreements with provincially licensed Early Learning and Child Care service providers for the provision of child care services as described in CSD-CHS-16-29 and attached as Schedule "A".

And that the Regional Municipality of Waterloo approve an amendment to #47 of Schedule A of the Execution of Documents By-law to delegate authority for approval to enter into such agreements for licensed Early Learning and Child Care service providers and special needs resourcing agencies, to the Commissioner, Community Services. Reports to enter into new, or amend existing, agreements occur on a regular basis throughout the year. Delegating approval to the Commissioner will improve efficiencies and timeliness of requests.

Summary:

This report provides a recommendation for delegated authority for approval to enter into funding contracts and purchase of service agreements with Early Learning and Child

Care (ELCC) service providers and outlines a new practice for review of such agreements prior to entry. This report does not include a change in practice for special needs resourcing agencies.

The protocols outlined define criteria and requirements that must be met by ELCC Service providers before the Region of Waterloo will enter into an agreement. The protocol aligns with the new quality assurance framework by ensuring accountability, sound business practice and alignment with best practice in early childhood education.

If endorsed by Committee, staff will implement a new approach to reviewing service provider requests for a service and funding agreement. The approach requires a new or existing service provider to present information in a more consistent format and requires clearer evidence of best practices related to financial accountability and service delivery.

Report:

1.0 Background

The Region of Waterloo enters into service and funding contracts with licensed child care service providers to provide placements on behalf of eligible fee subsidy families and to issue funding to enhance staff wages and contribute to stabilization of the ELCC system.

Prior to entering into an agreement ELCC service providers are currently required to be licensed by the Province to operate under the Child Care and Early Years Act, 2014; verify financial viability; and indicate the per diem rates that will be charged to parents using their service. Staff review the information provided to ensure general alignment with practices across the ELCC community and make a recommendation to Council for approval to enter into an agreement. Once the agreement is signed the ELCC program is eligible to place subsidy eligible children in their program and to receive funding from the Region of Waterloo as the Consolidated Municipal Service Manager. At the present, there is no difference in the requirements between a new service provider and a service provider who is expanding their operation.

The service provider is required to participate in the Region's quality initiative program as part of their contractual obligations. The time and support provided by staff regarding quality improvement occurs only after they have a signed contract. This means that service providers are at varying degrees along the continuum of quality when they enter into a contract with the Region.

2.0 Proposed Changes

Report CSD-CHS-16-29 speaks to the importance of a high quality ELCC system, where quality is embedded into all organizational processes, in both the system and

program level. The report also emphasized the importance of the Region, as the Consolidated Service System Manager (CMSM), to engage more frequently with service providers to “discuss their plans, provide support and guidance if needed and to clearly identify gaps and support ongoing evaluation.”

This change in practice better aligns the current process with the new quality initiative approach and supports a practice of continuous quality improvement. A review of practices by other municipalities paired with guidance from Legal and Finance services has resulted in the development of a more fulsome approach for Committee’s consideration. The intent of the proposed changes is two-fold:

- 1) to engage all new service providers early in their process to provide more timely information and support to help shape the program’s approach to quality; and,
- 2) to require clearer evidence of best practices related to financial accountability, sound business processes and high quality service delivery, before a contractual relationship is established.

2.1 New Service Providers

To ensure success for new service providers staff will engage more fully with service providers from the point of first contact, rather than after a contract has been established. Under the new practice, new service providers will be required to demonstrate quality practices, sound financial management and hire Registered Early Childhood Educators (RECE’s) that are paid a wage that meets a salary benchmark. To acknowledge that this may take some time for a new service provider to achieve agreements, a waiting period of 3 to 12 months will be required. This waiting period is a change from previous practice but is being recommended as an important step to allow time for the service provider to be engaged and operational.

An assessment tool, completed by the service provider, will create a starting point for discussion about the service provider’s plans for an approach to quality, financial management, staffing and professional development, inclusiveness and parent engagement. This approach fully aligns with the new approach to supporting quality as noted in report CSD-CHS-16-29 by supporting the service provider along a continuum.

Service providers will receive support from staff during this time period. Once there is clear demonstration that the requirements for a new operator have been met, the Region will enter into an agreement. Following signing of a service and funding agreement, the service provider will become involved in the new Context for Quality program and continue their journey of continuous improvement.

2.2 Existing Service providers

Many service providers in Waterloo Region operate at multiple sites under what is

called a head office. This can be done either through the existing head office or through the formation of a new, separate head office or corporation. To better align processes and protocols the following process is being proposed.

Where a service provider opens a new ELCC program under an existing Head Office, the requirements for a service agreement for the additional site will be added to the agreement if the following conditions are met;

- The service provider has had no licensing infractions under the Child Care and Early Years act, 2014 for the preceding 3 years;
- The required financial reporting and accountability documents have been submitted without significant errors in the preceding 3 years; and
- The service provider meets the established salary benchmark (\$15.50) for all RECE's employed at new as well as existing programs;
- The current sites fully participate in the continuous quality improvement approach endorsed by the Region of Waterloo; and,
- The proposed budget for the new site confirms viability.

When a new ELCC program is being proposed under a new head office or corporation, it will be considered a new service provider and as such the protocols for new providers will be followed with the operator.

The new approach to service agreements has been reviewed with existing ELCC service providers who have provided input into the policy and who have expressed support for the proposed protocols.

Once a service and funding agreement is signed, the service provider will become involved in the new Context for Quality program and continue their journey of continuous improvement. Staff will continue to work closely with service providers to support their work to improve quality in all aspects of their program delivery.

3.0 Delegated Authority to Approve

Currently all new and revised funding contracts and purchase of service agreements with ELCC service providers come before Council for final approval. The approach being proposed for consideration by Committee today would assign delegated authority to approve such agreements to the Commissioner of Community Services. Delegating approval will improve efficiencies and timeliness of requests. This will require an amendment to the Region's Execution of Documents By-law which delegates signing authority and approval to prescribed staff persons for standard Regional contracts.

Corporate Strategic Plan:

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

Financial Implications:

Nil

Other Department Consultations/Concurrence:

The development of funding contracts and service agreements requires the assistance of Legal and Financial Services staff; the amendment to By-laws requires the assistance of Legal Services.

Attachments

Appendix A: Funding and Purchase of Service Agreement Protocols

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

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

	
<p>Children's Services Funding and Administration Policies and Procedures</p>	
Title:	Funding and Purchase of Service Agreement Protocols

Policy Statement

The Region of Waterloo will contract with a new early learning and child care (ELCC) service provider for a Purchase of Service and Funding agreement once the ELCC service provider demonstrates clearer evidence of best practices related to financial accountability, sound business processes and high quality service delivery as detailed in this policy in Section A.

Existing ELCC service providers who open a new Head Office or corporation are considered new service providers and as such the protocols for new providers will be followed with the service provider.

Where a current service provider opens a new ELCC program under an existing Head Office, the requirements for a service agreement for the additional site will be added to the agreement if the requirements detailed in Section B of this policy are met.

The Region reserves the right to delay entering into a service and funding contract until the service provider can satisfactorily meet requirements, or refuse to enter into a contract.

Policy Intent

"Providing licensed ELCC that is of the highest quality is the top priority for Children's Services and ELCC Service providers so that children in Waterloo Region thrive and achieve optimal development health." **Region of Waterloo Early Learning and Child Care Service Plan 2016 – 2020.**

To ensure success for new service providers staff will engage more fully with service providers from the point of first contact, rather than after a contract has been established. To acknowledge that this may take some time for a new service provider to achieve agreements, a waiting period of 3 to 12 months will be required. This waiting period is a change from previous practice but is being recommended as an important step to allow time for the service provider to be engaged and operational.

The intent of this policy is two-fold:

- 1) to engage all new service providers early in their process to provide more timely information and support to help shape the program's approach to quality; and,
- 2) to require clearer evidence of best practices related to financial accountability, sound business processes and high quality service delivery, before a contractual relationship is established.

Procedures

A. New Service providers, including New Head Offices

New service providers will be required to demonstrate the following, before entering into a purchase of service and funding contract with the Region of Waterloo:

- Financial integrity through approval of a financial management policy;
- Financial viability through the submission of a budget reviewed for confirmation of ongoing viability by the Financial Analyst for Children's Services;
- Confirmation that 75% of program staff are RECE's and their wages meet the salary benchmark;
- Adoption of the intent of the Region of Waterloo Early Learning and Care Service Plan 2016 - 2020 through the satisfactory completion of an assessment tool;
- Inclusive practices through the approval of an inclusivity policy.

An assessment tool, completed by the service provider, will create a starting point for discussion about the service provider's plans for an approach to quality, financial management, staffing and professional development, inclusiveness and parent engagement.

Through review of the assessment tool, budget, policies, staffing, and salaries, staff will assess if the service provider has met the requirements. To acknowledge that this may take some time for a new service provider to achieve agreements, a waiting period of 3 to 12 months will be required.

Service providers will receive support from staff during this time period; once there is clear demonstration that the requirements for a new operator have been met, the Region will enter into an agreement.

B. New Sites: Service Provider has a current Purchase of Service and Funding Contract

To be eligible for the new licensed site to be added to the current service and funding

contract, Service providers must demonstrate the following:

- Compliance with licensing requirements in all existing programs for the preceding 3 years; and
- Financial documents have been submitted without significant errors in the preceding 3 years; and
- RECE's in the new as well as existing programs, are paid a wage that meets the salary benchmark; and
- The proposed budget for the new site confirms viability;
OR
- A school board has contracted with an existing service provider for a new before and after school program or for a new child care centre built in a school. In their review process the school board uses screening criteria that aligns with the Region.

C. Next Steps

Once a service and funding agreement is signed, the service provider will become involved in the new Context for Quality program. This approach will require service providers to engage in strategic planning, developing plans of action each year, evaluating the outcomes (compared to established benchmarks), refining the approach and continuing in an on-going cycle of improvement. Service providers will be asked to share and report upon these actions within their existing governance structure, to parents and to the Region.



Report: PDL-CUL-16-13

Region of Waterloo
Planning, Development and Legislative Services
Cultural Services

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

Date: December 6, 2016 **File Code:** D25-01

Subject: Doors Open Waterloo Region 2016

Recommendation:

For information.

Summary:

The year 2016 marked a very successful year for Doors Open Waterloo Region. Based on preliminary results, of the 43 Doors Open events that take place in communities across Ontario, Waterloo Region had the fourth highest number of site visits and participating sites. The local Doors Open event was promoted province-wide through the Doors Open Ontario brochure, which has a circulation of 1 million copies annually, most of which are inserted in community newspapers.

Doors Open Waterloo Region (DOWR) was held on Saturday, September 17, 2016, at 48 locations throughout Waterloo Region. Buildings of architectural, technical and/or historical significance – many of which are not normally open to the public – opened their doors to close to 17,000 visitors. Since the first Doors Open Waterloo Region event in 2003, there has been an average of 10,832 site visits annually, which is indicative of its sustained popularity. Despite inclement weather, visitor numbers in 2016 were significantly above average due to the record number of participating sites and the inclusion of high profile tech companies.

The theme for the 2016 Doors Open Waterloo Region event was “Into Science + Tech.” The 48 participating sites included 25 that were first-time participants, as well as many popular sites from past years. As Doors Open is all about buildings, a sub-theme, “How we build,” also included 11 participating sites such as a steel manufacturer, an architecture and engineering firm, and a construction software developer. Initiatives and

activities for the event included walking tours, science demonstrations, expert-led discussions and presentations, organ recitals, scavenger hunts, hands on farm tours, and numerous children's activities. Four-hundred and twenty-eight volunteers contributed approximately 2,660 hours of their time. Their knowledge and enthusiasm helped to ensure that the visitor's experience at each site was informative and memorable. Suggested improvements for next year's event include continuing to advise participating sites to be well prepared to accommodate large numbers of visitors, specifically focusing on signage and controlling the size of tour groups. A full report from the event coordinators is provided in Attachment 1.

Report:

Doors Open Waterloo Region (DOWR) is a local event of Doors Open Ontario, a province-wide initiative of the Ontario Heritage Trust to celebrate community heritage. The aim of DOWR is to facilitate the understanding and enjoyment of local architecture and built heritage; to celebrate the community's history; and to build relationships between building owners, the business community, the cities and townships, the heritage community, and community volunteers. This free event allows visitors access to properties that are either not usually open to the public, or would normally charge an entrance fee. The local Doors Open event was promoted province-wide through the Doors Open Ontario brochure, which has a circulation of 1 million copies annually, most of which are inserted in community newspapers.

DOWR 2016 had close to 17,000 site visits to the 48 participating sites. These numbers are indicative of the sustained popularity of the annual event. Despite inclement weather, visitor numbers in 2016 were significantly above average due to the record number of participating sites and inclusion of high profile tech companies. The number of visits to each participating site is shown in Attachment 2. Site visit totals from past Doors Open Waterloo Region events are shown in the following table:

2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
7,110	8,496	8,032	10,000	18,000	13,845	13,873	14,940	10,036	16,992

Of the 43 Doors Open events that take place in communities across Ontario, the Waterloo Region event has the fourth highest number of site visits and participating sites. In a recent socio-economic study conducted by Doors Open Ontario, it was shown that 92% of Ontario's population lives within a municipality that has participated in Doors Open, and that the province-wide program stimulates an estimated annual contribution of \$5 million to local economies. The event received outstanding media attention, being featured in the local print media as well as on radio and television. Sites were staffed by knowledgeable volunteers with 428 individuals contributing approximately 2,660 hours of their time. Local heritage organizations participated by setting up displays and

leading tours at various sites.

The theme for DOWR 2016 was “Into Science + Tech.” The public was invited to explore special places that have earned the region an international reputation as a hub of science and technology. As a result, DOWR featured 19 science and tech-themed sites including historic adaptively reused buildings now home to world renowned tech companies, state-of-the-art research centres, and modern hubs for tech start-ups and innovative technologies. Two talks took place at DOWR theme sites that offered visitors an opportunity to learn about the impact of design and architecture on culture and emotion.

Due to this year’s theme, Doors Open Waterloo Region was again invited to be part of GeekWeekWR, a collaborative event coordinated by Communitech that involved events such as Maker Expo, Nerd Night, HackerNest, Accelerator Centre Client Showcase, Waterloo Innovation Summit, and Hack the North. Participation in GeekWeekWR resulted in increased traffic on social media and in traditional media mentions.

This year, the Doors Open Waterloo Region coordinators and Regional staff worked with the Waterloo Region Record to redesign the DOWR Map and Guide to improve its layout and readability. The Map and Guide transitioned from a 4-page broadsheet to a 12-page tabloid format. Fifty-five thousand copies were distributed in the main section of The Record on Sat. Sept. 10. Visitor feedback regarding the effectiveness of the redesigned Map and Guide was very positive, proving it is still a useful promotional tool.

During the event, 338 visitor experience surveys were collected – a slight increase from the number of surveys completed in previous years. Approximately 61% of the respondents indicated that they had previously attended a Doors Open event while the remainder were first time attendees. Thirteen percent of DOWR visitors were from outside of the Region and of this number, 30% reported that the Doors Open event was the purpose of their visit.

Participants reported positive feedback when asked how they felt about the event. “It was an extremely successful day at Christie! I am very proud to share we had over 1,048 visitors! It was action-packed and the rainy weather did not stop people from visiting. We didn’t turn anyone away and wait times were 10 to 15 minutes maximum. It was very rewarding to engage with the public and hear comments such as, ‘that was fantastic/outstanding.’” Perimeter Institute also had the following to report: “So happy we participated. Ticketing was a good idea. Meaningful tours and engaged staff.” A number of Twitter users had positive things to say about DOWR. Responses included: “[@DoorsOpenWR](#) Thank you to all the locations! My kids & I were amazed & inspired by the technology, science and history today” and “Thank you also to all the [@DoorsOpenWR](#) businesses & organizations that made this year a success. We have an incredible [#community!](#) [#DOWR2016](#).”

Suggested improvements for 2017 include continuing to advise participating sites to be well prepared for large numbers of visitors, specifically focusing on signage and controlling the size of tour groups. A full report from the event coordinators is provided in Attachment 1. Planning is now underway for the 2017 Doors Open Waterloo Region event.

Area Municipal Consultation/Coordination

Area Municipal staff is consulted each year concerning the selection of sites. Area Municipalities also promote the event through various channels.

Corporate Strategic Plan:

Doors Open Waterloo Region supports Strategic Objective 1.3, Enhance arts, culture and heritage opportunities to enrich the lives of residents and attract talent and visitors.

Financial Implications:

Doors Open is funded by the Region of Waterloo through the Planning, Development and Legislative Services Operating Budget and coordinated by Photographic Memory, a Waterloo-based heritage event management company. Media sponsorships are an important contribution to publicizing the event and in-kind contributions by The Record, the City of Waterloo, the City of Kitchener, and the City of Cambridge are gratefully acknowledged. Total funding by the Region in 2016 was approximately \$45,000 including \$5,500 in paid advertising. Additional in-kind sponsorship by local businesses and media sponsors is estimated at a value of \$63,000.

Other Department Consultations/Concurrence:

Nil.

Attachments:

Attachment 1 – Doors Open Waterloo Region 2016 – Final Report

Attachment 2 – Doors Open Waterloo Region 2016 – Site Visit Figures

Prepared By: Lindsay Benjamin, Cultural Heritage Planner

Approved By: Rod Regier, Commissioner, Planning, Development and Legislative Services

Attachment 1 – Doors Open Waterloo Region (DOWR) 2016 Final Report

Submitted by: Jane Snyder and Karl Kessler, Photographic Memory

Introduction

The 14th annual Doors Open Waterloo Region (DOWR) was held September 17, 2016 at 48 locations. Buildings of architectural and/or historical significance, and other places of interest – many of which are normally not open to the public – opened their doors, including commercial, public, and private buildings. Admission to all sites was free.

Doors Open 2016 Theme: Into Science + Tech

Doors Open Waterloo Region 2016 allowed visitors to get into science and tech...literally! The 19 participating science and technology theme sites included some of Waterloo Region's best known, and some of its best kept secrets. Visitors explored special places that have earned our region an international reputation as a hub of science and tech.

Because of its participating tech sites, DOWR was also invited to be part of GeekWeekWR, a collaborative event coordinated by Communitech that involved events such as Maker Expo, Nerd Night, HackerNest, Accelerator Centre Client Showcase, Waterloo Innovation Summit, and Hack the North. Participation in GeekWeekWR resulted in increased traffic in social media and traditional media mentions.

DOWR 2016 Site Locations (most sites were open 10 a.m. – 5 p.m.)

Note: due to the large geographic area of Waterloo Region, each year DOWR limits the number of participating sites in the townships. Woolwich Township participated in 2016. In 2017, sites in Wellesley, Wilmot and North Dumfries will be featured.

Below, DOWR 2016 science + tech theme sites are marked *.

Kitchener: *Google Kitchener-Waterloo office, *Bridgit HQ, *reebee, *Square, *Sweet Tooth, *mappedin HQ, 48 Ontario St. N., Waterloo County Gaol and Governor's House, Former Waterloo County Courthouse, St. Peter's Evangelical Lutheran Church, Trinity United Church, Bread and Roses Co-op, Joseph Schneider Haus National Historic Site, *REEP House for Sustainable Living, *Christie, MHBC Planning, *ACL Steel, *Clearpath Robotics

Waterloo: *Stantec Waterloo Region Office, *The Mike & Ophelia Lazaridis Quantum-Nano Centre, *Wilfrid Laurier University Science Building, *Perimeter Institute for Theoretical Physics, *Shopify Plus, The Coach House Therapeutic Centre, Sun Life Financial, Christ the Saviour Antiochian Orthodox Church, Our Lady of Lourdes Roman Catholic Church, *Waterloo North Hydro

Cambridge: *Conestoga Engineering and Information Technology Campus, Kathryn McGarry, MPP Office (former G. Pattinson & Co. Woolen Mill Office), *Greentec Inc., St. Patrick's Roman Catholic Church, Cambridge City Hall, Cambridge Historic City Hall, Fire Hall Museum and Education Centre, Trinity Anglican Church, University of Waterloo School of Architecture in Cambridge (former Riverside Silk Mill), Ferguson Cottage, McDougall Cottage, ACO Cambridge Grand Avenue South Walking Tour

Woolwich: *Region of Waterloo International Airport Operations Centre, Stevanus Family Farm, St. Jacobs Railway Museum, West Montrose United Church and Cemetery, West Montrose "Kissing Bridge" Heritage Walking Tour, St. Boniface Roman Catholic Church and "Old Walled" Cemetery, Edward Halter Home, Maryhill Inn

Funding, Sponsorship and Partnerships

Presenting sponsor: The Region of Waterloo

Media sponsors: The Waterloo Region Record, City of Waterloo, City of Cambridge

Program partners: City of Kitchener, Townships of Woolwich and Wellesley, Ontario Heritage Trust

Promotional partners: Communitech (GeekWeekWR), Kitchener, Waterloo, Cambridge and Region of Waterloo Libraries; Waterloo Historical Society; ACO North Waterloo Branch, Downtown Kitchener BIA, Uptown Waterloo BIA

Visitor Statistics

The 48 DOWR 2016 sites recorded 16,992 individual visits on September 17.

Site visit totals for past DOWR events are: 2003 - 7,262; 2004 - 5,639; 2005 - 7,246; 2006 - 10,179; 2007 - 7,110; 2008 - 8,496; 2009 - 8,032; 2010 - 10,000; 2011 - 18,000; 2012 - 13,845; 2013 - 13,873; 2014 - 14,940; 2015 - 10,036.

DOWR Direction and Staffing

DOWR is guided by Waterloo Region arts, architecture, municipal and heritage organizations. Planning and coordination is provided by Jane Snyder and Karl Kessler, with Region of Waterloo staff support.

DOWR Volunteers

Participating sites are responsible for recruiting and training their own volunteers, with guidance from DOWR if needed. In 2016, 428 volunteers contributed 2,660 hours to DOWR; sites that provided volunteer names and e-mail addresses received a thank-you letter and an invitation to a volunteer appreciation event.

Communication between Site Operators/Owners and DOWR

Each site completed a DOWR application, provided a certificate of insurance (\$1 million

liability), and received Doors Open Ontario signage, pre-event promotional lawn signs, and these documents: Information Sheet for Property Owners/Operators; DOWR Emergency Procedures and Emergency Contact List; Volunteer Information Package; Visitor Tracking Sheet; Visitor Survey; DOWR 2016 Map & Guide.

Twenty-nine representatives from 25 participating sites attended the DOWR information meeting September 7, 2016 at Christie, in Kitchener. Meeting topics included: welcoming and counting visitors, guided tour guidelines, emergency procedures, visitor surveys, coordinating volunteers, and media/promotions. DOWR coordinators contacted sites absent from the meeting to discuss event details.

The following are some post-event comments from participating sites via e-mail and Twitter:

(Greentec) We received a lot of positive feedback from people about what we do and the impact that we are having on people's lives and the environment. Many thanked us for the tour and also for providing the services that we do for recycling their e-waste. I want to say Thank You to everyone that helped out for this event.

(Square) It was a very busy day! We met lots of interesting people including potential employees, potential customers, and current customers. Thanks much for including us!

(Stevanus Family Farm) Wow, what a day. Did not have time to stop for lunch. First visitors arrived at start-up (10 a.m.) and did not let up all day. Last visitor arrived at 4:45 p.m. and left around 5:15 p.m. No break in the flow of people and tours, despite the intermittent rain. Kids really enjoyed the tours, pulling carrots and being out in the rain and fields.

(Christie) It was an extremely successful day at Christie! I am very proud to share we had over 1,048 visitors! It was action-packed and the rainy weather did not stop people from visiting. We did not turn anyone away and wait times were 10 to 15 minutes maximum. It was very rewarding to engage with the public and hear comments such as "that was fantastic/outstanding." Thank you both for all your hard work in organizing this event – well done!!

(Perimeter Institute) So happy we participated. Ticketing was a good idea. Meaningful tours and engaged staff.

(Sweet Tooth) Thanks for allowing Sweet Tooth to participate in the Doors Open Waterloo Region event. It was a resounding success with 1,000 people passing through our facility. The interaction with visitors was great. We were happy that the community had a chance to come and see the building and our space. They were very impressed.

Publicity and Advertising

DOWR 2016 Publications and Distribution

In 2016, the DOWR printed Map & Guide (created by DOWR and The Record) changed format from a 4-page broadsheet to a 12-page tabloid. While this increased the overall size of the Map & Guide by 50%, our cost was the same as in past years, as this year 55,000 copies were distributed in the main sections of The Record (Saturday, September 10), rather than 80,000 copies in every The Record advertising flyer package. This change allowed the Map & Guide to reach The Record readers more effectively. As in past years, sales racks for single copies of The Record featured DOWR “rack talkers” advertisements.

Ten thousand additional copies of the Map & Guide were distributed, along with the DOWR poster, to libraries, recreation facilities, museums, municipal facilities and tourism offices throughout Waterloo Region from July to September.

Doors Open Ambassadors

Three volunteer social media journalists were engaged as “Doors Open Ambassadors,” promoting DOWR to their networks through advance entry to Doors Open sites, and sharing their explorations in photographs and text on Facebook, Twitter, personal and professional blogs and websites, and on the Doors Open Ontario and DOWR Flickr pages. These three volunteers also were the contributors/curators on the DOWR Instagram account (new in 2016), and served as social media reporters during the event.

Doors Open Waterloo Region on the reebee App

In the interest of cross-promotion, and engagement with our Into Science + Tech theme, the DOWR 2016 Map & Guide was featured on the reebee app September 10-17. The reebee office in Kitchener was one of the participating theme sites during Doors Open (the free reebee app compiles flyers and promotional materials to make them easier for shoppers to browse using mobile technology). The DOWR Map & Guide on reebee recorded thousands of views, and the average time viewers spent browsing it was three minutes.

Paid and Sponsored Advertisements/Promotions

- Waterloo Region Record: ‘post-it note’ ad (front page) Sat. Sept. 10; 1/4 pg ad (Local section) Sat. Sept. 3; 1/8 pg ad (Nightlife section) Fridays August 12, 19, 26, Sept. 2, 9, 16
- Recreation guide ads: City of Kitchener, summer and fall 2016; City of Cambridge, fall 2016; Princess Guide ad July/August 2016
- City/township/partner/sponsor/site promotions: digital sign and digital screen listings (Waterloo, Cambridge, Region of Waterloo Airport); intranet distribution (Waterloo,

Kitchener, Cambridge, Sun Life Financial); website coverage, Facebook listings and social media campaigns (Cambridge, Waterloo, Kitchener, Woolwich, Wellesley, DOWR sites, University of Waterloo, Wilfrid Laurier University); website promotions and e-newsletters (KPL, WPL, Idea Exchange/Cambridge Libraries and Region of Waterloo libraries, Uptown Waterloo BIA, Downtown Kitchener BIA)

Website and Social Media Content

The Doors Open Waterloo Region page on the Region of Waterloo website featured the 2016 site listings, Into Science + Tech theme information, a Google map of participating sites (with more than 20,000 views as of Oct. 17), a digital copy of the 2016 Map & Guide, DOWR media articles, video clip and press releases, a list of sponsors and partners, past DOWR sites, tourist information, frequently asked questions, volunteer opportunities, and links to DOWR on Facebook, Twitter and Flickr.

From May 1 to September 25, 2016, 54% of website visitors found the DOWR website through search engines (90% Google). 25% of the visits were direct traffic, meaning the user was already familiar with the DOWR URL. Common referral sites were Doors Open Ontario (27%), Sun Life Intranet (12%), Facebook (10%), Twitter (6%), CBC (8%), 570 News (4%)

Following their DOWR website visits, 20% of users downloaded the pdf file of the DOWR map/guide, and 23% visited the DOWR page on the Doors Open Ontario website.

From September 12 to 18, the DOWR website was the second most visited page on the Region of Waterloo website. On Sept. 17, the day of the event, the DOWR website was the most visited page on the Region of Waterloo website.

DOWR has more than 2,000 Twitter followers. During September 2016, DOWR posted 206 tweets, gained 95 new followers, and registered 97,000 tweet impressions, 195 retweets, 3,678 visits, and 428 mentions. On September 17 the hashtag #DOWR2016 was trending locally on Twitter.

DOWR has more than 1,000 Facebook followers. During September 2016, more than 30 posts were created, our post total reach average was 430 people, and 11 posts each reached over 500 Facebook users.

DOWR launched an Instagram page in the summer of 2016, managed/curated by three trusted volunteer photo contributors. The page has more than 100 followers, and its 40 posts have registered about 375 likes.

DOWR has 52 members on its Flickr photo-sharing page. Members have shared more than 800 DOWR event photographs since 2012. DOWR photographs shared on Flickr have won or been finalists in the annual Doors Open Ontario photo contest in 2012, 2013 and 2014, and have been featured as key images on both the Doors Open Ontario

brochure and website in 2013, 2014 and 2015.

Heritage, Arts, Community Group and Tourism Listings

The 2016 DOWR social media campaign, news releases and event listings generated listings in:

- Doors Open Ontario brochure
- E-newsletters and websites of Architectural Conservancy of Ontario (North Waterloo Branch), Heritage Wilmot, Pennsylvania German Folklore Society, Waterloo Historical Society, Waterloo Region Museum, Building.ca, Canadian Architect, Ontario Heritage Trust, Waterloo Regional Heritage Foundation, Ontario Association of Architects, Grand Valley Society of Architects, REEP, Association des Francophones de KW, Centre in the Square – Front & Centre, Region of Waterloo Planning, Development and Legislative Services
- Kitchener Public Library KPL News and Preteen News e-newsletters, KPL In Touch
- E-newsletters of neighbourhood associations in Waterloo, Kitchener and Cambridge
- Region of Waterloo's heritage e-newsletter
- Waterloo Region Tourism Marketing Corporation (2016-2017 Official Travel Guide), Catch the Culture in Wilmot & Wellesley visitor guide
- DOWR displays at Waterloo Public Library (main branch)

Newspaper, Digital Media, Radio and TV Coverage

Targeted news releases, 15- and 30-second public service announcements and digital media kits (including print-quality photos and captions, news releases and posters) were sent to television, radio, online news, and daily-, weekly- and specialty-print media in Waterloo Region and Southwestern Ontario. Twitter news releases were sent to the 2016 Doors Open Ambassadors.

The campaign resulted in the following media coverage (links are posted on the DOWR website): more than 30 print or blog articles, 2 radio interviews (CBC Kitchener-Waterloo; 570 News) and 1 television appearance (Rogers daytime). PSAs appeared on CTV from July to September.

Print and digital articles appeared in: Waterloo Region Record (including a front-page article), Cambridge Times, Waterloo Chronicle, Kitchener Post, Woolwich Observer, The Community Edition, Guelph Mercury Tribune, London Free Press, Hamilton Spectator, Brantford Expositor, Sarnia Observer, Stratford Beacon Herald, snapd Kitchener-Waterloo, CBC Kitchener-Waterloo, CTV, 570 News, One Tank Trips, UW Daily Bulletin. Links to these articles can be found on the DOWR website (see 'Doors Open in the News').

In addition to the Doors Open Ontario and Doors Open Waterloo Region websites, DOWR was promoted on the following websites:

Media: CBC Kitchener-Waterloo (Andrea's Five Fun Things To Do This Weekend, Sept. 16), CTV, The Record, Rogers TV, KoolFM, Kfun99.5, Woolwich Observer, Cambridge Times, Kitchener Post, Waterloo Chronicle, Guelph Mercury Tribune, Waterloo Region Connected, reddit

Event listing sites: Eventbrite, Evensi, Fievent, Etrigg, Grand Social, Eventful, My Informs, 365 Cambridge, 365 Kitchener-Waterloo, Found Locally, Stuff to do with your kids in KW, Kijiji

Travel: Explore Waterloo Region, Cambridge Tourism, St. Jacobs Country, Attractions Ontario, Festivals & Events Ontario, Ontario Festivals Visited, Direction Ontario, Festival News, Toronto 4 Kids

Municipal and business: Cities of Cambridge, Waterloo, and Kitchener, Townships of Woolwich and North Dumfries, Uptown Waterloo BIA, Downtown Kitchener BIA, KW Now, Cambridge Now, Waterloo Region iSearch My Community, Communittech, WPL, KPL, Idea Exchange/Cambridge Libraries, Region of Waterloo Libraries, Waterloo Innovation Summit, Waterloo Region Manufacturing Innovation Network, Cambridge Hotel and Conference Centre, Cindy Cody Team Real Estate, Cantech Letter

Arts, heritage, architecture: Waterloo Region Museum, Canadian Architect, Building.ca, Ontario Heritage Trust, Architectural Conservancy of Ontario (ACO) and ACO North Waterloo Branch, Waterloo Regional Grand Valley Society of Architects, Ontario Association of Architects, Pennsylvania German Folklore Society of Ontario, Waterloo Historical Society

Participating sites: University of Waterloo, Wilfrid Laurier University, Conestoga College, Perimeter Institute for Theoretical Physics, Waterloo Region International Airport, McDougall Cottage, Joseph Schneider Haus, REEP Green Solutions, Waterloo Region Crime Prevention Council, Trinity United Church Kitchener

Community Organizations: Climate Action Waterloo Region, Immigration Waterloo Region, Homes with Sue (real estate), We Are Waterloo, Year of Code, GeekWeekWR, Waterloo Today, Maker Expo, Treehaus Collaborative Workspace

Blogs: Village Photography, Joe Martz Photography, Brian Douglas Photography, Makebright, Red Leather Booth

Visitor Surveys

Copies of the Doors Open Waterloo Region Visitor Survey were distributed to visitors during the event, and 338 completed surveys were collected (272 in hardcopy and 66 online), resulting in the following statistics (a complete summary of the survey results is available).

- The top four reasons visitors reported participating in Doors Open Waterloo Region: Want to learn more about Waterloo Region (55%); Always enjoyed the event (44%); Interested in heritage buildings (40%); Interested in architectural styles (34%).
- 36% of survey respondents were participating in the Doors Open Waterloo Region event for the first time. 61% attended a past event. Roughly one quarter of past attendees had participated in five or more events.
- More than half of survey respondents reported traveling in groups containing two adults. 28% traveled alone, and 27% traveled with children.
- 85% of survey respondents found the Doors Open Waterloo Region Map & Guide easy to use.
- The majority of survey respondents rated their Doors Open experience as 'excellent' (64%) or 'good' (25%).

Selected Visitor Comments: Twitter, E-mail, Visitor Survey

Twitter

- [@DoorsOpenWR](#) Great tour today! We managed to hit 9 sites, and would have done more if we hadn't run out of time! [#DOWR2016](#)
- Thank you to all the locations [@DoorsOpenWR](#)! My kids & I were amazed & inspired by the technology, science and history today.
- I should also add that everyone at each site was so great to chat with. They really put the "open" in Doors Open!
- [@DoorsOpenWR](#) thank you and participants for putting this together - our lineup of sites really stands out and highlights [#WRAwesome](#)
- Thanks for opening your Doors today [#GoogleKW](#)! You've got a very inspiring space. Gotta love [@DoorsOpenWR](#)
- Thank you also to all the [@DoorsOpenWR](#) businesses & organizations that made this yr. a success. We have an incredible [#community!](#) [#DOWR2016](#)
- It has been an inspiring day. Thank you [@DoorsOpenWR](#) for making this day a great [#community](#) success. [#DOWR2016](#) [#WaterlooRegion](#)

E-mail and Visitor Survey

- A wonderful way to see places that you are not normally permitted to access.
- Family time we don't get very often, nice to have something to do on a rainy day.
- My children and I were very impressed with everyone's kindness and knowledge. The science, technology and historical aspects were amazing. Thank you to all the locations.
- We really enjoy this event and look forward to next year. Hope you continue with such an educational event or maybe create more during the year.
- It was a very interesting day, packed with 'site-seeing'! I really liked that it was not only about buildings and architecture, but also more to do with people and companies who occupy these buildings now. What really helped - a great design of

your website (and later a paper brochure), very informative, with sites' addresses, parking and maps! And your volunteers are amazing - helpful, knowledgeable and really trying to make people's experiences fun.

- Love Doors Open! Keep showing off the great things we do here in Waterloo Region!
- Everyone is very passionate about their places and very welcoming.
- My husband and I look forward to this every year. We were not aware how wonderful our city was until we experienced Doors Open. I encourage friends to attend all the time.
- More signage required - GPS and smartphones aren't sufficient for out-of-towners.
- Have two days instead of one day and more heritage buildings.
- Each location needs to be prepared for handling larger crowds/groups without long waits.
- Very interesting but we ran out of time. Distance/traffic/construction slowed us down.
- [Need] better advertising.

Recommendations

Continue to advise participating sites to prepare well for the event. Visitor recommendations include:

- Control size of group at each tour - too large - can't hear or see item being talked about. Suggest 15 people max.
- More signage and directions are required, especially for sites in construction zones.
- Some sites forgot to focus on the heritage and cultural aspect of the buildings.

Map & Guide; Mobile Applications (summary):

Visitor surveys showed that while 84.6% of respondents liked the printed Map & Guide, a few underlined the need to include better mobile-friendly versions of the guide. Several respondents expressed their frustration with finding parking and negotiating construction zones.

Questions or comments about this report can be directed to:

Jane Snyder or Karl Kessler

Doors Open Waterloo Region 2016 Coordinators

c/o Photographic Memory, 519-747-5139 or doorsopen@regionofwaterloo.ca

Attachment 2 - Doors Open Waterloo Region 2016 Site Visit Figures

Kitchener	<p>Google Kitchener-Waterloo office – 2,951 Bridgit HQ – 300 Reebee – 300 Square – 350 Sweet Tooth – 1000 mappedin HQ – 400 48 Ontario St. N. – 344 Waterloo County Gaol and Governor’s House – 485 Former Waterloo County Courthouse - 380 St. Peter's Evangelical Lutheran Church – 500 Trinity United Church – 142 Bread and Roses Co-op – 241 Joseph Schneider Haus National Historic Site – 353 REEP House for Sustainable Living - 277 Christie Digital – 1,048 MHBC Planning – 71 ACL Steel – 310 Clearpath Robotics – 550</p>
Waterloo	<p>Stantec Waterloo Region Office – 250 The Mike & Ophelia Lazaridis Quantum-Nano Centre – 750 Wilfrid Laurier University Science Building – 300 Perimeter Institute for Theoretical Physics – 598 Shopify Plus - 835 The Coach House Therapeutic Centre – 100 Sun Life Financial – 512 Christ the Saviour Antiochian Orthodox Church – 250 Our Lady of Lourdes Roman Catholic Church – 160 Waterloo North Hydro – 196</p>
Cambridge	<p>Conestoga Engineering and Information Technology Campus – 127 Kathryn McGarry, MPP Office (former G. Pattinson & Co. Woolen Mill Office) – 66 Greentec Inc. – 400 St. Patrick’s Roman Catholic Church – 60 Cambridge City Hall – 60 Cambridge Historic City Hall – 80 Fire Hall Museum and Education Centre – 245 Trinity Anglican Church – 110 University of Waterloo School of Architecture in Cambridge (former Riverside Silk Mill) – 227 Ferguson Cottage – 155 McDougall Cottage – 188 ACO Cambridge Grand Avenue South Walking Tour – 50</p>
Woolwich	<p>Region of Waterloo International Airport Operations Centre – 297 Stevanus Family Farm – 109</p>

St. Jacobs Railway Museum – 246
West Montrose United Church and Cemetery – 75
West Montrose “Kissing Bridge” Heritage Walking Tour – 84
St. Boniface Roman Catholic Church & Old Walled Cemetery – 186
Edward Halter Home – 172
Maryhill Inn – 102



Report: PHE-HLV-16-08

Region of Waterloo
Public Health and Emergency Services
Healthy Living Division

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

Date: December 6, 2016 **File Code:** P13-80

Subject: **Cost of the Nutritious Food Basket (2016)**

Recommendation:

For information.

Summary:

The Nutritious Food Basket is used to estimate the basic cost for an individual or household to eat healthy and be food secure¹. “Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life”². For the purposes of this report, eating a healthy diet means eating a variety of foods as outlined in Eating Well with Canada’s Food Guide.

In 2016, the cost of the Nutritious Food Basket in Waterloo Region for a family of four* is \$199.03 per week. A comparison between the 2015 and 2016 Nutritious Food Basket shows a cost increase of \$19.05 (2.2 per cent) per month in 2016 as compared to 2015.

Over the past five years, the cost of the Nutritious Food Basket in Waterloo Region has risen 15.1 per cent, which is greater than the per cent change of the Provincial All-Items Consumer Price Index over the same period (7.1 per cent)³. Food prices have increased more than any other major component of the Consumer Price Index⁴.

People living on low incomes cannot afford basic healthy foods after paying for rent and factoring in other costs of living. This report will provide information highlighting the impact of food insecurity, the current situation and local data.

Report:**Food Insecurity:**

“Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life”². Nutritional intake⁵⁻⁶, health, well-being and level of reliance on publicly-funded healthcare services are related to household food security. Those experiencing food insecurity often report suboptimal health, multiple chronic conditions and depression; as well as an impact on their ability to perform activities at home, work or school due to their health status⁷. Evidence suggests that with increasing severity of food insecurity (marginal, moderate, or severe), healthcare costs increase; with Ontario households classified as severely food insecure having healthcare costs that were 121 per cent higher than those of food secure households in 2012. These estimates include costs of physician services, home care services, inpatient hospital care, same-day surgeries, emergency department visits, and the cost of prescription drugs covered by the Ontario Drug Benefit Program.⁸

Children living in food insecure households are more likely to have lower academic performance at school⁹, which presents a major challenge in breaking the cycle of poverty since educational attainment is a critical factor in one’s eventual income and economic status¹⁰⁻¹¹. Recent data suggests that at least 19,465 households across Waterloo Region are food insecure, which represents approximately 10 per cent of all households in the region¹².

Nutritious Food Basket:

In Waterloo Region the cost of the Nutritious Food Basket for a family of four* in 2016 is \$199.03 per week, illustrating a cost increase of \$19.05 (2.2 per cent) per month over the past year. Table 1 provides the weekly Nutritious Food Basket cost by age and gender. Over the past five years, the cost of the Nutritious Food Basket in Waterloo Region has risen 15.1 per cent, which is greater than the per cent change of the Provincial All-Items Consumer Price Index over the same period (7.1 per cent)³. Food prices have increased more than any other major component of the Consumer Price Index⁴.

An increased likelihood of food insecurity is seen when greater than 30 per cent of income is required for housing¹³. The case scenarios in the Nutritious Food Basket full report were developed to compare the income, expenses for rental housing, and the cost of food (per Nutritious Food Basket) for families and individuals receiving income through Ontario Works, minimum wage, Ontario Disability Support Program, or the Old Age Security/Guaranteed Income Supplement, as well as a family living on a median Ontario income.

Table 1

Nutritious Food Basket Weekly Costs, Waterloo Region, 2016

Sex		Age (years)	Cost per week (\$)
Children	Boy	2-3	\$25.41
	Girl	2-3	\$24.94
	Boy	4-8	\$32.88
	Girl	4-8*	\$31.96
Males		9-13	\$43.95
		14-18*	\$63.85
		19-30	\$62.12
		31-50*	\$55.89
		51-70	\$53.76
		Over 70	\$53.28
Females		9-13	\$37.48
		14-18	\$45.27
		19-30	\$47.99
		31-50*	\$47.33
		51-70	\$41.19
		Over 70	\$40.36

Percentage of income spent on rent is calculated using Canada Mortgage and Housing Corporation's Fall 2015 Rental Market Report: Ontario Highlights, and percentage of income spent on food is calculated using Nutritious Food Basket data. Additional monthly expenses such as telephone, transportation, household and personal items, childcare, clothing and school supplies are not accounted for in these estimates and would therefore have to come out of whatever remaining income would be available after paying for rent. Thus, people living on low incomes cannot afford basic healthy foods after paying for rent and factoring in these other costs of living. Only the Family of Four Median Ontario Income Scenario illustrated in the Nutritious Food Basket full report requires less than this 30 percent of income for housing. Of note, Old Age Security is the only income support mechanism that is tied to inflation and guaranteed for Canadian residents (after the age of 65).

The Nutritious Food Basket Protocol:

The cost of the Nutritious Food Basket is based on average prices from local grocery stores for specified quantities of foods in a prescribed list as per the National Nutritious Food Basket (2008). It meets current nutrition recommendations from Canada's Food Guide for individuals of different ages, genders and life stages; reflects current food consumption patterns of Canadians and is further adjusted for household size.¹

The Nutritious Food Basket Protocol and its accompanying Guidance Document are used in May each year to assess the cost of basic healthy eating in Waterloo Region. As per the protocol, the lowest available retail price for each of the 67 specific food and

beverage items was collected from seven food retail stores across the region; including department stores, independent grocery stores, and large chain grocery stores. The price for each item is averaged across the stores to provide a mean cost to be used in the Nutritious Food Basket calculation. The calculation also includes an additional five percent to cover miscellaneous food items (such as seasonings, condiments, baking supplies, coffee and tea), but does not include convenience food items, or other non-food items such as soap, toilet paper, toothpaste, or personal hygiene products. The Nutritious Food Basket does not take special dietary restrictions or local foods into consideration, or the additional cost of eating out or inviting company to share a meal.¹

Data from the Nutritious Food Basket costing surveillance tool is used to:

- Monitor the basic cost of healthy eating
- Compare the basic cost of healthy eating with income and other basic living expenses
- Plan programs that promote food security
- Inform and advocate for policy decisions that promote food security¹

Basic Income Pilot and Bill 6:

On November 3, 2016, the Ministry of Community and Social Services announced the creation of a Basic Income Pilot Project. The Basic Income Pilot Project will test a new approach to poverty reduction in Ontario. A consultation process has begun to seek input into the Project and will be open until January 31, 2017. For more information, please see: <https://www.ontario.ca/page/basic-income-pilot-consultation>

The proposal of Bill 6 took place September 2016. Bill 6 is “An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission”. This commission would be asked to report on cost of living and make recommendations regarding social assistance rates and policies related to social assistance programming across Ontario. For more details and status updates, please see:

http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4117&isCurrent=&BillStagePrintId=7249&btnSubmit=go

Both of these initiatives may make it possible for people living on low incomes to make healthy food choices. The Honourable Hugh Segal’s discussion paper entitled, “Finding a Better Way: A Basic Income Pilot Project for Ontario” provides advice for the pilot; which includes a recommendation for a single individual on Ontario Works to receive approximately \$1320.00 minimum monthly, as well as the opportunity to earn additional labour market income.¹⁴ See Table 2 for an example of how this recommendation would impact a single individual on Ontario Works in Waterloo Region.

Table 2

Discussion Paper Recommendation

	Current¹⁵	Recommendation
Monthly income	\$768	minimum \$1320 ¹⁴
Percentage of income required for food	38%	22%
Percentage of income required for rent	92%	53%
Funds remaining	\$-226.40	\$325.60

The Nutritious Food Basket data provides a snapshot in time of the cost of eating well in Waterloo Region. This data provides additional support to the need for basic income support to help reduce food insecurity across our 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 requirements of the Chronic Disease and Injuries Program Standards, specifically Chronic Disease Prevention Requirement 2 which states:

"The board of health shall monitor food affordability in accordance with the Nutritious Food Basket Protocol, 2008 (or as current) and the Population Health Assessment and Surveillance Protocol, 2008 (or as current)"¹⁶.

Corporate Strategic Plan:

This report supports the focus area of Healthy, Safe and Inclusive Communities in the 2015-2018 Corporate Strategic Plan.

Financial Implications:

Activities related to the implementation of the Nutritious Food Basket Protocol, and the Population Health Assessment and Surveillance Protocol described in this report were implemented 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.

Other Department Consultations/Concurrence:

Consultation with Community Services.

References

- ¹Ontario. Ministry of Promotion. Nutritious food basket guidance document [Internet]. Toronto, ON: Queen's Printer for Ontario; 2010 [cited 2016 Oct 3]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/guidance/nutritiousfoodbasket_gr.pdf
- ²Food and Agriculture Organization of the United Nations [Internet]. Rome: FAO; c2016. Food security statistics; 2016 [cited 2016 October 3];[about 1 screen]. Available from: <http://www.fao.org/economic/ess/ess-fs/en/>
- ³Statistics Canada. Table 326-0020 *Consumer Price Index, monthly (2002=100 unless otherwise noted)*, CANSIM (database) [Internet]. [cited 2016 Oct 3]. Available from: <http://www5.statcan.gc.ca/cansim/a26>
- ⁴Rollin AM. The increase in food prices between 2007 and 2012. Statistics Canada Catalogue no. 27-11-626-X. Economic Insights [Internet]. [place unknown]: Minister of Industry; 2013 [cited 2016 Oct 3]. Available from: <http://www.statcan.gc.ca/pub/11-626-x/11-626-x2013027-eng.pdf>
- ⁵Kirkpatrick SI, Dodd KW, Parsons R, Ng C, Garriguet D, Tarasuk V. Household food insecurity is a stronger marker of adequacy of nutrient intakes among Canadian compared to American youth and adults. *The Journal of Nutrition* [Internet]. 2015 May [cited 2016 Oct 18]; 145(7):1596-1603. Available from: <http://jn.nutrition.org/content/early/2015/05/20/jn.114.208579.full.pdf+html>
- ⁶Kirkpatrick SI, Tarasuk V. Food insecurity is associated with nutrient inadequacies among Canadian adults and adolescents. *The Journal of Nutrition* [Internet]. 2008 [cited 2016 Oct 18]; 138(3):604-612. Available from: <http://jn.nutrition.org/content/138/3/604.full.pdf+html>
- ⁷Roshanafshar S, Hawkins E. Food insecurity in Canada. Statistics Canada Catalogue no. 82-624-X. Health at a Glance [Internet]. [place unknown]: Minister of Industry; 2015 [cited 2016 Oct 21]. Available from: <http://www.statcan.gc.ca/pub/82-624-x/2015001/article/14138-eng.pdf>
- ⁸Tarasuk V, Cheng J, de Oliveira C, Dachner N, Gunderson C, Kurdyak P. Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal* [Internet]. 2015 [cited 2016 Oct 13]; 187(14):E429-E436. Available from: <http://www.cmaj.ca/content/early/2015/08/10/cmaj.150234.full.pdf+html>
- ⁹Florence MD, Asbridge M, Veugelers PJ. Diet quality and academic performance. *Journal of School Health* [Internet]. 2008 April [cited 2016 Oct 21]; 78 (4): 209-215. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2008.00288.x/epdf>
- ¹⁰Statistics Canada. Education and occupation of high-income Canadians. National household survey (NHS), 2011. Catalogue no. 99-014-X2011003. NHS in Brief [Internet]. [place unknown]: Minister of Industry; 2013 [cited 2016 Oct 21]. Available from: http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-014-x/99-014-x2011003_2-eng.pdf

¹¹Birmingham G. The cost of eating well; The health impact of food insecurity [Internet]. Waterloo, ON: Region of Waterloo Public Health; [cited 2016 Oct 21]. Available from: http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/Cost_EatingWell.pdf

¹²Canadian Community Health Survey, 2013-2014 Statistics Canada, Share File, Ontario MOHLTC

¹³Kirpatrick SI, Tarasuk V. Housing circumstances are associated with household food access among low-income urban families. *Journal of Urban Health: Bulletin of the New York Academy of Medicine* [Internet]. 2011 [cited 2016 Oct 11]; 88 (2), 284-296. Available from:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3079041/pdf/11524_2010_Article_9535.pdf

¹⁴ Segal HD. Finding a better way: A basic income pilot project for Ontario [Internet]. Toronto, ON: Massey College in the University of Toronto; 2016 [cited 2016 Nov 23]. Available from: https://files.ontario.ca/discussionpaper_nov3_english_final.pdf

¹⁵Region of Waterloo Public Health And Emergency Services. The cost of the nutritious food basket in Waterloo Region 2016 [Internet]. Waterloo, ON: Region of Waterloo Public Health And Emergency Services; [cited 2016 Nov 23]. Available from: http://chd.region.waterloo.on.ca/en/healthyLivingHealthProtection/resources/NutritiousFoodBasket_Report2016.pdf; Table 2.

¹⁶Ontario. Ministry of Health and Long-Term Care. Ontario public health standards 2008; Revised May 2016 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2016 [cited 2016 Oct 3]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf

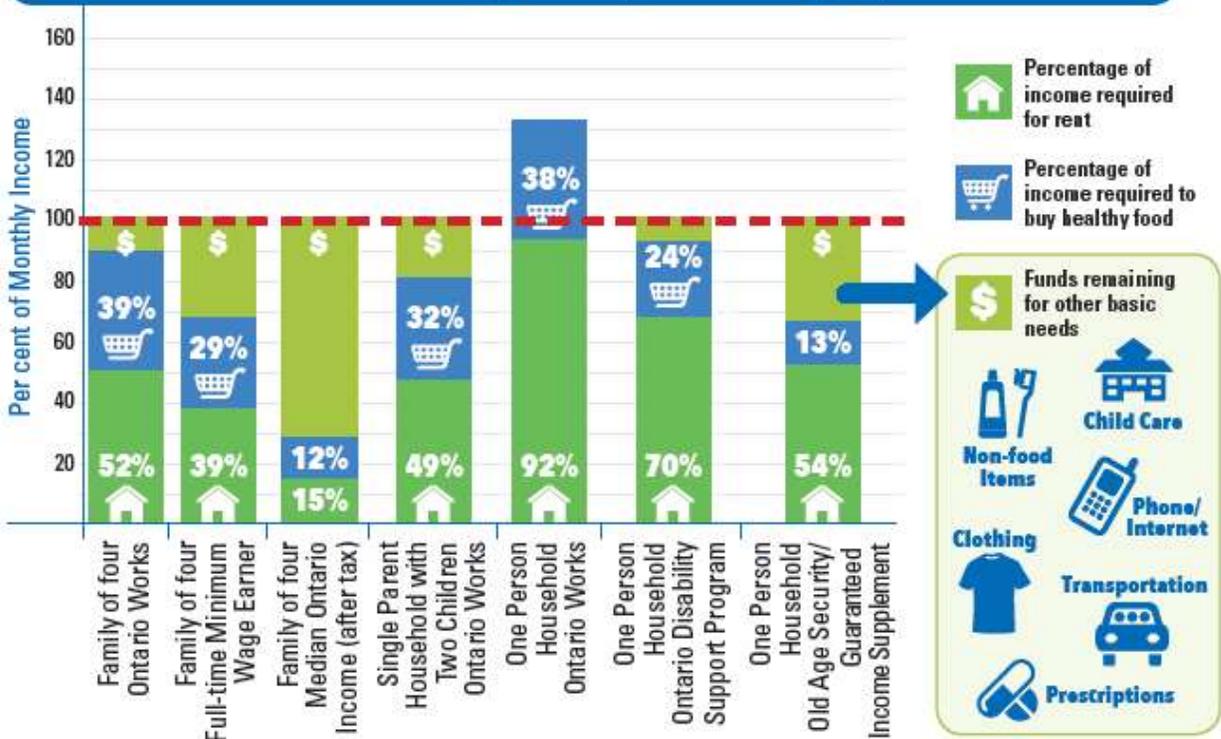
Attachment A

The Cost of the Nutritious Food Basket Waterloo Region, 2016

The cost of eating healthy for a family of four in 2016 was:



The Cost of the Nutritious Food Basket and Rent Per cent of Monthly Income, Waterloo Region, 2016



Food insecurity = not being able to access healthy foods

19,465 households in Waterloo Region are food insecure.
That's **10%** of households.



Food insecurity increases risk for chronic disease and poor mental health.



The root cause of food insecurity in Canada is **low income.**

What can you do to help?



Understand that the root cause of food insecurity in Canada is low income.



Talk to others about the many issues affecting the health of Waterloo Region.



Put food issues on the agenda.



99 Regina Street South, PO Box 1633, Waterloo, ON N2J 4V3
Phone: 519-575-4400 TTY: 519-575-4608 Fax: 519-883-2241
www.regionofwaterloo.ca/ph

Alternate formats and citation sources of this document are available upon request.



Report: PHE-IDS-16-09

Region of Waterloo

Public Health & Emergency Services

Infectious Diseases, Dental and Sexual Health

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

Date: December 6, 2016

File Code: D29-30

Subject: Public Health Emergency Preparedness Program Report

Recommendation:

For information.

Summary:

The Ontario Public Health Standards (2008) establish the requirement for a Public Health Emergency Preparedness program across Ontario's 36 boards of health. The Emergency Preparedness Standard, and its associated protocol, outlines the key requirements for public health emergency planning, preparedness, communication and training.

This report provides an overview of how Region of Waterloo Public Health (Public Health) meets its emergency program requirements, highlights recent collaborative activities with both internal (e.g. Emergency Management Office, Community Services Department) and community partners and provides Regional Council, as the Board of Health, with a quick reference fact sheet which outlines their role in a public health emergency.

Report:

Public Health Emergency Preparedness Program

The Ontario Public Health Standards (2008) establish the mandate for a Public Health Emergency Preparedness program across Ontario's 36 boards of health. The goal of the program, as outlined in the Standard, is to "enable and ensure consistent and effective response to Public Health emergencies with public health impacts." The

Emergency Preparedness Standard, and its associated protocol, outlines the key requirements for Public Health emergency planning, preparedness, communication and training.

There are eight requirements in the Emergency Preparedness Standard which are grouped into four categories:

- Assessment and Surveillance
- Health Protection Emergency Planning
- Risk Communications
- Public Awareness and Education, Training and Exercises

Public Health fulfills the goals of the Standard through the implementation of its programs, which meet all mandated requirements. In addition to fulfilling its mandate from the Province, the Public Health Emergency Preparedness Program collaborates and ensures alignment with the Region's Emergency Management Office (EMO). This relationship contributes to the coordination and integration of Public Health and Regional planning and preparedness activities.

This report reviews Public Health's compliance with the Emergency Preparedness Standard, work completed over the past year, and introduces a recently completed fact sheet which outlines the role of Regional Council as the Board of Health in a public health emergency or an emergency with public health impacts.

Emergency Preparedness Program Standards

Assessment and Surveillance

A key requirement of the Emergency Preparedness Standard is to conduct a Hazard Identification and Risk Assessment of the community from a Public Health perspective. The Hazard Identification and Risk Assessment is a means of identifying and assessing hazards and risks in the community, and helps inform emergency planning and preparation for the identified risks.

Public Health has recently collaborated with the Emergency Management Office in reviewing the corporate Hazard Identification and Risk Assessment, which will lead to a revision of Public Health's Hazard Identification and Risk Assessment in 2017. The Hazard Identification and Risk Assessment is reviewed annually and updated as required.

Health Protection Emergency Planning

The Emergency Preparedness Standard requires Public Health to develop an Emergency Response Plan which is based on the Incident Management System (IMS), a standardized framework for emergency response. Public Health has implemented the

Incident Management System and has incorporated the response structure into its emergency response plans.

As with all Regional departments, Public Health has developed a Business Continuity Plan (BCP) to identify, prioritize and sustain time-critical functions and services during an emergency incident or business disruption. The Public Health Business Continuity Plan remains an “evergreen” document which reflects program changes that are made on an ongoing basis.

Risk Communications and Public Awareness

The Standard requires that Public Health maintain a 24/7 on-call and emergency notification procedure. Public Health’s 24/7 services are part of the Region’s Service First Call Centre (SFCC) which currently provides Regional departments with 24/7 capabilities. Public Health staff are available weekdays, weekends and holidays 24/7.

Public Health has also worked with the Emergency Management Office to increase the public’s awareness of emergency preparedness during annual activities such as Emergency Preparedness Week (May). Additional efforts include social media messaging as well as the development of website resources. A recent example of a website resource includes information on building a family emergency preparedness kit, which can be viewed at:

<http://chd.region.waterloo.on.ca/en/healthyLivingHealthProtection/Family-and-Personal-Preparedness.asp>

Education, Training and Exercises

Public Health’s management team has undergone progressive education and training by taking a number of provincially offered Incident Management System courses. These include: Emergency Management Ontario’s introductory (IMS-100) and advanced (IMS-200) courses and/or the Public Health Ontario (PHO) equivalent. Annual staff training through emergency exercises are also conducted. This will ensure managers and staff are prepared for the roles and activities they may be asked to perform in the event of an emergency.

Community Partners

Region of Waterloo Public Health has a long history of collaboration with its many internal Regional and community partners. In particular, Public Health has been working closely with the Community Services Department and the Emergency Management Office. Recently, attention has been focused on community partners such as the Canadian Red Cross, St. John Ambulance and the Waterloo-Wellington Community Care Access Centre (WWCCAC) in order to clarify and test roles and responsibilities in an emergency evacuation centre.

Public Health will continue to foster and enhance relationships with existing community partners and to further develop new opportunities where they may exist.

Recent Activities and Collaboration

Over the past eighteen months, Public Health has collaborated with a number of community partners to enhance the collective understanding of roles and responsibilities during several key emergency situations identified by the Hazard Identification and Risk Assessment. These include responses to hazardous materials (HazMat) incidents in collaboration with Fire and Police, an influenza plan that is scalable so it can respond to seasonal influenza as well as a pandemic, and a plan for Public Health support at local emergency evacuation centres. The latter integrates fully with the Region's Emergency Social Services Response Plan.

Fact Sheet on role of Regional Council as the Board of Health

A number of fact sheets were developed by Public Health staff for Regional Council, as the Board of Health, in response to feedback received from a Board Self-Evaluation Survey conducted in 2012. The fact sheets were designed as "quick reference guides" for Regional Council on their role as the Board of Health.

In response to Councillors' request to better understand their role as the Board of Health in a public health emergency, we have created an additional fact sheet which outlines this information. It is attached as Appendix 1.

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 Public Health Emergency Preparedness Program Standard of the Ontario Public Health Standards.

Next Steps

Public Health will continue to refine its response, planning and preparedness activities and work closely with the corporate Emergency Management Office, other Regional Departments and community partners to support the strategic goals and objectives of the corporation and of the Public Health Emergency Preparedness Standard.

Region of Waterloo Public Health will also report on its activities annually to Regional Council as the Board of Health.

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:

Activities carried out as part of Public Health's Emergency Preparedness Program are covered under 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.

Other Department Consultations/Concurrence:

Nil

Attachments:

Appendix 1: Fact Sheet for Regional Council as the Board of Health: Board of Health role in a public health emergency

Prepared By: Rob Bromley, Health Promotion & Research Analyst (Public Health)

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

Fact sheet for board of health members



Region of Waterloo
PUBLIC HEALTH AND
EMERGENCY SERVICES

Board of Health role in a public health emergency

#11 of 11 fact sheets

Purpose of fact sheet

The purpose of this fact sheet is to provide information to members of Regional Council as the Board of Health to help them understand their role and that of Public Health staff in a public health emergency or an emergency with public health impacts.



Definition of a public health emergency

A “public health emergency” means the occurrence or imminent threat of a situation, such as an outbreak of an infectious agent, natural disaster or large scale environmental hazard, that poses a substantial risk of a large number of deaths or serious harm to a population, and which has the potential to overwhelm routine capabilities to address the threat and/or the health consequences. (Public Health Ontario, 2013)

Example of public health emergencies or emergencies with a public health impact:

There are two primary ways that the Medical Officer of Health and the public health unit can participate in an emergency:

- Actively leading an emergency response during a health emergency in the community (such as infectious disease outbreak, e.g., SARS, H1N1)
- Supporting a regional/municipal emergency response in situations where community health consequences may arise (such as support role for evacuation / reception functions overseen by the Region's Community Services Department)

Examples where Public Health would play a leading or supporting role in an emergency:

- Outbreaks of infectious diseases (e.g., SARS, H1N1, Meningitis)
- Contamination of local drinking water
- Major food-borne illness event
- Supporting Regional emergency evacuation and reception centres

The Ontario Public Health Standards:

The Ontario Public Health Standards establish the minimum requirements for fundamental public health programs and services. Public Health Emergency Preparedness is one of fourteen Ontario Public Health Standards which set requirements for public health units to enable them to effectively respond to public health emergencies or emergencies with public health impacts.

In accordance with the Public Health Emergency Preparedness Standard, public health units need to:

- Orient officials to its emergency response plan, which would be integrated with municipal emergency plans and training
- Identify and assess risks of a public health nature
- Have emergency response and business continuity plans
- Be available 24/7 in case of emergencies
- Promote public awareness of emergency preparedness activities (in collaboration with community partners)
- Provide education and training for public health staff
- Exercise their plans and 24/7 notification protocols

next page ►



Roles and responsibilities:

Regional Council as the Board of Health

In the event of a public health emergency or an emergency with public health impacts, the role of Regional Council as the Board of Health is to be aware of the situation and remain abreast of Public Health's response, which would be integrated with the municipal emergency response.

Regional Council should expect to receive updates on the public health response from the Medical Officer of Health and designated staff, in accordance with the health unit's mandate as per the Ontario Public Health Standards (described above) and tailored to local needs. In Waterloo Region, this would occur through normal channels of communication (e.g., CSC reports, email updates) or through reports to the Region's Emergency Control Group, depending on scope, scale, timing and urgency.

Medical Officer of Health and Public Health staff

The roles and responsibilities of the Medical Officer of Health (and by extension, designated or appointed Public Health staff) are granted under the Health Protection and Promotion Act. The Health Protection and Promotion Act also provides the legal authority for the Medical Officer of Health to respond to a public health emergency. Regional

and municipal emergency response plans may also establish additional roles and responsibilities for the Commissioner/ Medical Officer of Health in an emergency. Essentially, the Medical Officer of Health is responsible for:

- Co-ordinating the response to public health related emergencies or anticipated emergencies
- Providing direction in accordance with the Health Protection and Promotion Act on matters which adversely affect public health
- Liaising and collaborating with Regional departments (e.g., Water Services, Housing, Children's Services), various government agencies and relevant local health care organizations
- Updating key decision makers and seeking direction as appropriate

Public Health support in municipal emergency response plans

Local municipalities may enact their city or township emergency plans in response to an incident and typically request the support of the Medical Officer of Health and Public Health staff with their response. During an emergency declared by the Region of Waterloo, the Commissioner/ Medical Officer of Health is automatically a member of the Regional Emergency Control Group, and provides Public Health support for the response through this group.

Under such circumstances, Public Health would also liaise with health care system representatives as appropriate. The role of the Local Health Integration Network is evolving.

Other roles for municipal representatives

The Regional Emergency Response Plan includes further information about the role of Council members during an emergency.

The information contained in this fact sheet originates from the **Ontario Public Health Standard** document, **Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9., Health Protection and Promotion Act, R.S.O. 1990, CHAPTER H.7**, the Regional Municipality of Waterloo Emergency Response Plan, Schedule "A" to By-Law No. 04-026, and the Public Health and Emergency Services Emergency Response Plan.

Alternate formats of this document are available upon request.

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Report: CPC-16-02

Region of Waterloo

Waterloo Region Crime Prevention Council

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

Date: December 6, 2016 **File Code:** C06-60

Subject: Ontario's Opioid Crisis: An epidemic within an epidemic

Recommendation:

For information.

Summary:

The Waterloo Region Crime Prevention Council (WRPCPC) has provided leadership and collaborated across multiple sectors and systems on drug-related policies and programming for almost a decade. During this time, there has been a significant amount of effort in addressing issues of death, injury, addiction, crime, and victimization related to opioids locally and beyond.

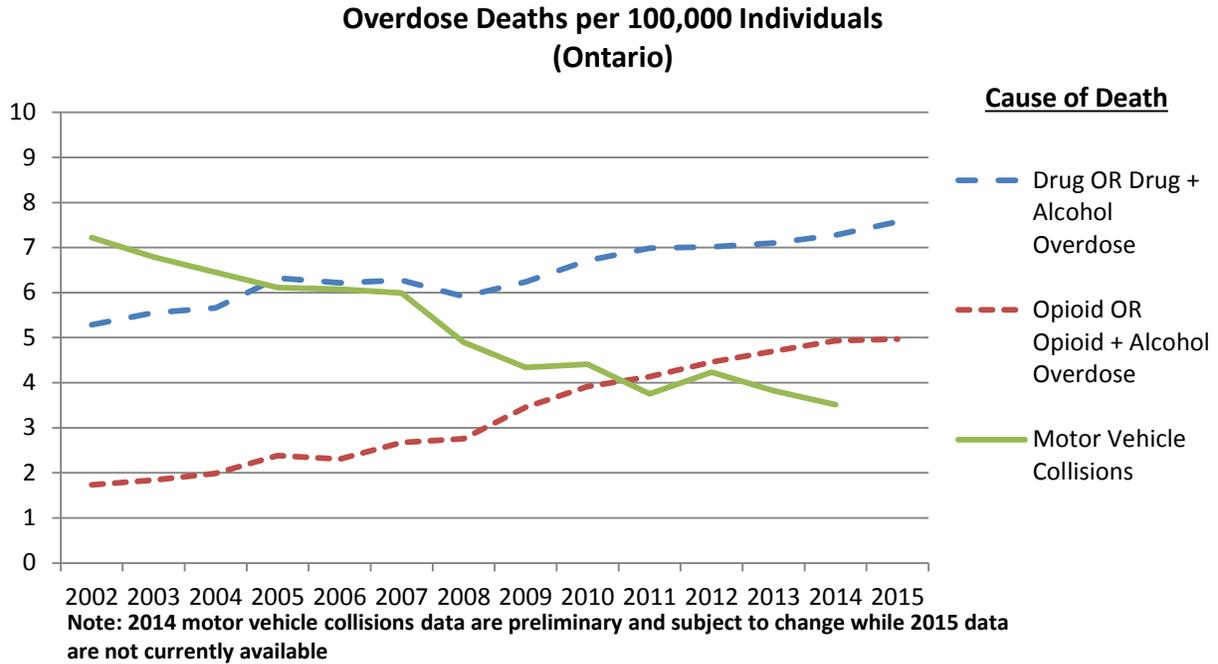
This report provides an overview of the opioid crisis, and a snapshot of the epidemic within an epidemic: the infiltration of bootleg fentanyl (an opioid) into the illicit drug marketplace. The report also provides a brief overview of efforts from the Waterloo Region Crime Prevention Council and partners to reduce the burden of accidental death and injury. Finally, this report describes the significant resource challenges confronting WRPCPC driven by requests for policy, programming, networking, resources and subject matter knowledge.

Report:

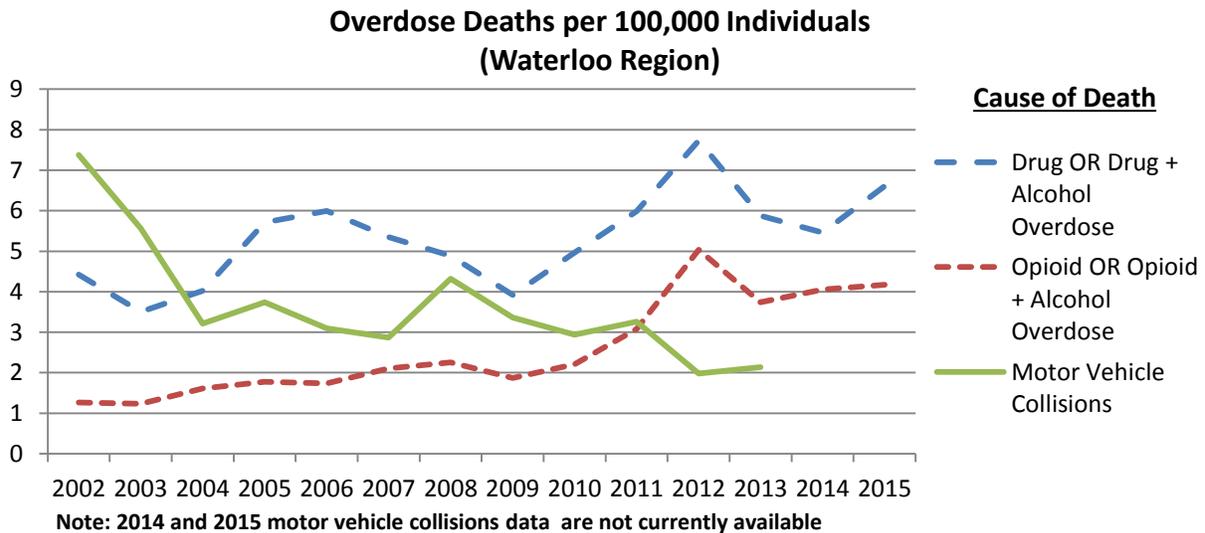
Canada and the U.S.A. lead all nations in prescription opioid consumption, a substance of known dependency and significant adverse effects for more than a century. As a result, Canada and the U.S.A. are both experiencing the worst drug safety crisis in their nation's history.

Ontario overdose deaths from opioids have risen to record levels every year since 2000, with more than 7,000 victims to date and are a leading cause of acute death, outpacing deaths on roadways, in Waterloo Region and across Ontario. Across Ontario in 2015,

one person died from an opioid-related overdose every 13 hours (700 victims). For all drug-related overdose fatalities, the rate is one death every 8 hours (1,060 victims).



Source: Figure produced by the Waterloo Region Crime Prevention Council using data from the Office of the Chief Coroner of Ontario and the Ontario Ministry of Transportation.



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In Waterloo Region, at least 24 people died from an opioid-related overdose in 2015. All drug-related overdoses surpassed deaths on Waterloo Region roadways in 2005 and opioid-related overdose deaths exceeded fatalities on Waterloo Region roadways for the first time in 2011-12. Non-fatal overdoses and the associated burden due to injuries are not monitored in Ontario however hospital visits and admissions have increased across the province.

The bootleg fentanyls are analogues (derivatives) of the basic fentanyl structure which itself is a high-dose opioid. Bootleg fentanyls are essentially research substances that found very limited or no legal commercial application. While the pharmaceutical formulation is approximately 80-100 times the toxicity of morphine, bootleg versions range from 15 – 10,000 times the toxicity of morphine. Quality control standards are dangerously substandard compared to their pharma-produced equivalents, leaving consumers and those trafficking in drugs with little certainty about the toxicity. Urine screen studies indicate that amongst people who tested positive for fentanyl, most were unaware of ever consuming it.

Bootleg fentanyls are now the predominant driver of record-level overdose fatalities in many U.S. states, including those bordering Ontario. In Alberta overdose deaths increased by 4,500% (from 6 deaths in 2011 to 274 deaths in 2015). British Columbia declared a provincial Public Health Overdose Emergency in April 2016. In Ontario, 201 or 28% of 700 opioid-related deaths involved fentanyl in 2015, up 48% from 136 fentanyl-related deaths in 2013. However, the Coroner's Office does not at this time test for bootleg fentanyls specifically.

Despite the absence of these health surveillance data, several indicators point to a rise in overdose deaths being driven by the bootleg fentanyls in Ontario:

- It is a record year for seizures of bootleg fentanyls both locally and across Ontario.
- Tests by Health Canada indicate a 43% rise in seizure samples testing positive for fentanyls in the first 10 months of 2016 compared to 2015.
- While data collection and management by Ontario's paramedic services is not standardized, individual paramedic services are reporting a significant rise in overdose-related calls for service in 2016 over 2015:

Ottawa: up 36% (from 1,027 in 2015 to projected estimate of 1,400 in 2016)

Hamilton: up 59% (from 722 in 2015 to 959 as of October 31, 2016)

Waterloo Region: up 68% (from 226 to 380 in first 10 months of 2015 and 2016)

- 2016 has been a record year for Overdose Alerts issued in several Ontario municipalities, with large clusters of overdoses occurring locally and beyond.
- Reports from across Ontario indicate that the bootleg fentanyl are present in a range of substances, including non-opioid drugs such as cocaine and crystal methamphetamine or pressed into counterfeit pills to resemble Oxy 80s, Percocet, Xanax etc. People who use substances daily or occasionally are at risk of death or injury.
- Police services are taking significant steps to ensure officer health and safety is protected due to the toxicity of, and risk of, bootleg fentanyl exposure.

In 2008, the WRCPC published **A First Portrait of Drug Related Overdoses in Waterloo Region** that provided a first glimpse into the extent and typology of overdoses in Waterloo Region. This report also identified bootleg fentanyl (fentanyl analogues) as an issue of emerging concern and recommended:

- a) real time monitoring and
- b) the establishment of naloxone programs

A second report provided guidance to establishing naloxone programs and through the **In The Mind's Eye Film + Forum** series, WRCPC engaged health professionals to provide overdose prevention training sessions.

In 2009, the WRCPC began development of the **Waterloo Region Integrated Drugs Strategy** (WRIDS) through a multi-sectoral Task Force of 26 members. Approved by WRCPC in December 2011, and subsequently benefitting from a successful Trillium grant in 2013, today the WRIDS has a part-time coordinator, a small but dedicated budget and several committees guiding implementation of select WRIDS recommendations.

In 2012, WRCPC and the Wellington Guelph Drug Strategy monitored for the impact of OxyContin's removal from the market and produced two reports of findings and recommendations. In surveys and community forums, citizens and organizations expressed concern about the absence of services for people addicted to opioids, including an anticipated switch to more dangerous drugs provided via the black market and a rise in overdose deaths, among other impacts. Both concerns have been realized.

In 2012, the WRCPC undertook research to determine barriers to calling 911 during an overdose emergency (Rec. 75 in WRIDS) and found that 911 was called less than half of the time. A committee of WRCPC was struck and recommended the establishment of a national Good Samaritan Law. In 2015, this research led to a private Members Bill called the Good Samaritan Overdose Act (C-224), and WRCPC was invited to provide evidence before the House of Commons Standing Committee on Health in June 2016.

In October, Bill C-224 passed third reading with all party support and is now before the Senate.

In 2012, the WRCPC wrapped up the series called **In The Mind's Eye: Issues of Substance Use in Film + Forum** due to resource limitations. Over its six year tenure, the annual series provided more than 220 free events throughout Waterloo Region to a wide diversity of more than 11,000 participants and became the catalyst for several local initiatives.

In 2013, WRCPC provided province-wide webinars for overdose training funded by the Ministry of Health and Long Term Care. In the same year WRCPC worked with Toronto Public Health and the Ontario Harm Reduction Distribution Program to design an Ontario-wide naloxone distribution program. The program was subsequently limited to Public Health units and eligible Hepatitis C organizations, a smaller distribution mechanism than envisioned in the original design.

In June 2013, the WRCPC in partnership with Peterborough Police Services issued a province-wide advisory on fentanyl analogues after the detection of bootleg fentanyls in Ontario. This became the first of many advisories to appear in Canada. WRCPC also released two related films, a national webinar series, a campaign to Clear-out Your Medicine Cabinet together with pharmacists, school boards, police and others across the Waterloo Wellington Local Health Integration Network's (WWLHIN) area. Three overdose awareness-raising posters to call 911, and an overdose prevention card that is used locally and beyond were also created in 2013.

In June 2015, WRCPC authored a report containing recommendations to reduce overdose deaths and injuries called **Prescription For Life**. The report was released and provided by the Ontario Municipal Drug Strategy Coordinators Network of Ontario to 41 stakeholders and subsequently endorsed and supported by several Public Health and medical entities, among others.

In 2015, WRCPC began receiving reports of overdose anomalies in several Ontario communities, suggesting that the bootleg fentanyls were becoming more common, mirroring trends in the U.S.A. and the Western provinces. In March, the U.S. Drug Enforcement Agency called the bootleg fentanyls a "significant threat to public health and safety." By the fall of 2015, the U.S. Center for Disease Control had issued the first of two Health Alerts on the bootleg fentanyls, and stressed the need for urgent, multi-sectoral collaboration. In November of 2015, WRCPC together with health professionals requested urgent action from the Province of Ontario to reduce opioid overdose deaths. The letter was endorsed by 80 organizations and professionals from across the province including several local partners.

In November 2015 concerns about the chronic absence of real time monitoring in Ontario and the threat presented by the bootleg fentanyls on top of the existing opioid crisis, the

Waterloo Region Integrated Drugs Strategy (WRIDS) Steering Committee resolved to establish a local monitoring and alert system. A collaborative effort amongst several local agencies resulted in **OMARS - the Overdose Monitoring Alert Response System**. The first overdose alert was provided in January 2016 after a cluster of overdoses was detected. OMARS is now managed by Waterloo Region Public Health and the WRIDS coordinator alongside community partners, including Emergency Medical Services, Sanguen Health Centre, the Working Centre, Waterloo Region Police Services and WRCPC.

In April 2016, WRCPC co-authored a second letter with a group of health professionals to the Province of Ontario requesting an urgent and collaborative effort on overdoses, including a clear strategy, emergency preparedness plans and a dedicated coordinator. Within two business days, 234 organizations and individuals from across Ontario had endorsed the letter.

On August 29, 2016, the WRCPC issued a second province-wide advisory on the bootleg fentanyl with the Ontario Association of Chiefs of Police. A new WRCPC poster about bootleg fentanyl was developed and is now in use throughout Ontario.

In October 2016, the Ontario government announced a “Comprehensive Overdose Strategy” and added ‘overdose coordinator’ to the duties of the Chief Medical Officer of Health of Ontario (CMOH). While a welcome recognition that Ontario has an opioid problem, the two page document at first sight does not appear to be comprehensive enough to address the complexity of the opioid crisis. An ad hoc committee of WRCPC has been struck to review the Ontario announcements.

In November 2016, WRCPC was invited to attend Federal Health Minister Jane Philpott’s **National Opioid Summit** co-hosted by Ontario Health Minister Eric Hoskins. Staff attended on behalf of WRCPC and a report about the Summit is scheduled to come forward at the regular WRCPC meeting in December 2016.

The WRCPC has become an important source of evidence-based information for media and in 2016 has generated approximately 185 media hits. WRCPC has worked with journalists to reduce stigmatizing/stereotyping language. This is a key theme in the WRIDS and the WRCPC Strategic Plan. Anecdotally, there has been a discernable improvement in content.

In 2016 more than in any other year, the WRCPC has been overwhelmed by requests to provide policy and programming assistance, subject matter knowledge and other resources to a wide variety of entities inside and outside of Waterloo region. These efforts are essentially filling with limited local capacity a province-wide gap in addressing what is now widely acknowledged as a crisis. What WRCPC predicted over several years is now upon us and yet there are few systems of intervention in place that can save lives, reduce injuries, prevent related crimes, and decrease both the financial and

psycho-social burden of overdose and addiction on municipalities across Ontario.

Given the WRCPC's significant role across the province and the absence of any place to refer requests to coupled with competing priorities in the WRCPC Strategic Plan, it has been suggested that the WRCPC request support from Public Health Ontario (PHO), the CMOH and the WWLHIN. The WRCPC has followed this advice and additionally provided several updates to local area MPPs. Public Health Ontario directed the WRCPC to approach the CMOH. The WWLHIN suggested to wait and see what will emerge from the provincial announcement. The CMOH suggested to WRCPC to contact Regional Council and Local Public Health.

At the regular meeting of WRCPC in October 2016, Council directed staff to continue to fill essential gaps for the time being and to again request supporting resources from the CMOH as well as approach the WWLHIN. The WRCPC will present to the WWLHIN Board on December 14, 2016.

Beyond the practical resource limitations WRCPC finds itself in what can only be described as an ethical dilemma. While other aspects of crime prevention need attention (including those WRCPC is committed to in the Regional Strategic Plan) to simply withdraw from the current work in absence of being able to provide clear referral alternatives is troublesome especially during a time of crisis.

Corporate Strategic Plan:

Healthy Safe and Inclusive Communities, Enhance community safety & crime prevention: Stimulate community interventions that decrease the risk factors for crime and victimization with a special focus on inequality, exclusion and stigmatization (4.5.2)

Financial Implications:

Nil

Other Department Consultations/Concurrence:

Region of Waterloo Public Health has been advised of this report.

Attachments

Nil

Prepared By: Michael Parkinson, Community Engagement Coordinator

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



Report: CSD-HOU-16-19

Region of Waterloo
Community Services
Housing Services

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

Date: December 6, 2016

File Code: S13-30

Subject: Supportive Housing Update

Recommendation:

For information.

Summary:

In December 2015, Council approved recommendations related to the Community Homelessness Prevention Initiative (CHPI) Supportive Housing Request for Proposal (RFP) (CSD-HOU-15-25). As a result, the Region entered into agreements April 1, 2016 for the new CHPI Supportive Housing Program (Program) with eleven sites through eight providers. At the same time, the two providers who were not continuing in the CHPI Supportive Housing Program entered into transition agreements ending September 30, 2016. With changes in Cambridge as a result of the RFP, STEP Home (providing mobile support to housing) was expanded and is piloting a new best practice, team-based model over 2016-2018. This report provides an update and further details on these activities.

Report:

1.0 Role of Supportive Housing Within the Housing Stability System

Waterloo Region now has two programs providing supportive housing for people experiencing homelessness with the greatest depth of need: CHPI Supportive Housing (fixed-site supports to housing) and STEP Home (mobile supports to housing). Both of these programs are accessed through a single coordinated access process called PATHS (Prioritized Access to Housing Stability). Both of these programs provide longer

term housing support coordination and serve youth, adults and families across Waterloo Region. Further information on these programs can be found in the brochure available on the Region's website - [Supportive Housing: Funded Through Region of Waterloo Housing Services](#) (or www.regionofwaterloo.ca). Over the past year (2015/16), a total of 96 people experiencing long-term homelessness were housed through PATHS with 125 people remaining on the PATHS list waiting for service as of March 31, 2016 (CSD-HOU-16-15).

CHPI Supportive Housing Program Redesign

The full redesign process is detailed in the [CHPI Supportive Housing Redesign Wrap-Up Report](#) available on the Region's website (www.regionofwaterloo.ca). Highlights from this report include:

Timeline

- Background research for redesigned program completed over 2011-2013
- CHPI Supportive Housing Program [Framework](#) approved May 2014
- Prequalification (PQ) process completed over November 2014 – February 2015
- CHPI Supportive Housing Program [Standards](#) approved July 2015
- Request for Proposal (RFP) process completed over April – November 2015
- Council approved recommended Program providers in December 2015
- New Program began April 1, 2016
- Implementation timeframe 2016-2018

New Program Providers

- Total of 278 spaces in eleven sites through eight providers
- Five self-contained unit buildings (166 spaces) and six shared living buildings (112 spaces)
- Site distribution (seven in Kitchener, three in Waterloo, one in Cambridge)
- Mix of ages and households (eight serving ages 16 +, two serving older adults/seniors 55+, one serving families)
- Mix of organizations (nine charitable non-profit and two private for-profit)
- Of the eleven sites, ten were previously funded through the Region and were redesigned for the new Program and one new site was added

Transitions

- Nine former providers entered into transition agreements (seven as a result of the PQ process and two following the RFP process) all of which ended between April and September 2016

- Of the nine transitioned providers, four continue to operate and five have ended operations resulting in successful transitions of 177 tenants who were offered transition support through Lutherwood tenant transition workers
- Of the 177 tenants, 105 (59 percent) accessed transition supports
 - 72 percent male and 28 percent female
 - Ages ranging from 23 years to 87 years old, with the majority being above the age of 55
 - All were on some form of income support with nearly half accessing the Ontario Disability Support Program (ODSP)
- Housing outcomes for those supported
 - 92 percent of tenants obtained permanent housing that matched what they needed and wanted in terms of affordability, housing type, location, and support levels
 - No one experienced homelessness - eight percent (six tenants) are either waiting in a temporary housing situation until their preferred option becomes available or exited service and found housing on their own
 - Some tenants had been underserved and required greater levels of support and some were over served with the ability to live more independently
 - 41 percent transferred to another home within the CHPI Supportive Housing Program (majority to retirement home settings or shared living)
 - 20 percent moved to independent living options (Community Housing or the private rental market) of which some needed and were connected with community support options (e.g., mental health worker, meals on wheels, CCAC)
 - 19 percent moved to private retirement or boarding homes
 - 11 percent moved to Long Term Care
 - 7 percent moved to specialized housing that better met their needs (specialized mental health, developmental services)
 - Re-housing costs averaged \$790 per person

New Program Implementation

- Implementation timeline 2016-2018
- Accomplishments over 2016
 - Refined Program eligibility criteria
 - Initiated coordinated access process
 - Developed communication tools for referral agencies
 - Created an online catalogue and virtual tours of each building

- Introduced common assessment tool and completed baseline with all existing tenants to help determine support plans through the Service Prioritization Decision Assessment Tool (SPDAT)
- Introduced Housing Support Coordination Guide including training, practices and tools
- Introduced community inclusion programming
- Introduced greater level of tenant independence and participation in meal preparation, laundry, and housekeeping in programs where staff had previously been responsible for these areas
- Implemented new rent and support contribution policies
- Reviewed staff qualifications and completed program-wide training
- Established stronger partnerships with other related support sectors
- Focus for 2017/18
 - Strengthening housing support coordination practices
 - Refining coordinated entry and intake processes
 - Developing memorandums of understanding to solidify partnerships
 - Implementing evictions prevention practices and policies
 - Implementing support for tenants who have stabilized, no longer need support, and want to move to other appropriate housing
 - Expanding tenant's formal and informal support networks
 - Increasing tenant income stability and financial inclusion
 - Engaging tenants in program evaluation and improvement

2.0STEP Home Cambridge Team Pilot

STEP Home (mobile supports to housing) has existed across Waterloo Region since 2008. As of April 2016, capacity was added to STEP Home in Cambridge to serve an additional 40 participants. This expansion of STEP Home utilizing a new best practice team-based model will support changes in Cambridge as a result of the RFP and is being piloted over 2016-2018.

Prior to 2016, four agencies (Argus Residence for Young People, Cambridge Self-Help Food Bank, Cambridge Shelter Corporation, and Lutherwood) were involved in STEP Home but largely operated individually to find and serve participants. Beginning in 2016, a team lead and coordinator have been hired to support STEP Home staff from these four agencies to join together in a co-located space to work together as a team. The team includes intensive housing support workers, housing liaison workers, housing-focussed street outreach workers and a peer worker.

The STEP Home Team pilot was developed over April and May with training beginning in June and final hiring completed in August. The team has now been fully operating for three months. As of the end of October 2016:

- The team has housed 19 people who have experienced persistent homelessness and is supporting them to stabilize in housing;
- There are an additional 34 people on the PATHS list who have indicated interest in living in Cambridge and 11 who have indicated interest in either Cambridge or K-W (total of 47 – comprised of 42 adults and five youth); and
- The team still has capacity and will be working to house and support at least an additional 40 people over the next year.

The pilot will be undergoing evaluation in 2017 with next steps being brought back to Council in early 2018.

Corporate Strategic Plan:

Implementing supportive housing 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 Increase the supply and range of affordable and supportive housing options.

Financial Implications:

The CHPI Supportive Housing Program and the Cambridge STEP Home expansion is funded entirely through 100% provincial CHPI Funding.

Other Department Consultations/Concurrence:

NIL

Attachments:

NIL

Prepared By: Marie Morrison, Manager, Housing Stability
Lisa-Dawn Brooks, Social Planning Associate

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