Regional Municipality of Waterloo
Community Services Committee
Minutes

Tuesday, February 24, 2015
1:35 p.m.
Regional Council Chamber
150 Frederick Street, Kitchener


Members Absent: S. Shantz

Motion to Reconvene Into Open Session

Moved by K. Redman
Seconded by J. Mitchell

That the meeting reconvene into open session.

Carried

Declarations of Pecuniary Interest under “The Municipal Conflict of Interest Act”

None declared.

Delegations

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

B. Lingenberg read a statement informing the Committee of a number of individuals that have recently passed away in the Region. A copy of the statement is appended to the
original minutes. The Committee thanked B. Lingenberg for her statement and offered their condolences.

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

*D. Craig left the meeting at 1:45 p.m.

Moira Sharon Magee appeared before the Committee to follow up on her delegation to Regional Council on January 21, 2015. She provided a written statement prior to the meeting that is appended to the original minutes. M. Magee expressed her disappointment with the response from Regional Council to her previous delegation. She explained that she has further experienced difficulties with utility payments due to different information provided by the Region and the City of Kitchener.

M. Magee noted that she is opposed to an Emergency Medical Services (EMS) policy that does not require paramedics to record who has provided them with information regarding a patient. She stated that she has had difficulty obtaining and correcting police and health records. This has affected her ability to enter the United States. She requested the Region’s assistance with correcting this in her records. M. Magee informed the Committee that she has participated in the Skills for Safer Living program, which is a program for individuals with recurring suicidal thoughts. She advised the Committee to stand up for individuals in the Region who have mental health issues and who are at risk of suicide. She stated that there is an average of one suicide per week in the Region.

M. Magee provided a written statement after the meeting that is appended to the original minutes.

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

Orin Roberts appeared before the Committee to provide a presentation on the situation facing Marsdale Manor if they are denied funding under the Consolidated Homelessness Prevention Request for Proposals (RFP) Process. A copy of the presentation is appended to the original minutes. He explained that they submitted a prequalification fourteen minutes after the deadline because they went to the wrong location. He requested that Marsdale Manor be permitted to participate in the RFP process.

Carla Geldof provided a presentation on behalf of the union representing the employees of Marsdale Manor. A copy of the presentation is appended to the original minutes. She outlined the impact that the loss of funding will have on the staff and residents of Marsdale Manor.
Keith Lamson provided a presentation on his concerns with the prequalification process and the affect that moving will have on residents. A copy of the presentation is appended to the original minutes. He noted that the elimination of funding will result in 38 lost jobs and will force 90 residents to move. He stated that a forced move, especially in a very short time frame, will have a negative affect on the residents.

The delegation submitted a petition on behalf of the staff. A copy of the petition is appended to the original minutes.

Regional Chair K. Seiling asked staff to clarify how the funding change will occur. Douglas Bartholomew-Saunders, Commissioner, Community Services, explained that staff have advised Marsdale Manor that there will be a negotiated extension to the existing contract to ensure the smooth transition of residents. He clarified that no residents will be required to move on March 31, 2015 and that residents will have multiple months to move. K. Lamson stated that he believes a forced move would still negatively affect residents regardless of the time frame.

In response to a question from the Committee, O. Roberts explained that they waited until the last day for submissions because they were told to check the website daily for changes to the prequalification document.

**Reports - Community Services**

c) CSD-HOU-15-03, Community Homelessness Prevention Initiative Supportive Housing Program Prequalification 2014-04 Results

Deb Schlichter, Director, Housing Services, provided a presentation on Homelessness to Housing Stability and the related funding changes. A copy of the presentation is appended to the original minutes. She explained that the Region currently contributes to 50 housing stability projects per year. Staff are working to address the consolidation of housing and homelessness programs into the CHIPI program. D. Schlichter noted that the single funding envelope for these programs will allow for more flexibility with directing the funding.

In response to a question from the Committee, D. Schlichter stated that all of the service manager areas in the province are dealing with this funding change. The Region is taking a leading role and many others are approaching staff for advice on the Region’s experience.

Chair G. Lorentz asked for staff to explain the rationale for using a prequalification. D. Schlichter explained that responding to a RFP requires a significant amount of work on behalf of a proponent and that the prequalification process allows for an initial screening without burdening proponents with the RFP.
In response to a question from the Committee, D. Bartholomew-Saunders explained that March 31, 2015 is when the existing domiciliary hostel funding contract will end. The Region is permitted to continue contracting with Marsdale Manor until March 2016 but will be looking to transition residents within a 6 to 9 month window based on their individual needs.

The Committee requested that staff present a memo at the next Regional Council meeting outlining the timing of Marsdale Manor’s submission and the likely effects on the residents should the funding for Marsdale Manor be discontinued.

Received for information.

Delegations

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

Joel Knight and Paula Bryk, Co-Chairs of the Waterloo Region Food System Roundtable, provided a presentation on behalf of the Waterloo Region Food System Roundtable. A copy of the presentation is appended to the original minutes. J. Knight noted that their online and social media presence has grown. P. Bryk gave an overview of the Waterloo Region Food Charter that was passed last year. A copy of the Food Charter is appended to the original minutes. They thanked the Region for its continued support of the Waterloo Region Food System Roundtable.

Report received for information.

Presentations

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

The presentation was deferred to next Committee meeting.

b) Immigration Partnership Update – Ian McLean and Tara Bedard - Immigration Partnership

Ian McLean, Chair, Immigration Partnership Working Pillar, and Tara Bedard, Manager, Immigration Partnership, provided a presentation on the work of the Immigration Partnership. A copy of the presentation is appended to the original minutes. I. McLean explained the structure of the Immigration Partnership and the work that they are currently undertaking to support immigrants in the Region. He noted that there will be a public event on March 26, 2015 at the Tannery to provide networking opportunities and
information about the work of the Immigration Partnership. He invited the members of the Committee to attend the event and join the conversation.

The Committee thanked the Immigration Partnership for their work in the community.

* B. Vrbanovic left the meeting at 2:50 p.m.

c) Cultural Heritage Programs and Public Art – Kate Hagerman, Cultural Heritage Specialist

The presentation was deferred to next Committee meeting.

**Request to Remove Items from Consent Agenda**

There were no requests to remove items from the consent agenda.

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

Moved by T. Galloway

Seconded by K. Kiefer

That the following items be approved:

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

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

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

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

  Carried
Regular Agenda Resumes

Reports - Community Services

a) CSD-HOU-15-04, Community Homelessness Prevention Initiative Update

It was noted that item c) was being referred to the Budget Committee for consideration.

Moved by T. Galloway

Seconded by J. Mitchell

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

a) Request additional base funding of $1,175,000 for CHPI from the Ministry of Municipal Affairs and Housing.

b) Forward report CSD-HOU-15-04 to the Ministry of Municipal Affairs and Housing, the Association of Municipalities of Ontario (AMO) and the Ontario Municipal Social Services Association (OMSSA).

c) Increase the 2015 Operating Budget for Housing Services by $82,500 gross and $0 net regional levy and increase 1.0 temporary full time equivalent for Housing Services as of April 1, 2015 to March 31, 2016 to support the final CHPI transition year, and refer this matter to Budget Committee for consideration.

d) Authorize the Director, Housing Services to reallocate funding between CHPI service categories within year, as needed, to ensure full utilization of the CHPI allocation.

Carried

b) CSD-HOU-15-05, Kitchener-Waterloo Out of the Cold 2014/15 Response Plan Implementation Update

Van Vilaysinh, Acting Manager, Social Planning, provided a presentation on the work undertaken to respond to the Out of the Cold site closures. A copy of the presentation is appended to the original minutes. She noted that fewer people are using the YWCA’s transitional shelter than were using Out of the Cold sites last year; while the number of individuals accessing the formal shelters has increased. Staff at the shelters are focusing on directing individuals to daytime support workers who can help them in their housing search and connect them with other community supports.
V. Vilaysinh informed the Committee that on November 30, 2014 and December 1, 2014 there was a registry survey conducted and 339 individuals were identified as experiencing homelessness. 127 individuals were identified as having an increased risk of mortality. She noted that a final report on the response to the Out of the Cold site closures will be presented to the Committee in June, 2015.

The Committee congratulated staff for the successful response to the closures.

Received for information

1812838

V. Vilaysinh informed the Committee that on November 30, 2014 and December 1, 2014 there was a registry survey conducted and 339 individuals were identified as experiencing homelessness. 127 individuals were identified as having an increased risk of mortality. She noted that a final report on the response to the Out of the Cold site closures will be presented to the Committee in June, 2015.

The Committee congratulated staff for the successful response to the closures.

Received for information
c) CSD-EIS-15-02, Social Assistance Management System (SAMS) Implementation Update

D. Bartholomew-Saunders provided an overview of the report. He noted that since the previous Committee meeting the province has announced that a consultant has been hired to review the technology and make recommendations on how to correct the issues created by SAMS.

J. Mitchell stated that some community agencies have seen a significant decrease in the number of individuals referred from the Region. Some of these agencies have noted that this could have a detrimental impact on their funding.

D. Bartholomew-Saunders noted that these challenges have been affecting all municipalities but that the Region compares quite favorably to many other locations. He thanked staff for their hard work on this issue.

Moved by K. Redman

Seconded by W. Wettlaufer

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

Carried

Reports – Public Health and Emergency Services

d) PHE-PSV-15-01, Backgrounder on Paramedic Services Budget Issue Paper

Stephen Van Valkenburg, Director/Chief Emergency Medical Services, provided a presentation on the EMS Master Plan and options related to the Paramedic Services Budget Issue Paper. A copy of the presentation is appended to the original minutes. He noted that call volume has been increasing and that demand is expected to continue
Staff have issued a budget issue paper recommending that one of the existing Rural Emergency Response Units (RERU) be converted to a 12 hour ambulance. He presented two other options being the status quo and adding a 12 hour ambulance while keeping the existing RERU. S. Van Valkenburg provided an overview of the costs and anticipated impacts of each option.

In response to a question from the Committee, S. Van Valkenburg explained that the ambulance system is fluid and ambulances will be moved around based on where the next call is most likely to come from. He noted that RERUs stay in rural areas and are unable to transport patients.

The Committee discussed the impact on response times in rural areas of the three options. It was noted that adding an ambulance would benefit the entire Region but cost an additional $162,000 for 2015. In response to a question from the Committee, Craig Dyer, Commissioner, Corporate Services, stated that staff would budget for a 50% subsidy from the province in 2016 if an ambulance is added.

Received for information.

e) PHE-IDS-15-03, Measles Update

Karen Quigley-Hobbs, Director Infectious Disease, Dental and Sexual Health, provided an overview of report and explained that as of February 11, 2015 there were 8 confirmed cases of measles in the province but none within the Region. The majority of the cases were individuals who were not immunized or had received only one of the two required doses of the vaccine. K. Quigley-Hobbs noted that the coverage rate among students in the Region is approximately 93%.

In response to a question from the Committee, Dr. Hsiu-Li Wang, Associate Medical Officer of Health, stated that vaccinations are effective protection against the new strain of measles that has been identified in Toronto.

Received for information.

**Reports – Planning, Development and Legislative Services**

f) PDL-CUL-15-07, Public Art for the Cambridge Centre Terminal

Chair G. Lorentz stated that staff have recommended that a Cambridge Councillor be appointed to the jury for this project, and that H. Jowett has volunteered.

Moved by S. Foxton

Seconded by D. Jaworsky

1812838
That the Regional Municipality of Waterloo approve an expenditure of up to $55,000 to be funded from the Public Art Reserve Fund for an artwork project at the new Cambridge Centre Terminal being planned to serve ION and Grand River Transit users at the Cambridge Centre mall on Hespeler Road, as outlined in report PDL-CUL-15-07, dated February 24, 2015.

And that Councillor Helen Jowett be appointed to sit on the jury selection committee, along with other jury members named by the Public Art Advisory Committee.

Carried

Information/Correspondence

a) Council Enquiries and Requests for Information Tracking List was received for information.

Other Business

In response to a question from the Committee, D. Bartholomew-Saunders stated that Marsdale Manor was the only proponent to submit a prequalification after the deadline.

Next Meeting – March 24, 2015

Adjourn

Moved by S. Foxton

Seconded by K. Kiefer

That the meeting adjourn at 3:58 p.m.

Carried

Committee Chair, G. Lorentz

Committee Clerk, T. Brubacher
DO YOU RECOGNIZE THESE PEOPLE? OBITUARIES OF THE POOR

DINO – Died Nov. 21, 2014 alone in his bed. Age about 55.

He was poor yet helped homeless women by letting them sleep on his couch. Lost left leg due to diabetes. Ate most meals and enjoyed the social aspect at the Ray of Hope. Family never visited him and he died in isolation. He was well known and liked in his building. Dino had mobility issues and needed a scooter and then an electric wheelchair. Last winter he got stuck with his scooter and it cost him $1,100 to repair his scooter. He used his food money to pay for the repairs and ended up eating most of his meals at the Ray of Hope. He had almost no food money for five months.

No funeral service in Waterloo Region.

Cause of death – unknown.

TERRY – Died Nov. 25, 2014 in St. Mary’s Hospital. Age 65.

He was poor. Enjoyed coffee and socializing at Tim Horton’s. He did not have much contact with his family. Most of his meals were out of cans. He smoked a lot and had diabetes and emphysema. We met one week before he died and in my heart I knew he would die very soon. I asked him if I could call him an ambulance or a family member. He said, “No, I’m fine. I’m just tired and weak. And F- the family.” I told him he looks terrible and that I know he will die soon. We cried together. Eight days later he died.

No memorial service as of today.

Cause of death – unknown.

ROXY – Died Jan. 3, 2015 in Grand River Hospital. Age almost 44.

She was homeless and poor. She loved to hug and to help people. She loved music and dancing. She was into drugs and prostitution and you may ask why. Her one son died in a house fire because she owed a drug debt to her boyfriend at that time. The boyfriend was babysitting her son and set the house on fire and let her son die.

Roxy and I always hugged and we had a very special friendship even though we were from two different worlds. Her hugs showed an unbelievable amount of love.

She once asked me to ask people like you what you could do to help people get out of poverty.

Beautiful memorial service at the soup kitchen on Friday, January 16, 2015.

Cause of death - probable drug overdose.
MIHAL (MIKE) – Died Jan. 11, 2015 at home alone in bed. Age 56.

He was poor and he loved coffee and socializing at Tim Horton’s. He loved his sister very much and he used to cry because all he ever wanted was to meet up with her for a coffee two or three times a week. She was not able to meet him often due to her husband being embarrassed to be seen in public with Mihal due to Mihal’s schizophrenia.

Mihal had a heart of gold and liked many people and many people liked him. He was my ex-boyfriend and we had our wedding paid for before we broke up.

Mihal’s diet included lots of coffee, sugar and carbohydrates. He ate lots of meals at the soup kitchen and the Ray of Hope.


Cause of death - heart attack.

ANNIE – Died Jan. 21, 2015 alone in her apartment. Age 42.

She was poor and had been homeless for a large part of her life.

She was into drugs and I saw her injecting drugs into her main vein on her left hand while she sat on the soup kitchen bathroom floor at Roxy’s memorial on Jan. 16, 2015. What a sad sight! She told one of her closest friends that she missed Roxy and wanted to be with Roxy.

The memorial was on Feb. 6, 2015 at the soup kitchen.

Cause of death - probable drug overdose.

SCOTTY – Died between January 29 and February 2, 2015 somewhere in Waterloo Region. Age about 38.

He was poor and homeless and ate many meals at the Ray of Hope and the Out of the Cold churches. He was into alcohol and drugs.

There was a memorial for him at the soup kitchen in mid-February 2015.

Cause of death - unknown.
ANGIE – Died mid-January 2015. Age 42.

Beautiful, kind, and loving Polish lady. She was poor and homeless and used drugs and was into prostitution. Angie once told me that she had no choice but to use drugs and prostitution because there was no other way to survive. She ate many meals at the Ray of Hope and the Out of the Cold churches. She used to couch surf in order to stay warm.

No obituary in The Record newspaper. There was a memorial for her at the soup kitchen in mid-February 2015.

Cause of death – unknown.


He was poor and friendly and caring.

Sun., Feb. 1, 2015 he left a friend's Super bowl party and walked home. Not too long after that he was found dead in a snowbank.

There was a visitation on Feb. 6 and a funeral service on Feb. 7, 2015 in Cambridge.

Cause of death – cardiac arrest.

DO YOU RECOGNIZE THESE PEOPLE?

They were well known and well liked in our community. They all lived in poverty and many were homeless.

Did you know that most poor people die 10 to 20 years earlier than the middle class and the rich? What can you do to help poor people?

GET RID OF POVERTY – SAVE THE HUMAN RACE!!!

Submitted by Birgit Lingenberg – February 2015
As you are all aware, I have brought, yet, another delegation to the Region of Waterloo. I want to promise each of you, it will be my Last. I am ashamed of each of you for the way you treated Me on January 21st, 2015. The only Councillor that has spoke to Me since about the situation is the Mayor of Waterloo. I shared with him after wanting to shake him and after my snot was on his coat that He should never compromise his person for a position or profession. I think is very sage advice.

I hope none of you are ever in the position you placed me in and that neither is anybody, you care about, ever. What saved my life that night was a stranger telling me my life mattered and hugging me at the LCBO (Ottawa & HomerWatson) The Clerk said my life mattered to 5000 people who voted for Me. I hope to find them, or anyone, one more person in this Region who will help me for real instead of stigmatizing Me to Suicide.

Please ensure you spend some time on my website to better understand the lengths to which I have gone, to have a Voice and to get real help, not liability laughs. Specifically

https://www.youtube.com/watch?v=2qDJwyTYNLM

https://www.youtube.com/watch?v=LRF2IB6jg7A

This message is also for Sean Strickland who so disrespectfully told Me I needed help. https://www.youtube.com/watch?v=s1rGtknBT2c

See you tomorrow afternoon, if I survive...

-------------------------------------
-------------------------------------

This email was sent to you by Moira Sharon Magee<achairwhocares@gmail.com> through http://www.regionofwaterloo.ca/.
From: Moira Sharon [mailto:moira-sharon@hotmail.com]
Sent: Thursday, February 26, 2015 10:19 AM
To: Tim Brubacher

Part of the key component in Minutes of Delegations is to ensure the Minutes represent the Process being brought to the Council for Consideration & its Cracks, to benefit all parties, but more importantly, to safeguard Lives and Liability. Atleast, that is how I see it, in this Arena of Community Safety.

So,,, with that in mind... I did not experience difficulties with my utility payments due to different information provided by the Region and the City of Kitchener. I experienced extreme financial hardship to the point I have no money for food. My account was emptied on the 1st of the Month, the day Wynne put my cheque in. There is a huge difference. We have a word in Suicide Prevention Circles called HALT; are you Hungry, Angry, Lonely, Tired. I am all four. I have no money for food because the City of Kitchener exercised the Municipal Act to Consolidate my Utility Arrears, which were accruing to allow me to access the Regional Utility Assistance Program, and emptied my bank account. I am naturally angry as a result of this, regardless of relying on the Hunger and I am alone in this huge pursuit for any measure of respect and justice in a Region where I just medalled for the Highest Seat, in a Painful, Exhausting Process that was futile. Except of course to confirm that my Life does not Matter.

While I didn't get to it, the Region and the City of Kitchener is Discriminating against Me because I am the registered owner of the property & shamefully exercising a Provincial Act that is not intended to operate as a punishment tool, to the detriment of a resident who is vulnerable!

At the moment, trying to deal with this outrageous minimal representation of what I presented there,,, this is the best I can do.
Please consider the following:

1) The elimination of Funding to Marsdale Manor & Optimum will without a doubt:
   a. Cause the loss of 38 jobs
   b. Displace 90 Residents
   c. Prohibit the sale of the home

2) No one likes change. Would you like it if I told you that you were moving in the next 30 days?

   Now consider that the people that are being affected by this forced relocation already have enough issues dealing with the normal day to day requirements of life.

   I have spoken with two Doctors who tell me that this forced move could and most likely would result in negative impacts on the medical conditions.

   This is a Home to the Residents not an Institution.

   Forcing these Residents to relocate is a callous disregard for the mental and emotional health.
3) Many of the 38 Employees who will lose their jobs will never find alternative work.

Take for example of 70 plus year young Food Service Manager. She works not because she wants to but because she has too.

She doesn’t stand a chance find other employment in her field.

4) We are told that it is against the law for the “late” document to be accepted as it violates the By-law.

However, in reviewing the By-law provided I do not find the word “Pre-qualification” anywhere in it.

5) Realistically we question why this is even going through a Pre-qualification and Request for Proposal Process. The fact is that we are not bidding on work. We are accepting the funds that will be provided, everyone gets the same amount.

a. Is this just a make work Project for someone in the Region.

b. It’s important to note that the Ontario Home for Special Needs Association which represent 500 Homes across Ontario reports that this is the only Region requiring Homes to go through a Pre-qualification process or a RFP Process which I understand is the next step.
6) Really a “Pre-qualification” requirement for business that have been providing services to the Community and Region for many, many years. Are you telling me that the Region knows and has allowed some of the current providers to be providing unsafe or unsuitable accommodations and improper care to the Residents?

7) The Ontario Homes for Special Needs Association tells me that:

   a. Other Regions are working closely with the homes even providing additional funding to support the Homes to meet and exceed the new Provincial requirements

   b. They have received numerous complaints from the Homes in this Region asking them to take their cause to Queen’s Park

8) When this “pre-qualification” process was first being introduced the various Home Owners sought Legal Counsel. At that time, they were advised by the Commissioner that they had nothing to worry about that it was just a formality and no one would be adversely affected.

9) I have asked if I could buy the Home and request Funding and I was told NO. So from now into eternity no other bids will be accepted.

10) The belief amongst the various Home Owners is that this pre-qualification process is actually just a hidden way for the Region to eliminate them and replace them with non-profit Agencies.
In fact, all the Home Owners that I have spoken to feel that the Region is strongly focused on the elimination of the independent business
Home owner

We learned last night that there are organizations that were approved during the pre-qualification process that don’t even have a location
February 24, 2015

Good afternoon. My name is Carla Geldof, and I work for the CLAC, the multi-sector union representing the employees who work at Marsdale Manor. CLAC has been privileged to represent the staff at Marsdale Manor since March 1991, some of whom are here today. Many of the employees at Marsdale have worked there for a number of years, and I can’t imagine how they received the news that Marsdale would be losing their funding as of March 31, 2015. In the space of an half hour, they faced the reality that as of March 31, they may no longer have a job. Since February 12, they have been wondering how they will pay their mortgages, how they will buy groceries or pay their bills, and most of all – why is this happening?

There seems to be no logic behind the decision to cut the funding to Marsdale Manor. We can understand that the funding structure has changed; what we cannot understand is why Marsdale Manor will have absolutely no funding as of March 31. All of the documentation suggests that the new funding structure is intended to enhance quality of life for tenants, improve service, and meet provincial expectations. The reality is that cutting the funding to Marsdale Manor will not result in enhanced quality of life for those tenants, or improved service. These employees have been providing dedicated, selfless, excellent care to the residents of Marsdale Manor – some of them for as many as twenty-five years. Cutting the funding will result in a loss of those services. Cutting the funding will deny those residents that care provided by the staff of Marsdale Manor. Cutting the funding will not “improve service” for the residents of Marsdale Manor; they will experience a severe decline in service.

As I said – some of the staff at Marsdale Manor have been there for as long as twenty-five years. Where do you suggest they go to find alternative employment – full-time employment? Marsdale Manor has been able to provide employment security, benefits, and meaningful work – until now. Their dedication and service appear to mean nothing to the Region. With one decision – their employment will end. Where will they go? What will they do? How will they provide for their families? Some of these employees are nearing the end of their careers, and cannot work multiple jobs to support themselves. These staff have been caring for the residents for a long time, and they know the residents like their own family.
There is also the question of the residents. Region staff have advised the owner of Marsdale Manor that they will move the residents to housing that is appropriate for their required needs. This is not as simple as it seems. Many, if not all, of these residents have complex care needs (which, the staff at Marsdale Manor are already well aware of, and are more than capable of responding to those care needs). Many of those residents have been living at Marsdale for a number of years, and to uproot them from their home will have an extremely negative effect on their health, mental well-being, and their happiness. Some of the residents are living at Marsdale because there simply is no other housing option available to them. Whether it’s because of health, financial status, little or no family support – Marsdale is simply their only option, and has turned out to be a safe, healthy and happy environment for them. If Marsdale Manor was their only option, where will the Region house these residents? What will be accomplished by moving these residents from a well-established, well-trained and experienced establishment to another establishment? Cutting the funding to Marsdale Manor has a damaging and potentially dangerous effect on the livelihood of these residents. Without well-thought out, realistic and sustainable answers to these questions, nothing should change.

I am urging to you to seriously consider the impact of cutting funding to Marsdale Manor. Consider the effect on the staff, and the residents. With no funding, the staff will lose their livelihood. With no funding, the residents will lose their homes. Staff will lose their ability to provide for their families. Residents will lose their sense of well-being. Staff will no longer be able to provide the care that these residents so desperately need. Residents will lose the community, friends and even family that they have found at Marsdale Manor. Consider the impact on all of these people. Please continue the funding; consider the application before destroying the livelihood of these staff who have dedicated their time and energy to the residents at Marsdale Manor.

Thank you.
February 24, 2015

Region of Waterloo Administrative Headquarters
150 Frederick Street
Kitchener, Ontario
N2G 4J3

Dear Councillors:

To Whom It May Concern

We the staff at Marsdale Manor enjoy serving the residents here. Most of us have been here over ten years and others over twenty years. We have come to appreciate the work we are doing, because of the lives we are changing. Many of the residents have been here for a long time, some of whom have known Marsdale to be their only home. The staff is very close to the residents and have found that they have built a community among themselves.

Our desire is to continue to help in making their stay at Marsdale Manor one that is safe, secure and comfortable. We are requesting that you will give us the opportunity to continue to provide this service to them and to others in the future.

Thank you for your considering our request.

Sincerely,

Debbie McHutchion
Jo-Ann Sargeant
Xenia Vasques

Marva Williams
Mylin Quiamzon
Elsa Beaton

Lusia Solis
Bindhu Sreekumar
Rosemarie Koswan

Linda Gagne
Senait Chukalo
Imelda Zieman

Maria Melo
Antoinette LeBlanc
Ann Majurey

Brenda Dwyer
Rosalinda Ulat
Lisa Pettigrew
Role of Regional Government

- Federal:
  - Community Entity

- Provincial:
  - Service Manager

- Community role:
  - Facilitator, research and information, participant and funder
Homelessness to Housing Stability Strategy

HHSS1 (2008-2010)

HHSS2 (2011-2024)

10 Year Plan (2014-2024)
2015/16 Overall Funding Approach

- Supportive Housing
- Emergency Shelter
- Housing Help
- Time-Limited Residence
- Capacity Building
- Street Outreach
<table>
<thead>
<tr>
<th>Programs</th>
<th>Pre-CHPI</th>
<th>CHPI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5 Programs</td>
<td>1 Program</td>
</tr>
<tr>
<td>1. Provincial Rent Bank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Emergency Energy Fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Emergency Hostel Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Domiciliary Hostel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Consolidated Homelessness Prevention Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four Service Categories:</td>
<td>1. Emergency Shelter Solutions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Housing with Related Supports</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Other Services and Supports</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Prevention</td>
<td></td>
</tr>
</tbody>
</table>
## CHPI Transition 2013-2016

<table>
<thead>
<tr>
<th></th>
<th>Pre-CHPI</th>
<th>Post CHPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation</td>
<td>MCSS &amp; OW Act</td>
<td>Housing Services Act</td>
</tr>
<tr>
<td>Ministry</td>
<td>MCSS</td>
<td>MMAH</td>
</tr>
<tr>
<td>Policy</td>
<td>OW Directives</td>
<td>Ontario Housing Policy Statement</td>
</tr>
<tr>
<td>Program Guidelines</td>
<td>CHPP Guidelines</td>
<td>CHPI Program Guidelines</td>
</tr>
<tr>
<td></td>
<td>DH Guidelines</td>
<td></td>
</tr>
<tr>
<td>Programs</td>
<td>Five different</td>
<td>1 with 4 Service Categories</td>
</tr>
<tr>
<td>Plans</td>
<td>Annual Budget Submission</td>
<td>10 Year Plan &amp; CHPI Investment Plan</td>
</tr>
<tr>
<td>Reporting</td>
<td>Separate</td>
<td>$ &amp; Outcome for all CHPI</td>
</tr>
</tbody>
</table>
# CHPI Implementation

## Strengths:
- Clear vision, principles and outcomes:
  1. People experiencing homelessness obtain and retain housing.
  2. People at risk of homelessness remain housed
- One funding envelope
- Flexibility
- New annualized funding

## Challenges:
- Other provincial funding cuts
- Initial base funding model fell short
- Supporting significant system change
Family Shelter Diversion
Early Pilot Results

• Reduction in both the number of families accessing shelter (by about half) and average length of stay (by about two thirds).

The average cost to support a family to housing stability through diversion is approximately $1,200...compared to the average cost of $4,150 per household to stay in emergency shelter.
Out of the Cold Response Plan Update
OOTC 2014/2015

Aug
• Site Closures Announced
• Delegations

Sept/Oct
• Response Plan Consultations
• Community Forum

Nov
• Response Plan In Effect

Jan/Feb
• Community Forum – mid-point update
• Report to CSC

May
• Community Forum – final evaluation
OOTC Response Plan Overview

1. Overnight Shelter Options
2. Outreach, Drop-in and Meal Options
3. Supports for Establishing Housing Stability
4. Community-wide Registry
5. Communication
6. Fostering Community Inclusion and Engagement
People Staying at Seasonal Shelters (OOTC or YWCA Transitional Shelter): November to January, 2013/14 and 2014/15
YWCA Transitional Shelter Nov-Jan

- ~200 people accessed
  - 25% only accessed once
  - 75% people stayed <10 nights
  - 15 people (7%) stayed 30+ nights

- 133 people diverted back to housing or to formal shelter

![Pie chart showing distribution of stay durations.](image)
Number of singles at formal emergency shelters: October-December 2013 & 2014

Graph showing the number of singles at formal emergency shelters from October to December 2013 and 2014.
Total Singles Seeking Overnight Shelter (formal shelters and seasonal shelters): October-December, 2013 & 2014
Community-wide Registry

- Part of 20,000 Homes Campaign
- Volunteers surveyed people sleeping in a shelter or on the street, as well as those otherwise homeless to understand health & housing needs
- Information gathered to support planning and prioritization of resources

RESULTS

339 individuals identified as experiencing homelessness, 127 of whom were highly vulnerable
Provides options and supports to end persistent homelessness in Waterloo Region
Supports for Housing Stability:
Results from November 2014 to January 2015

37 people experiencing homelessness supported to housing through STEP Home
Next Steps

• Short-term OOTC response
  – Final report to CSC in June 2015

• Longer-term OOTC response
  – Results will be integrated into the 10 Year Housing and Homelessness Plan updates and reports
CHPI Supportive Housing Redesign
1. Provincial Rent Bank
2. Emergency Energy Fund
3. Emergency Hostel Services
4. Domiciliary Hostel (DH)
5. Consolidated Homelessness Prevention Program (CHPP)
# Former Programs

<table>
<thead>
<tr>
<th>Domiciliary Hostel</th>
<th>CHPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>280 units/spaces</td>
<td>203 units/spaces</td>
</tr>
<tr>
<td>Per diem funded</td>
<td>Grant funded</td>
</tr>
<tr>
<td>Primarily shared living environments</td>
<td>Primarily self-contained units</td>
</tr>
<tr>
<td>Standards &amp; monitoring</td>
<td>Some use Housing Matrix</td>
</tr>
<tr>
<td>Not at full occupancy</td>
<td>Waiting list for service</td>
</tr>
</tbody>
</table>
Local Supportive Housing Programs

- Physical Disability & ABI
- Seniors
- Deaf/Blind
- Developmental Disability
- Mental Health & Addiction
- CHPI
Why Redesign?

- Responding to new provincial funding guidelines – aligning two program and modernizing
- Program sustainability
- Calls for service improvement to better meet tenant support needs and increase quality of life
Call for Service Improvements

- Simplified access, common assessment and priority waitlist
- Increased options for private rooms
- Increased security (e.g., locks on bedroom doors, locked space for personal items)
- Increased control over personal income
- Improved physical space
- Increased access to recreation opportunities
- Moving from a "custodial model of support" to a "recovery based model of support"
Process

- Significant research and consultation
- Council approved redesign process March 2014
- Council approved Program Framework June 2014
- Prequalification (PQ) released Nov 3, 2014 and due Jan 8, 2015
- Program Standards to Council for approval April 2015
- Request for Proposals (RFP) planned for release April 30, 2015 with 8 week turnaround
- Recommendations for Council approval fall 2015
- New Program begins April 1, 2016
Next Steps

- Feb 20 – Letters to all PQ Proponents
- Feb 26 - key community services meeting
- Feb 27 - debrief meetings with unsuccessful proponents and transition meeting to plan next steps
- March 3 – meeting with continuing providers
- March – meetings with impacted tenants and on-going support for transitions
- April 1 – Agreements (regular and tenant transition)
- April 14 - Standards to CS Committee
- April 30 – Request for Proposals released
The Waterloo Region Food System Roundtable

Joel Knight & Paula Bryk
Co-chairs
February 2015
The Roundtable

The Roundtable is a networking and policy-making group working on building a strong voice for a healthy food system in Waterloo Region.
Who We Represent

- Farmers
- Emergency food providers
- Food manufacturers
- Urban agriculture advocates
- Food distributors
- Academics/researchers
- Educators/teachers
- Food retailers
- Land use planners
- Restaurants
- Low income consumers
- Ethnic food retailers/consumers
- Organic food advocates
- Economic development organizations
- Health professionals
- Food justice advocates
- Food marketing organizations
- Neighbourhood-based food programs
- Public Health staff
- Institutional purchasers
What we do

• Bimonthly meetings – Open to the public.
• Public events
• Policy recommendations
• Action Groups
• Website & Social Media
• Newsletter
• Foodie Finder

@wrfoodsystem
Food System Blog
http://www.wrfoodsystem.ca/blog
20,547 unique website visits in 2014 or an avg. of 56 visitors per day.
We Believe...

A healthy food system is one in which all residents have access to, and can afford to buy, safe, nutritious, and culturally-acceptable food that has been produced in an environmentally sustainable way and that sustains our rural communities.
WHAT DO WE DO?

- Connect people to our local food system
- Support local farmers and food businesses
- Ensure access to healthy food for everyone
- Promote ecologically sound food system practices
- Influence food policy
Regional Official Plan amendment to permit temporary farmers' markets and community gardens in all land use designations.

All 3 cities now have policies

Planning for Food Friendly Municipalities (August 2013)
Economic Development
www.wrfoodsystem.ca

Paula Bryk
paula.bryk@gmail.com

Joel Knight
j3knight@uwaterloo.ca

@wrfoodsystem

Waterloo Region Food System Roundtable
Waterloo Region Food Charter

Vision: A healthy, just, and sustainable food system is one in which all residents have access to, and can afford to buy, safe, nutritious, and culturally acceptable food that has been produced in an environmentally sustainable way, and that supports our rural communities. Such a food system promotes social justice, population health, and profitable farms, reflects and sustains local culture, and supports ecological viability.

To achieve this vision for a healthy food system, there is a need to carry out food system planning, and to establish principles that govern food-related decisions. The Waterloo Region Food Charter defines a common vision, and provides a foundation for a food system strategy.

Because we believe in fair, environmentally sustainable, livable, and economically profitable rural and urban communities:

...we support connecting people to our local food system

- by enhancing knowledge about, and engagement in, the food in our communities. This includes:
  - empowering people to participate in the local food system
  - improving our skills for growing, preserving, and preparing food
  - educating ourselves and others about the food system
  - encouraging respect for food and the ecosystems to which it is bound
  - supporting the expansion of food grown or raised in urban and rural areas

...we support community economic development

- by building the processing and distribution infrastructure required to make local foods available for local residents and global trade. This includes:
  - prioritizing local processing, distribution, and retailing opportunities for small- and medium-sized businesses
  - encouraging public institutions to buy local and environmentally sustainable food
- by encouraging policies and other initiatives which enable profitable livelihoods for local farmers for generations to come

www.wrfoodsystem.ca
... we support **access to healthy food**

- by protecting farmland from urban development
- by supporting policies and other initiatives that ensure that everyone has access to enough nutritious food. **This includes:**
  - championing adequate incomes for everyone, so that all residents can afford to buy healthy food
  - encouraging the local production and processing of foods that contribute to the nutritional health of citizens
  - ensuring walkable access to venues that sell healthy foods
  - ensuring the widespread availability of, and access to, locally produced and culturally appropriate food
  - ensuring the availability of healthy, affordable food choices in workplaces and public institutions

... we support **ecological health**

- by promoting and supporting food production and processing methods that reduce greenhouse gas emissions; use less fossil-fuel energy; sustain or enhance wildlife habitats, watersheds, biological and seed diversity, and soil health; and that optimize or reduce the use of local natural resources to ensure long-term ecological sustainability
- by ensuring access to a safe and sustainable water supply for all residents of Waterloo Region
- by encouraging the reduction of food waste and excessive food packaging, and supporting initiatives that strive to reduce or reuse food waste, such as composting

... we support **integrated food policies at all levels of government**

- by encouraging joined-up policies across local, provincial, and federal levels of government that aim to ensure that healthy, environmentally sustainable food is available to everyone
- by recognizing the importance of comprehensive food strategies and policies that promote a profitable, viable and ecologically sustainable food system
What is Immigration Partnership

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

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

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

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

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

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

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

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

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

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

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

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

Join us.
Paramedic Services Presentation
CSC February 24, 2015

Agenda

• Review of EMS Master Plan
  » Key Elements
  » Recommendations to Council
    December 04, 2007 PH-07-061

• Budget Issue Paper Synopsis
EMS Master Plan

- The EMS Master Plan started in 2005 to create a 25 year plan for EMS

Key Elements

- A "Reasonable" response time
- Appropriate level of Care; and
- Capacity for timely transportation to hospital

- The requirements for resources and staffing, based on current call volumes and trends within the Paramedic Services department.
- There was extensive input from Regional stakeholders, both internal and external.
- Recommendations from the EMS Master Plan were brought forward to Regional Council on December 4, 2007 in PH-07-061.
EMS Master Plan

RECOMMENDATIONS:

• Contained in Report PH-07-061 Emergency Medical Services (EMS) Master Plan, dated December 4, 2007:

• Focus was on implementing non-staffing solutions up front and staffing solutions were back end loaded in the first ten years

• Adopt 10 minutes 30 seconds 90% of the time, as the Region’s EMS response time target for Code-4 emergency calls (Historical Target replaced now by the Response Time Performance Plan)

• Adopt in principle, the recommended optimized staffing requirements to maintain the 10 minute 30 second response time target, and continue ongoing review of staffing and resource needs

• As many as 3 ambulances are called for in the 2016 budget cycle to be added
EMS Master Plan

Achievements and Actions

– Tiered response
– Traffic light pre-emption system
– Ongoing investigation on efficiency and effectiveness of other dispatch models relative to the current system;
– Established a community-wide PAD Program in conjunction with St John Ambulance;
– Continued efforts to standardize collection of agency response time data to enable development of a “community response time target” for cardiac arrests;
– Collaboration with area hospitals and the provincial government to investigate alternate patient care pathways and limit the impact of hospital offload delays on EMS; and
– Ongoing advocacy with the MOHLTC EHSB to lobby for changes in provincial legislation to allow needed flexibility in local provision of EMS.
– Continuation to enact the 10 year Capital Plan with additional construction of recommended ambulance station construction, including the identified north end Fleet Centre slated between 2016 and 2020.
EMS Master Plan

• The first portion of the first 10 years was a conscious decision to implement technology changes to measure the effect on response capability (non-staffing solutions). The second portion was to focus on staffing solutions to address any shortcoming in response times

• Additions to staffing and vehicles is shown in Figure 1. You will also note that each time a resource is added to the compliment, the response time across the Region improves.

• The future of the Master Plan is also subject to a budget issue request to ensure it is updated and accurate with assumptions and predictions made almost 10 years ago now.

• Future Master Plan projections identified are:
  – Up to 2- 24 hour ambulance resources to be added in 2016
  – North end Fleet Centre
  – Refresh of the EMS Master Plan (second budget issue paper for 2015 consideration)
Figure 1: Response Time and Call volume trends 2008 - 2014

Trends in call volume and response times by year
Waterloo Region, 2008-2014

Resource/staffing enhancements

90th percentile response time (HH:MM:SS)
Backgrounder on Paramedic Services Budget Issue paper

• Response times have increased (i.e. became slower) in 2014 due to increased call volume (i.e. increase in service demand) (Figure 1).

• Demand is greatest in the densely populated areas (Fig 2).

• This demand is expected to continue to grow in future years due to the aging and growth of the population.

• The Region is no longer meeting its own Response Time Performance Plan (Figs 3 and 4) targets, except for CTAS 2.

• Additional resources are required to meet the growing demand for service
Figure 1: Response Time and Call volume trends 2008 - 2014

Trends in call volume and response times by year
Waterloo Region, 2008-2014

- Resource/staffing enhancements
- 90th percentile response time (HH:MM:SS)
Figure 2: Call volume distribution
Figure 3: Response Time Performance Plan graph

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

- **SCA (≤6:00)**: 42% (2012), 42% (2013), 39% (2014), 50% (Approved 2013/14 ROW Target)
- **CTAS 1 (≤8:00)**: 56% (2012), 75% (2013), 66% (2014), 70% (Approved 2013/14 ROW Target)
- **CTAS 2 (≤10:30)**: 82% (2012), 84% (2013), 83% (2014), 80% (Approved 2013/14 ROW Target)
- **CTAS 3 (≤10:30)**: 77% (2012), 79% (2013), 78% (2014), 80% (Approved 2013/14 ROW Target)
- **CTAS 4 (≤10:30)**: 74% (2012), 75% (2013), 74% (2014), 80% (Approved 2013/14 ROW Target)
- **CTAS 5 (≤10:30)**: 74% (2012), 73% (2013), 71% (2014), 80% (Approved 2013/14 ROW Target)
Figure 4: Response Time Performance Plan chart

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

<table>
<thead>
<tr>
<th>Type of Call</th>
<th>Response Time Target</th>
<th>Approved 2013/14 ROW Target</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Target No. of Calls</td>
<td>Outside Target No. of Calls</td>
<td>Percentile time</td>
</tr>
<tr>
<td>Sudden Cardiac Arrest</td>
<td>Defibrillator Response in 6 minutes or less (Set by MOHLTC)</td>
<td>50% or better (EMS Only)</td>
<td>206</td>
<td>42%</td>
<td>287</td>
</tr>
<tr>
<td>CTAS 1</td>
<td>EMS Response in 8 minutes or less (Set by MOHLTC)</td>
<td>70% or better</td>
<td>296</td>
<td>60%</td>
<td>153</td>
</tr>
<tr>
<td>CTAS 2</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>3,591</td>
<td>82%</td>
<td>793</td>
</tr>
<tr>
<td>CTAS 3</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>9,954</td>
<td>77%</td>
<td>2,912</td>
</tr>
<tr>
<td>CTAS 4</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>5,507</td>
<td>74%</td>
<td>1,922</td>
</tr>
<tr>
<td>CTAS 5</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>1620</td>
<td>71%</td>
<td>653</td>
</tr>
</tbody>
</table>
2015 Backgrounder for Paramedic Services

Option 1 Convert RERU to 12 hour ambulance shift

Description
• This option would replace a RERU with an ambulance.

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

Impact
• Paramedic Services would anticipate an overall improvement in Region wide response times. Figure 1 indicates that Region wide response times have improved every time an ambulance has been added (black arrows).
• Adding a RERU does not impact Region wide response time (Figure 1 grey arrow). It is anticipated that the 43 second improvement in response time experienced to date with the addition of the RERU’s in the township area would likely slip with the loss of the RERU added in 2014. This could take us back to the response times experienced when there were 2 RERU’s (i.e. 29 seconds improvement without RERUs versus 43 seconds improvement).
Figure 1: Response Time and Call volume trends 2008 - 2014

Trends in call volume and response times by year
Waterloo Region, 2008-2014

- Resource/staffing enhancements
- 90th percentile response time (HH:MM:SS)
Figure 6: Impact of adding RERU on township response times

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

90th percentile response time (HH:MM:SS)

<table>
<thead>
<tr>
<th>Year</th>
<th>All township calls, without ERU</th>
<th>All township calls, with ERU</th>
<th>All township C-4 calls, without ERU</th>
<th>All township C-4 calls, with ERU</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>21:00</td>
<td>20:45</td>
<td>19:05</td>
<td>18:50</td>
</tr>
<tr>
<td>2012</td>
<td>20:53</td>
<td>20:33</td>
<td>19:00</td>
<td>18:45</td>
</tr>
<tr>
<td>2013</td>
<td>20:29</td>
<td>20:19</td>
<td>19:00</td>
<td>18:40</td>
</tr>
<tr>
<td>2014</td>
<td>20:43</td>
<td>20:33</td>
<td>19:00</td>
<td>18:43</td>
</tr>
</tbody>
</table>

Time saved code 1-4 calls

- 00:33 00:53 00:29 00:43

Time saved code 4 calls

- 00:33 00:43 00:25 00:38
2015 Backgrounder for Paramedic Services

Option 2 Status Quo as per base budget

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

Rationale
• Not recommended

Impact
• With this option, the Region of Waterloo Paramedic Services would almost definitely not meet our Council approved Response Time Performance Plan as submitted to the Ministry of Health and Long Term Care, Emergency Health Services Branch. Paramedic Services response times would continue to increase as population grows and ages, thus increasing service demand annually. The current level of Code Reds** (Figure 7) would also continue to rise as resources are stretched to over-capacity and would be unable to keep up with the demand. As a result the services unit utilization rate would exceed the industry benchmark standard of 0.40 creating a workload issue for the service. As seen in Figure 8,

• **NOTE:** Code RED – **No** ambulances available to respond to requests for service
Figure 7: Instances of no resources in the Region left to deploy (Code Red)
Figure 8: Staff workload measure (Unit Utilization (UU))
Option 3 Add One Ambulance (12 hour shift)

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

Rationale
• This option would address not only the township response times by retaining the current RERU, but also the addition of the planned resource identified as per the EMS Master Plan. The additional ambulance would target a broader range and number of calls, in addition to the calls the RERU would continue to service in the township areas.
• This is the most costly budget option identified.

Impact
• The retention of the RERU would continue to address response times in the townships and the additional ambulance would assist the entire Region in reducing response times on a greater scale.
Figure 6: Impact of adding RERU on township response times

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

Time saved code 1-4 calls | Time saved code 4 calls
---|---
2011 | 00:33 | 00:33
2012 | 00:53 | 00:43
2013 | 00:29 | 00:25
2014 | 00:43 | 00:38
Figure 9: Response time trends by municipality