Regional Municipality of Waterloo

Community Services Committee

Minutes

Tuesday, December 6, 2016

9:05 a.m.

Regional Council Chamber

150 Frederick Street, Kitchener, Ontario

Present were: Chair G. Lorentz, L. Armstrong, E. Clarke, D. Craig, S. Foxton, T. Galloway, D. Jaworsky, H. Jowett, K. Kiefer, J. Mitchell, J. Nowak, K. Redman, K. Seiling, S. Shantz, S. Strickland.

Absent: B. Vrbanovic

Chair G. Lorentz noted the anniversary of the Montreal Massacre, and called for a moment of silence to remember this event and all women who have been victimized by violence.

Declarations of Pecuniary Interest under "The Municipal Conflict of Interest Act"

None declared

Delegations

a) Birgit Lingenberg deferred her delegation to the January 10, 2017 Community Services Committee meeting.

Consent Agenda Items

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 K. Kiefer

Seconded by S. Shantz

That the following item be approved:

- 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-16-30 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.

And that the following items be received for information:

- **PHE-16-04**, Suicide in Waterloo Region: A Health Status Report 2016
- **CSD-EIS-16-17**, Ontario Works Caseload: September 2016
- **CSD-EIS-16-18**, Ontario Works Caseload: October 2016
- **CSD-CHS-16-29**, New Continuous Quality Improvement Approach for ELCC Service System
- **PDL-CUL-16-13**, Doors Open Waterloo Region 2016

Carried

Regular Agenda Resumes

Reports – Public Health and Emergency Services

PHE-HLV-16-08, Cost of the Nutritious Food Basket (2016)

Carolyn Tereszkowski, Nutritionist, and Nora Kozman, Dietician, provided a presentation on the report, explaining how the Nutritious Food Basket is used to estimate the basic cost for an individual or household to eat healthy. A copy of the presentation is appended to the original minutes.

N. Kozman shared various scenarios to compare income, expenses for housing, and cost of food for families and individuals living on low income and how this affects food security.

In response to a question from Committee, C. Tereszkowski agreed that community gardens and community hub programs can help people to develop skills and access to healthy food.

Staff noted a number of different initiatives the province is exploring to help gather information regarding food affordability and cost of living impacts on low income people. The Ministry of Community and Social Services has announced the creation of a Basic Income Pilot Project to test a new approach to poverty reduction in Ontario. While there is no timetable set for these initiatives, Douglas Bartholomew-Saunders, Commissioner, Community Services, indicated the province is looking for pilot sites to be determined by the end of 2017 for this three-year project.

The report was received for information.

PHE-IDS-16-09, Public Health Emergency Preparedness Program Report

Dr. L. Nolan, Commissioner, Public Health / Medical Officer of Health introduced the report, noting these are standards required by the Ontario Public Health Standards (2008). She drew attention to the Fact Sheet included in the report, which was produced in response to a request for more information regarding Council's role in an emergency response, and will be added to the Councillor Orientation Package.

The report was received for information.

Reports – Community Services

CPC-16-02, Ontario's Opioid Crisis: An epidemic within an epidemic

Michael Parkinson, Community Engagement Coordinator, Waterloo Region Crime Prevention Council (CPC), provided a presentation on the report, describing issues of dependence, addiction and deaths. A copy of the presentation is appended to the original minutes.

He gave an overview of the history and use of pharmaceutical opioids in the province and the Region, and the role CPC has played in trying to cope with the growing opioid crisis. He noted the economic costs of opioid use, ranging from lost labour productivity, police enforcement and hospital costs, resources of volunteers, as well as family and personal costs. He said collaboration and leadership across all levels of government as well as the involvement of a wide range of health agencies is crucial in dealing with this crisis. He noted the Waterloo Region Integrated Drugs Strategy program has received a Trillium Grant. He shared that Carfentanil, an opioid which is 10,000 times more toxic than morphine, has now been found in the Region, and because of this program CPC was able to react quickly to get information out to the public and authorities. He noted

that CPC is evaluating how to prioritize their commitments to ensure resources are being best used.

A Carfentanil Fact Sheet was distributed to Committee and is attached to the original minutes.

In response to comments and questions from Committee, M. Parkinson agreed that often people are not aware they are consuming fentanyl, as it is being added to many different drugs, including heroin and marijuana. He noted that even with the Integrated Drugs Strategy Program it is difficult to keep up with the growing problem, and resources provided by the provincial and federal governments are very small. He noted that these drugs are being found everywhere in the Region, including schools, and while some training has been provided to Grade 9 and 12 students, CPC does not currently have the resources to provide full education programs to schools.

In response to a question from Committee, M. Parkinson noted that poor data collection makes it hard to get an accurate snapshot of who uses opioids, but that users do cross all socio-economic boundaries and all age groups. In answer to a question regarding imported bootleg fentanyl, he noted that Canadian border services currently do not check import packages smaller than 30 grams, which can contain enough lethal doses to kill a million people. He emphasized that education is key, as is the importance of evidence- based information and debunking stereotypes and stigmatization about who is at risk.

Committee asked what work is being done to cut off supply, and M. Parkinson noted a general acceptance among medical practitioners to reduce opioid prescriptions, beginning with the delisting of some regulated prescriptions beginning January 1, 2017. While palliative care patients will be excluded from this, people with chronic pain will find it challenging. Black market supply will be more difficult to deal with, and enforcement services will be challenged to shift more resources to directed policing.

Committee noted that advocacy at federal and provincial levels is important, and L. Nolan advised that staff will follow up with a report early in the new year with more information to advise Committee on options for this.

Committee thanked Crime Prevention Council for their work on the Integrated Drugs Strategy, and on this issue.

The report was received for information.

CSD-HOU-16-19, Supportive Housing Update

D. Bartholomew-Saunders introduced the report, which covers the restructuring of the Region’s supportive housing programs.

Lisa-Dawn Brooks, Social Planning Associate, provided a presentation on the report and shared some tenant stories. A copy of the presentation is appended to the original minutes. Highlights of the presentation included:

- A timeline of the redesign
- Noting new program providers and former providers who transitioned into new agreements
- Tenant transitions and support provided
- Tenant demographics by gender, age and income
- Housing outcomes, noting no one experienced homelessness as part of the transition
- New program implementation, noting the change process has been difficult for providers, but that positive impacts have been noticed by tenants

D. Bartholomew-Saunders noted that this process began at the same time as the dismantling of the Out of the Cold program, and there was concern that there were fewer housing spaces than there had been previously. The current assessment tool used by staff and providers helps to identify which services clients need and ensures a better system that responds to placing people where they need to be housed with appropriate levels of service.

In response to committee questions, Marie Morrison, Manager, Housing Stability, said staff are tracking trends to help identify what resources are needed to functionally end homelessness on an ongoing basis. She also noted there is staff in place to specifically assist families with both fixed site and mobile site housing options.

Committee noted the program has been a resounding success and thanked staff for their work.

The report was received for information.

Information/Correspondence

a) There were no items pending on the Council Enquiries and Requests for Information Tracking List.

b) Suicide in Waterloo Region Summary Report 2016 was distributed to Committee and is appended to the original minutes.

Next Meeting – January 10, 2017

Adjourn

Moved by K. Kiefer

2287468

Seconded by S. Foxton

That the meeting adjourn at 10:25 a.m.

Carried

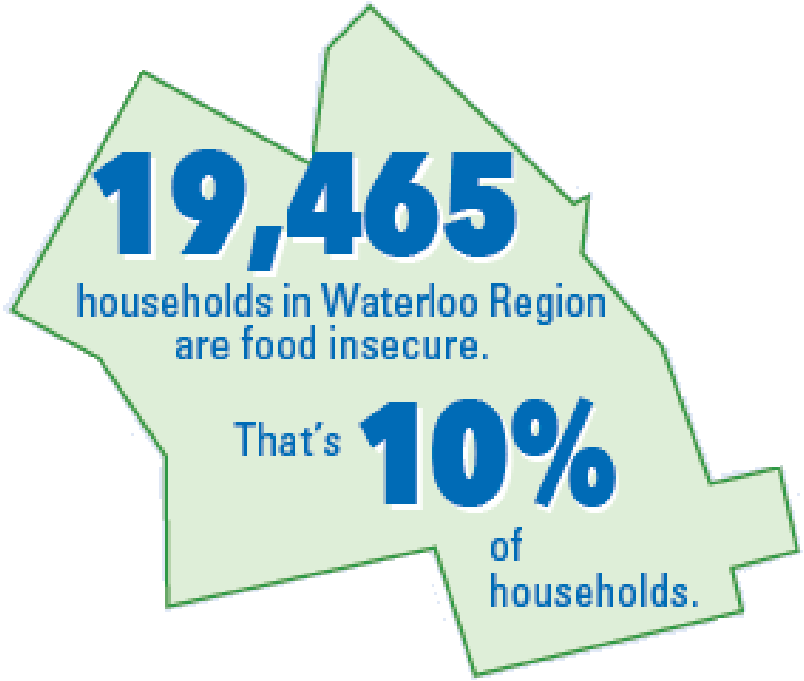
Committee Chair, G. Lorentz

Committee Clerk, T. Plummer

The Cost of the Nutritious Food Basket
Waterloo Region, 2016

In Waterloo Region

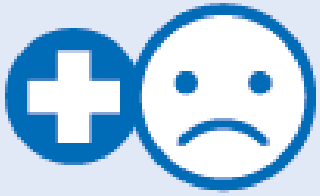
15.1% increase x 5 years



Food Security

"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"

>30% income



Household Scenarios Comparing Selected Expenses to Approximate Cost of Eating Well in Waterloo Region

	Family of 4* Median Income *(2 adults, 2 children)	Family of 4* Ontario Works	1 Adult Ontario Works	1 Adult Old Age Security/ Guaranteed Income Supplement
Total Income	$7448	$2227	$768	$1563
Average Monthly Rent	3 bedroom	3 bedroom	Bachelor	1 bedroom
	$1154	$1154	$704	$850
Food	$861.80	$861.80	$290.40	$209.71
Total Selected Expenses	$2015.80	$2015.80	$994.40	$1059.71
Funds Remaining	$5432.20	$211.20	($226.40)	$503.29
Percentage of Income Required to Purchase Healthy Food	12%	39%	38%	13%

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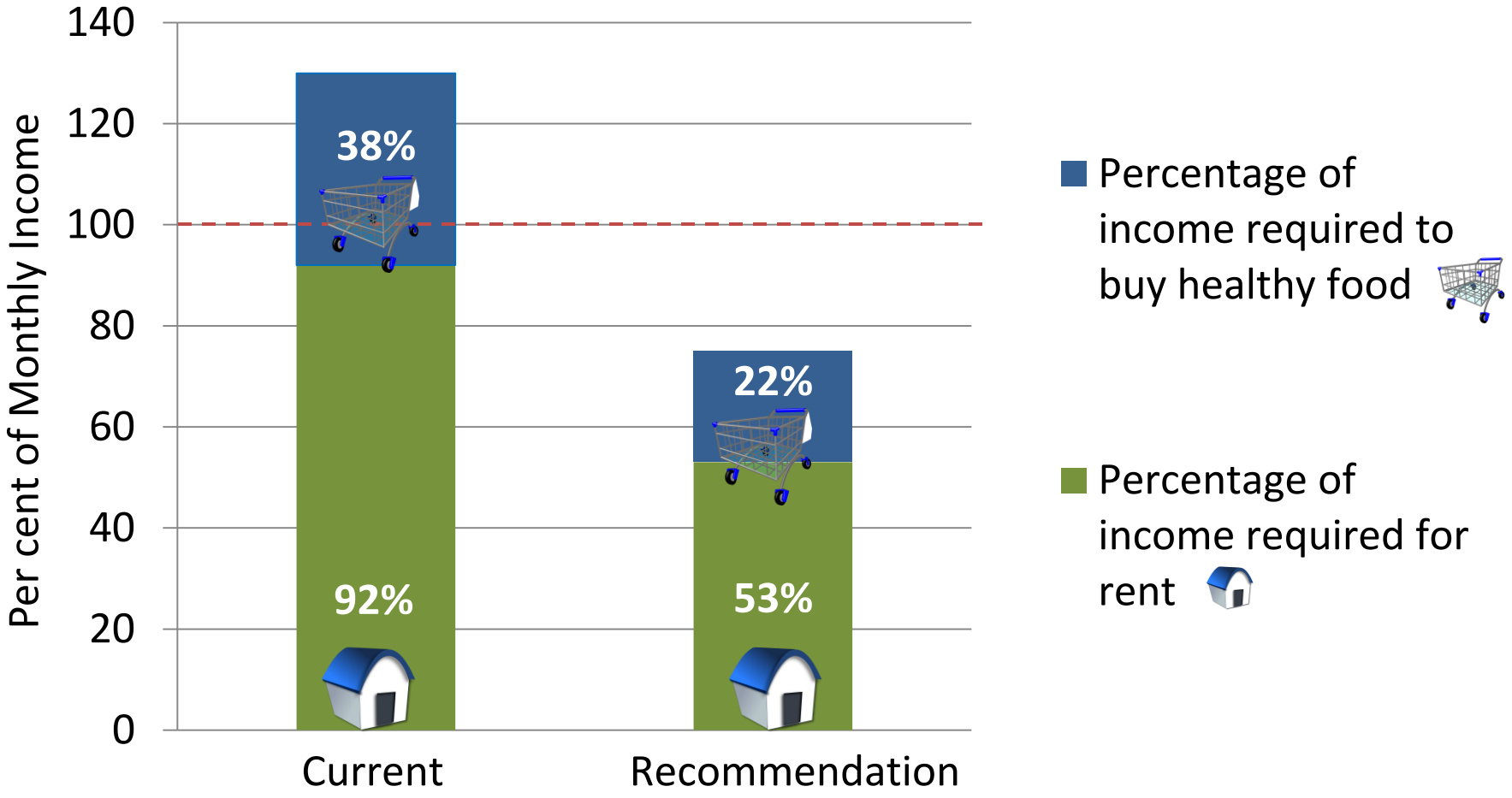
Honourable Hugh Segal's Discussion Paper Recommendation

Single Person – Ontario Works; Waterloo Region



Region of Waterloo

PUBLIC HEALTH AND
EMERGENCY SERVICES

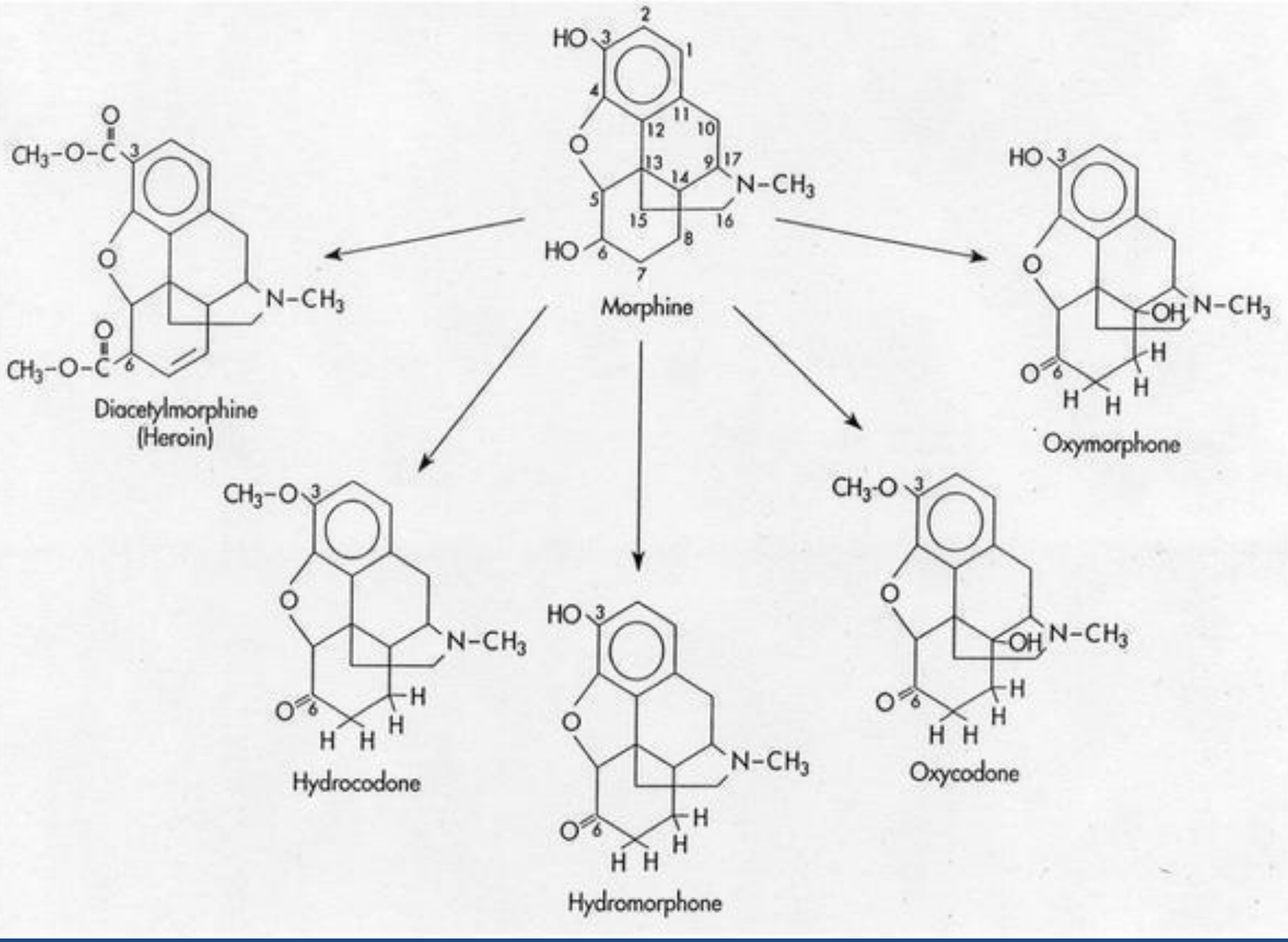
Ontario's Opioid Crisis

Waterloo Region
Crime Prevention Council
Together for a Safer Community

- The WRCPC will bring to the attention of Regional Council and its committees….information about issues and developments which might impact on the Region's community safety."

- WRCPC Advisory Committee Mandate, approved by Regional Council, 1993

Waterloo Region
Crime Prevention Council
Together for a Safer Community


Morphine
Diacetylmorphine
(Heroin)
Oxymorphone
Hydrocodone
Hydromorphone
Oxycodone

BAYER

PHARMACEUTICAL PRODUCTS.

ASPIRIN

HEROIN

HEROIN HYDROCHLORIDE

You will have call for them. Order a supply from your jobber.

FARBENFABRIKEN OF ELBERFELD CO.

40 Stone Street, New York.

Pharma research,
production and marketing

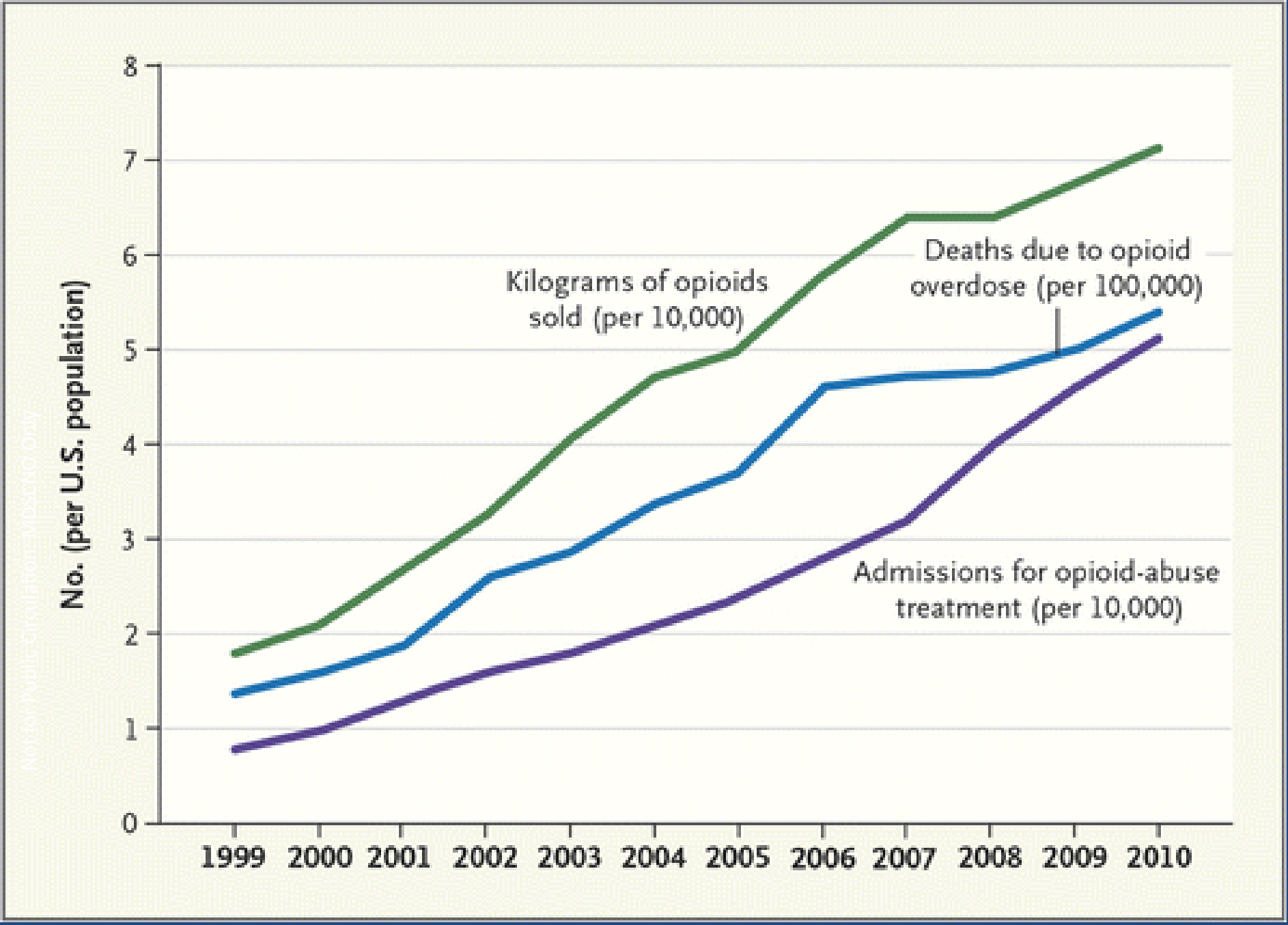
Regulatory Approvals

Government and Private
Sector Drug Benefit Plans

Rx by physicians, dentists etc.

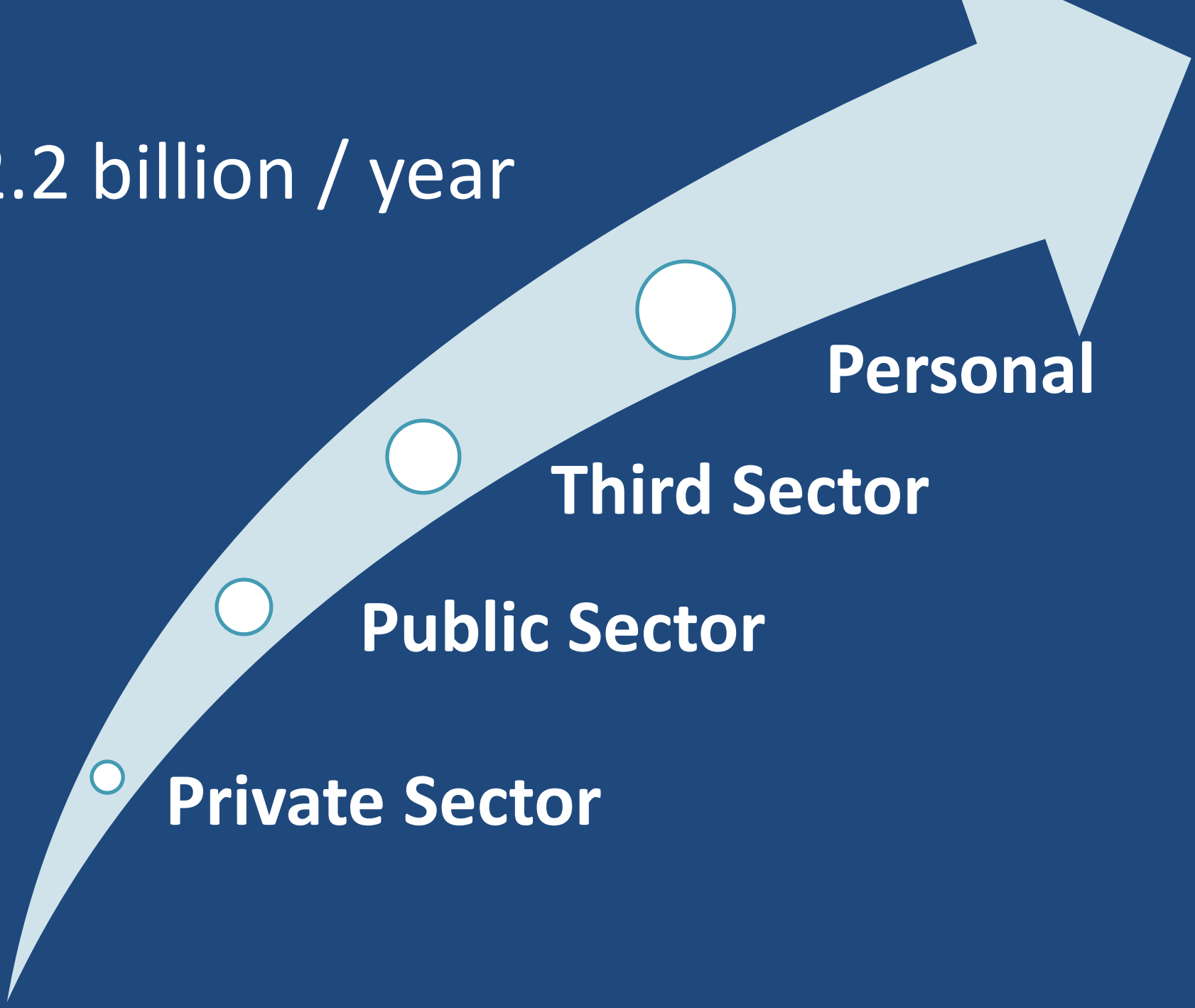
Dispensed by pharmacists

Consumed as Rx'd – and not – by patients



Volkow, Frieden, et al. (2014). Medication-assisted therapies- Tackling the opioid-overdose epidemic. *N Engl J Med* ; 370:2063-2066

$2.2 billion / year



Ontario 2015

1060 drug-related Deaths

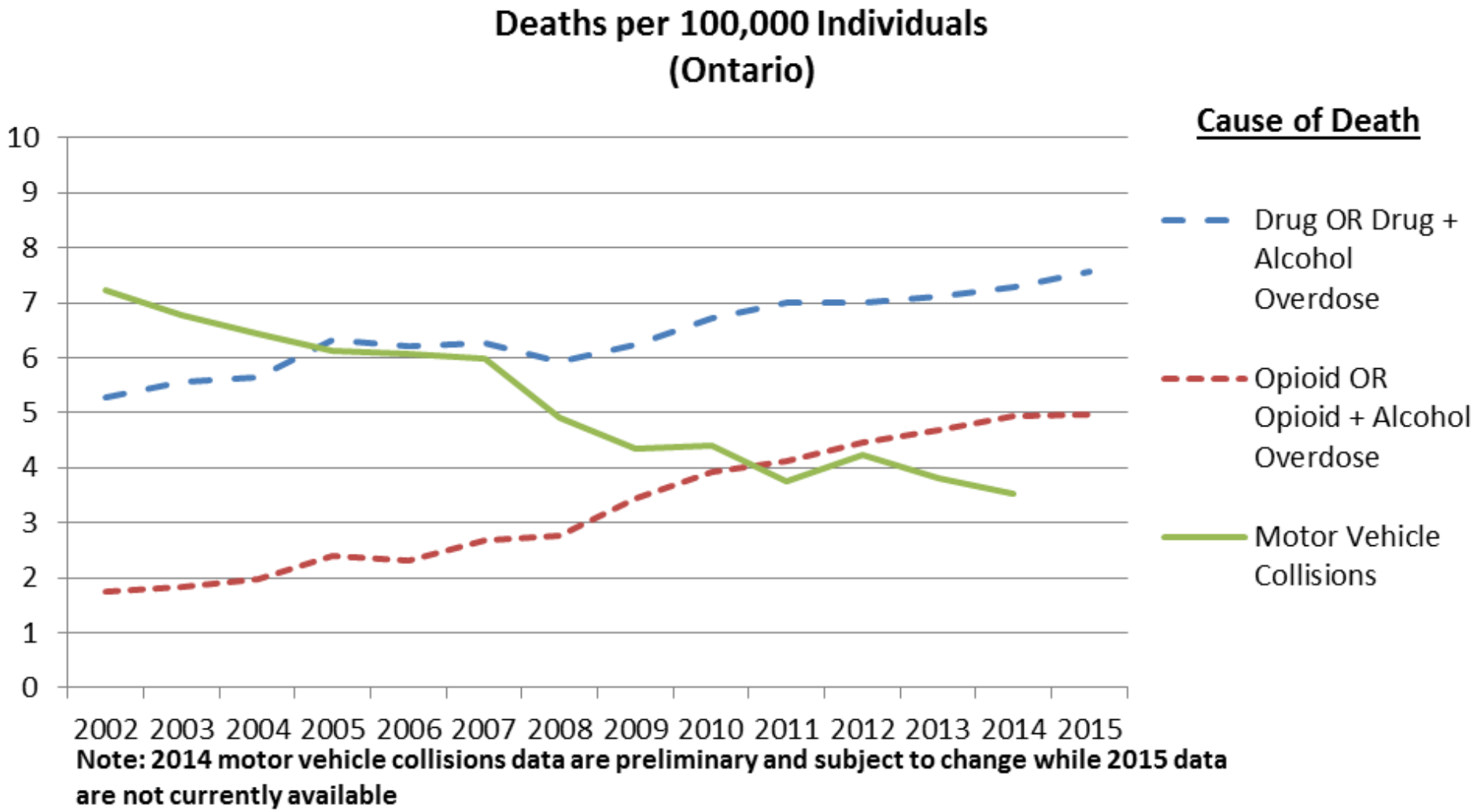
1 death / 8 hours

66% involve opioids

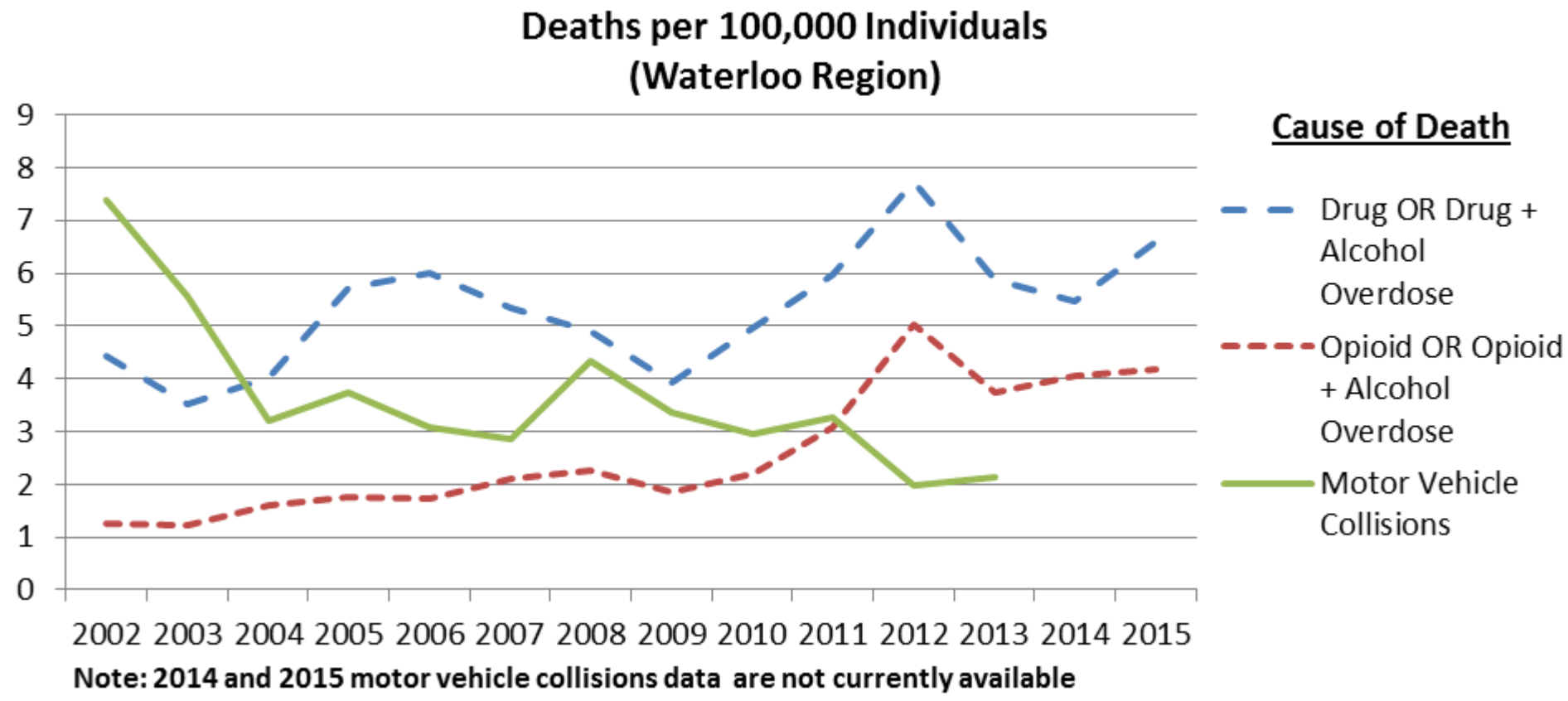
700 opioid deaths

1 death / 13 hours

28% involve fentanyl



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



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

2008

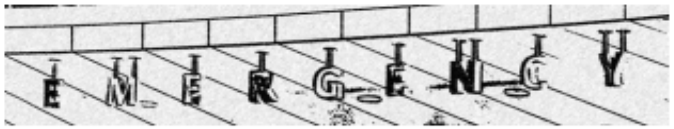
A First Portrait of Drug-Related Overdoses in Waterloo Region

September 2008

Jamie lee Bell & Michael Parkinson

Community Safety & Crime Prevention Council

Region of Waterloo



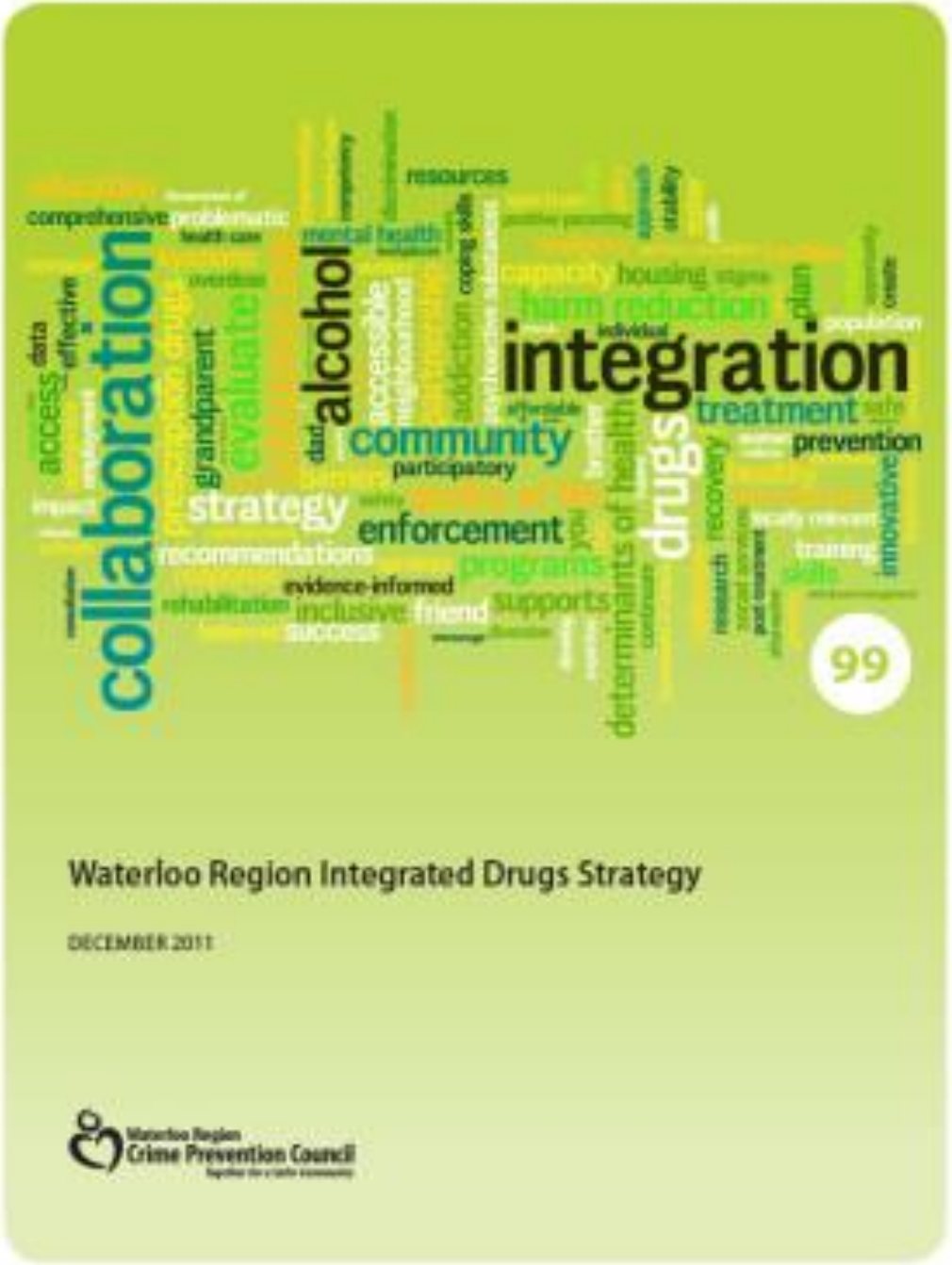
Saving Lives: Overdose Prevention & Intervention Projects in Select North American Cities

September 2008

Julia Weisser & Michael Parkinson

Community Safety & Crime Prevention Council

Region of Waterloo



Waterloo Region Integrated Drugs Strategy

DECEMBER 2011

Waterloo Region
Crime Prevention Council

Oxy to Oxy

Impacts & Recommendations Community Forum

March 14, 2012

Informal Summary Report

Prepared by the

Wellington Guelph Drug Strategy and the Waterloo Region Crime Prevention Council

WGDS WELLINGTON GUELPH DRUG STRATEGY

Waterloo Region Crime Prevention Council *Together for a Safer Community*

Oxy to Oxy 2:

Impacts and Recommendations Community Forum

June 11, 2012

Second Informal Summary Report

WGDS WELLINGTON GUELPH DRUG STRATEGY

Waterloo Region Crime Prevention Council *Together for a Safer Community*

Bootleg Fentanyls

- Black market pills and powder
- Uncertain dosage
- Lethal at very small doses

COMMUNITY ADVISORY

JUNE 12, 2013

SERIOUS RISKS FROM EMERGING OPIOID: FENTANYL ANALOGUES

Accidental opioid deaths are a leading cause of unintentional death, surpassing fatalities from motor vehicle collisions in Ontario. Victims include citizens using opioids as prescribed; those experimenting; and/or those opioid addicted or opioid dependent.

Recent reports from USA and Canada suggests there is an increase in Fentanyl-detected overdose deaths due to Fentanyl manufactured in illegal labs. The onset of overdose associated with the Fentanyl analogues may occur more quickly than other opioid overdoses. It is important to call 911. A standard dose of the emergency medicine naloxone may NOT be effective.

Fentanyl analogues in pill and/or powder formats have been found in several Provinces and States: **British Columbia, Quebec, Ontario, Rhode Island, Pennsylvania, Michigan, and New York.**

Street-level dealers may be unaware or are potentially misrepresenting the product to consumers. In powder formulation, Fentanyl may be sold as is, or mixed with, or sold as, oxycodone, heroin and/or other substances. **In May, Peterborough Lakefield Police Service seized pills appearing to be counterfeit OxyContin but which tested for high-dose Fentanyl**. North Bay Police have cautioned Desmethyl Fentanyl may be present in the North Bay area.

Prescription For Life
June 2015

- Municipal Drug Strategy Coordinators Network of Ontario
- Association of Local Public Health Agencies of Ontario
- Boards of Health
- Emergency Nurses Association
- Canadian Medical Association
- Ontario Medical Association
- Etc. etc.

November 2015 : 80 Signatories

Hon. Kathleen Wynne, Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1
premier@ontario.ca

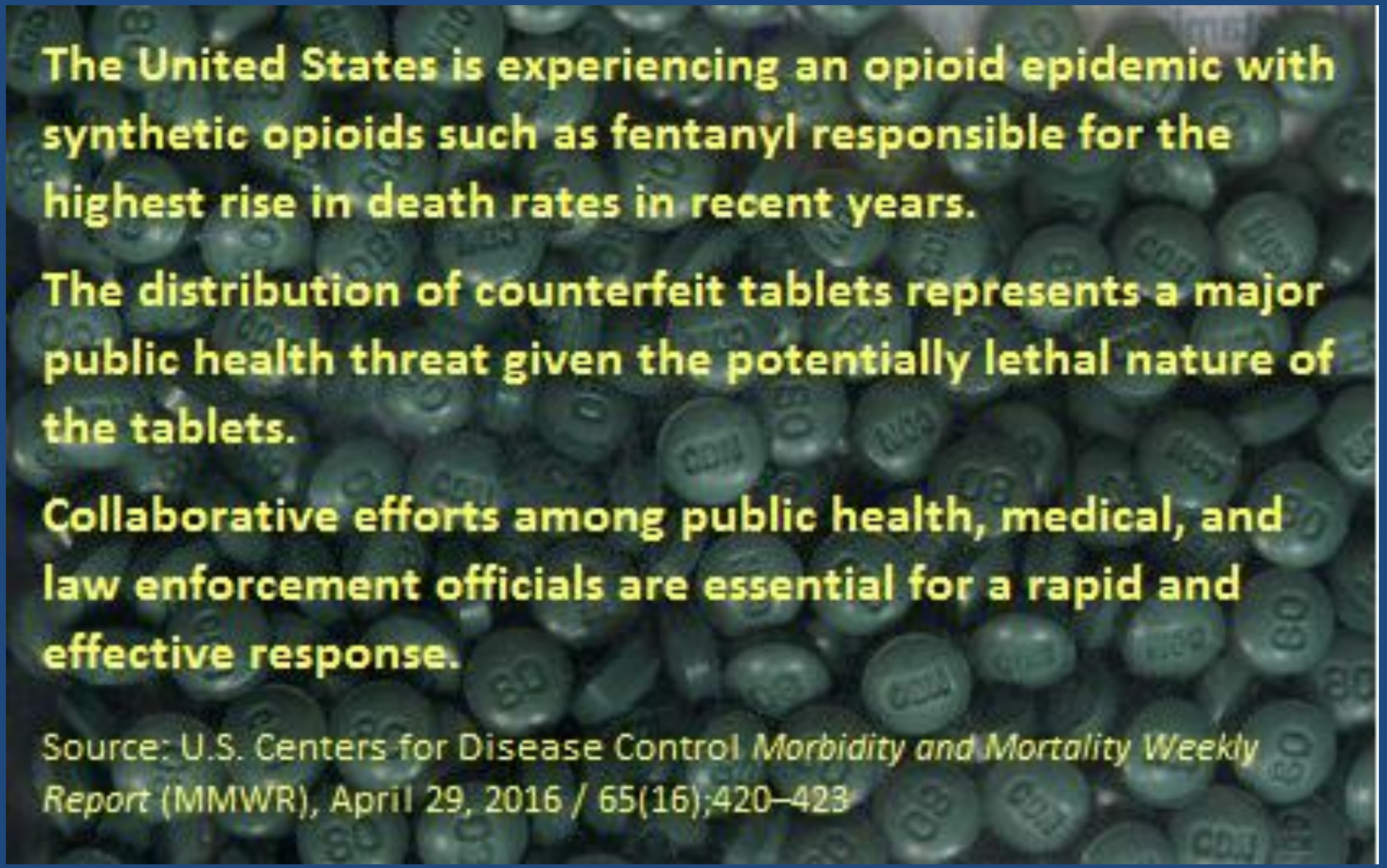
Hon. Eric Hoskins, Minister of Health and Long-Term Care
10th floor, Hepburn Block
80 Grosvenor St.
Toronto, Ontario M7A 2C4
ehoskins.mpp@liberal.ola.org

Re: Request for Ontario Overdose Coordinator and Action Plan

Dear Premier Wynne and Minister Hoskins,

The Government of Ontario has taken some important steps on the issue of opioid overdose, including the provision of naloxone to select HIV/AIDS and hepatitis C programs. However, further action on overdose prevention and intervention is urgently needed to build on these initial steps. In 2013, an Ontarian died every 14 hours from an opioid-related cause, an increase of 463% since 2000[1]. Opioids are now a leading cause of accidental death, comparable to fatalities on Ontario's roadways[2].

Beyond the human cost, overdose is costing scarce health dollars. A recent Ontario Drug Policy Research Network report[3] noted that hospital emergency department visits due to opioid toxicity increased across Ontario between 2006 and 2013, particular among older Ontarians. Hospitalizations increased 22.5% across all age groups.


The United States is experiencing an opioid epidemic with synthetic opioids such as fentanyl responsible for the highest rise in death rates in recent years.
The distribution of counterfeit tablets represents a major public health threat given the potentially lethal nature of the tablets.
Collaborative efforts among public health, medical, and law enforcement officials are essential for a rapid and effective response.
Source: U.S. Centers for Disease Control *Morbidity and Mortality Weekly Report* (MMWR), April 29, 2016 / 65(16);420–423

April: 234 Signatories

Hon. Kathleen Wynne, Premier of Ontario
Legislative Building
Queen's Park
Toronto, ON M7A 1A1
premier@ontario.ca

Hon. Eric Hoskins, Minister of Health and Long-Term Care
10th floor, Hepburn Block
80 Grosvenor St.
Toronto, ON M7A 2C4
ehoskins.mpp@liberal.ola.org

Re: Urgent Request for Ontario Overdose Coordinator, Plan and Response

Dear Premier Wynne and Minister Hoskins,

Thank you for your letter of January 4, 2016, highlighting some initiatives at the Ministry of Health and Long-Term Care related to opioid use. We have provided your response to the signatories of the letter of November 2, 2015. That letter, signed by almost 80 organizations and professionals from across Ontario, called for dedicated overdose leadership, expedited overdose planning and response including advancing recommendations found in the Municipal Drug Strategy Coordinators Network of Ontario's (MDSCNO) *Prescription For Life* previously provided to the Province of Ontario on June 1, 2015.

Requests: In

- Hospital EDs
- CHCs
- Physicians
- Health Units
- Community groups
- Police Services
- Addiction Clinics
- Researchers
- Community Agencies
- Bereaved parents
- Pharmacists
- Municipal Drug Strategies
- Toxicologists, Coroners
- MPs and MPPs
- Community Centers
- Media
- Etc. etc.

WRCPC - OACP

Advisory : Bootleg Fentanyls in Ontario's Illicit Drug Supply

For Release August 29, 2016

Communities across Ontario are increasingly reporting the presence of 'bootleg' fentanyls in local illicit drug markets in both pill and powder formulations. Bootleg fentanyls are high-dose, illicit opioids much more toxic than morphine, produced and distributed by the black market and distinct from pharmaceutically produced fentanyl patches.

Bootleg fentanyls have driven overdose fatalities up 4,500% in Alberta (2011-2015). British Columbia has declared a public health overdose emergency as record-setting overdose deaths due primarily to bootleg fentanyl have surged 74% over the same period last year (January to July). All U.S. states bordering Ontario are reporting a significant spike in fentanyl-detected deaths. Ontario overdose fatality data for 2016 is not expected until late 2017 or 2018, however 2016 has thus far been a record-breaking year for both overdose alerts, and for seizures of bootleg fentanyls by Ontario's enforcement agencies.

In Ontario, bootleg fentanyls have been detected in heroin and cocaine, as powder and as counterfeit

Bootleg Fentanyls

- These opioids may be in your drugs — in pills, heroin, cocaine, crystal meth etc.
- You can't see it, smell it, taste it or test for it.
- There is a risk of an opioid overdose, even if you are not using opioids.

If you use drugs:

- Do not use alone.
- Start with a small amount.
- Watch and wait before next person uses.
- Have naloxone ready.

An opioid overdose is a medical emergency:

- Call 911.
- Administer naloxone.
- Assist victim.

News Release

Ontario Taking Action to Prevent Opioid Abuse

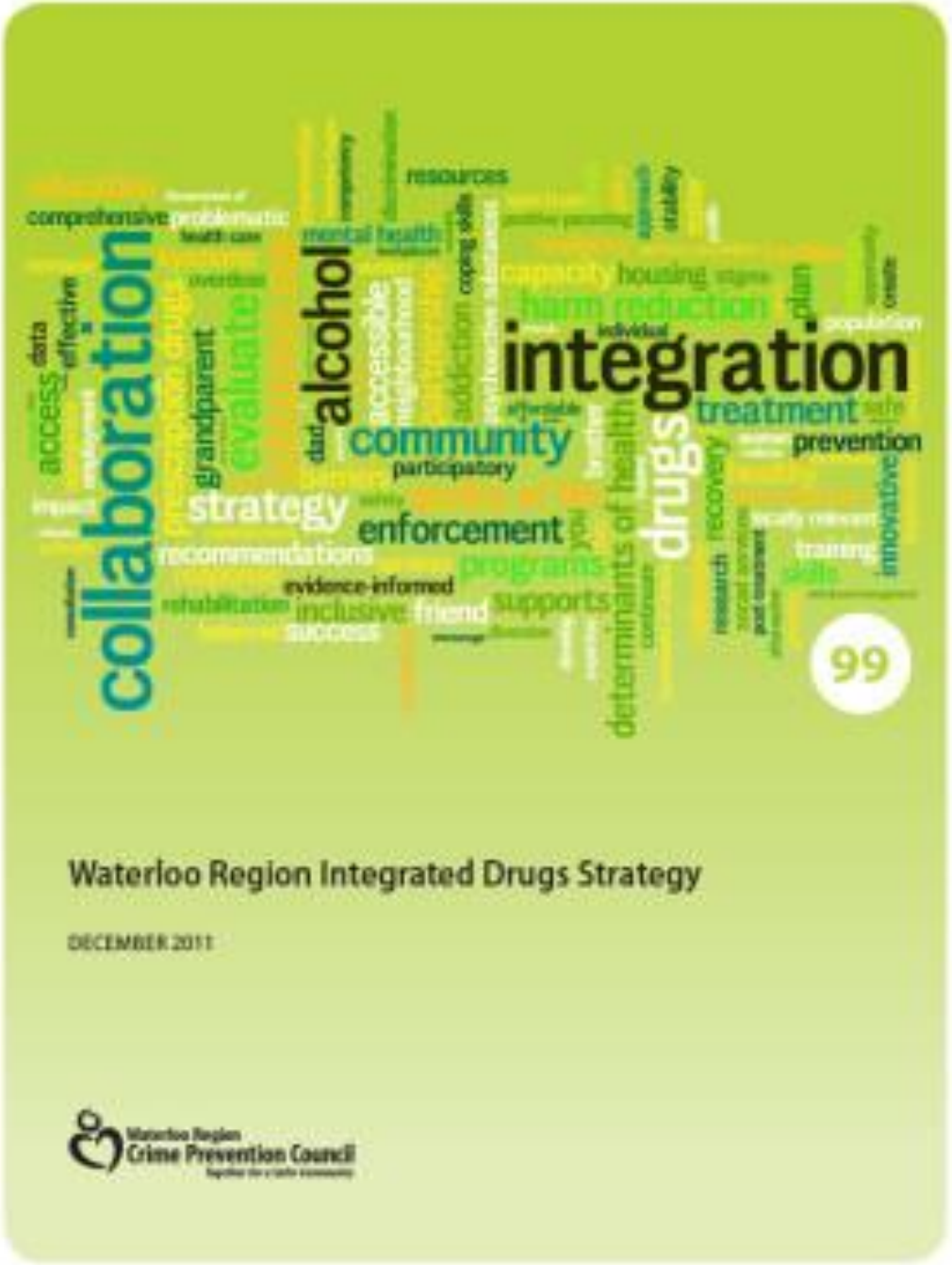
Province Enhancing Reporting System, Connecting Patients with High Quality Treatment

October 12, 2016 11:00 A.M. | Ministry of Health and Long-Term Care

Ontario is implementing its first comprehensive Opioid strategy to prevent opioid addiction and overdose by enhancing data collection, modernizing prescribing and dispensing practices, and connecting patients with high quality addiction treatment services.

Ontario's strategy to prevent addiction and overdose includes:

- Designating Dr. David Williams, Ontario's Chief Medical Officer of Health, as Ontario's first-ever Provincial Overdose Coordinator to launch a new surveillance and reporting system to better respond to opioid overdoses in a timely manner and inform how best to direct care.



Waterloo Region Integrated Drugs Strategy

DECEMBER 2011

Waterloo Region
Crime Prevention Council

Joint Statement of Action to Address the Opioid Crisis

November 19, 2016

Canada faces a serious and growing opioid crisis. We see its consequences in the rates of addiction, overdoses, and deaths across the country. This is a complex health and social issue with devastating consequences for individuals, families, and communities.

The response to this crisis needs to be comprehensive, collaborative, compassionate and evidence-based.

On November 18, 2016, we heard a number of perspectives on this crisis: from people who use drugs, from families, healthcare providers, first responders, educators and researchers. Today, we have come together to identify specific actions to address this crisis and publicly commit to taking these actions.

This Joint Statement of Action to Address the Opioid Crisis reflects our combined commitment to act on this crisis. We have agreed to work within our respective areas of responsibility to improve prevention, treatment and harm reduction associated with problematic opioid use through timely, concrete actions that deliver clear results and we commit to reporting on our progress in delivering those results.

Urgent? Proportional? Collaborative?

SARS: 44 in Canada

Anaphylaxis: 92 in Ontario in 25 years

Ontario roadways: 481 in 2014

Ontario opioid deaths: 674 in 2014

Total opioid deaths 2000-2015: > 7,000


Justice Allen agreed more jail was warranted, but also criticized the lack of treatment for addicts before they resort to crime.
“We never have to look for resources to incarcerate somebody.”
Justice Elliott Allen , July 13, 2012
http://www.therecord.com/news/local/article/760998--crystal-meth-addict-jailed-for-crime-spree-with-boyfriend

Requests: In

- Hospital EDs
- CHCs
- Physicians
- Health Units
- Community groups
- Police Services
- Addiction Clinics
- Researchers
- Community Agencies
- Bereaved parents
- Pharmacists
- Municipal Drug Strategies
- Toxicologists, Coroners
- MPs and MPPs
- Community Centers
- Media
- Etc. etc.

OVERDOSE ALERT

Overdose Alert for Waterloo Region
December 5, 2016

CARFENTANIL detected in Waterloo Region

- Health Canada has confirmed the presence of carfentanil in green counterfeit pills stamped 'CDN' and '80' found in Waterloo Region
- Carfentanil is 10,000 times more toxic than morphine
- Carfentanil is an opioid that is used to sedate large animals such as elephants and is not for human consumption
- Carfentanil can not be detected by sight, smell, or taste

Please exercise caution when using ALL drugs.

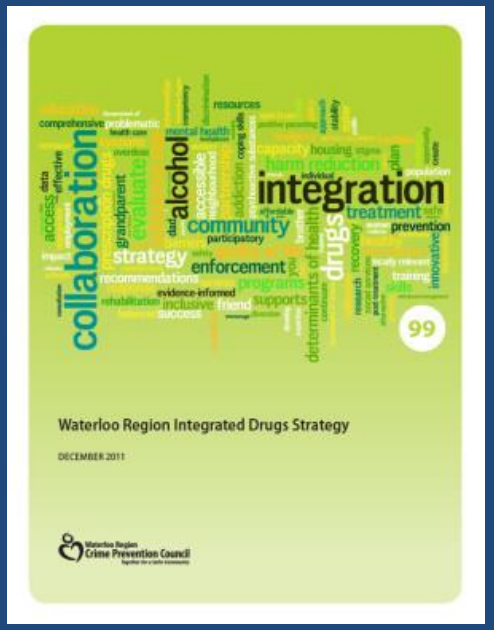
IF SOMEONE OVERDOSES:
1. Call 911
2. Administer naloxone if an opioid overdose is suspected
3. Continue to assist the victim until paramedics arrive
4. The victim should accompany paramedics to hospital

Carfentanil – Fact Sheet

Waterloo Region Crime Prevention Council
Together for a Safer Community

What is Carfentanil?

- Carfentanil is an opioid, a fentanyl derivative and 10,000 times more toxic than morphine
- Carfentanil is not for human consumption. It was developed as a sedative for large animals such as elephants
- Carfentanil has been previously detected in British Columbia, Alberta and Manitoba and now in Ontario



THE GLOBE AND MAIL

CANADA'S NATIONAL NEWSPAPER • TUESDAY, AUGUST 30, 2016 • globeandmail.com

In need of a fix

Carfentanil – Fact Sheet

Waterloo Region Crime Prevention Council
Together for a Safer Community

What is Carfentanil?

- Carfentanil is an opioid, a fentanyl derivative and 10,000 times more toxic than morphine
- Carfentanil is not for human consumption. It was developed as a sedative for large animals such as elephants
- Carfentanil has been previously detected in British Columbia, Alberta and Manitoba and now in Ontario
- Carfentanil has been detected and linked to deaths in several provinces and U.S. states.

The dosage of opioids in counterfeit pills should never be considered safe and of uniform potency. A counterfeit pill ingested may produce no effect or it could be fatal. The risk of overdose death or injury to consumers who ingest carfentanil is immense. People who use substances occasionally or daily are at risk of overdose.

Although never tested in humans, the lethal dose of carfentanil may be in the order of 20mcg (micrograms), perhaps the size of one grain of salt. The lethal dose of pharma-grade fentanyl is 2mg (milligrams).

Higher doses (more than 2 x 0.4mg/mL intramuscular injection) of naloxone have been used to revive victims of carfentanil poisoning in other U.S. and Canadian communities.

It is essential that 911 be called and the victim be taken to hospital for emergency care.

Across Canada, bootleg fentanyls (fentanyl analogues) have been detected in a range of counterfeit pills and powders, including non-opioid drugs such as cocaine, crack cocaine, and crystal methamphetamine.

Many, if not most, consumers will be unaware of what their substance contains. A 2015 B.C. Fentanyl Urine Screen Study found nearly 29% of participants tested positive for fentanyl but 73% of those participants did not report using fentanyl within the previous three days.

Bootleg fentanyls with toxicities ranging from 15-10,000 times that of morphine present potential health risks for first responders through accidental exposure via inhalation and skin contact.

The bootleg fentanyls are responsible for driving up overdose fatalities to record levels in British Columbia, Alberta and several U.S. States. In 2015, 700 people died from an opioid-related overdose in Ontario. Fentanyl detected deaths in Ontario account for 201 or 28% of all opioid-related deaths however it is unknown how many of these deaths are due to bootleg fentanyls versus pharma-produced fentanyl.

Two Bootleg Fentanyls Advisories were issued in Ontario in June 2013 and August 2015.

Resources related to the bootleg fentanyls are available at: www.drugstrategy.ca

Resources and information about the Waterloo Region Integrated Drugs Strategy: http://www.waterlooregiondrugstrategy.ca/en/home/

DECEMBER 2016

Region of Waterloo

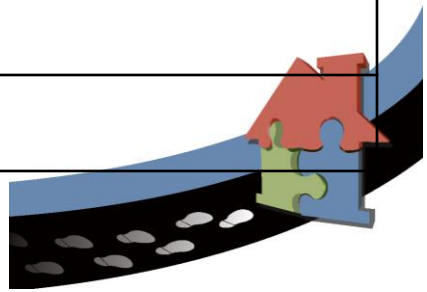
COMMUNITY SERVICES

Community Homelessness Prevention Initiative (CHPI) Supportive Housing Program Redesign Wrap-up

Community Services Coordinating Committee
December 6, 2016

Redesign Timeline

2011-2013	Background research
May 2014	Framework approved
Nov 2014 to Feb 2015	Prequalification (PQ) process
Apr 2015 to Mar 2016	Provider/Tenant Transitions from PQ
July 2015	Standards approved
Apr to Nov 2015	Request for Proposal (RFP) process
Dec 2015	Program providers approved by Council
Apr to Sept 2016	Provider/Tenant Transitions from RFP
Apr 2016	New Program begins
Apr 2016 to Mar 2018	Two-year implementation



New Program Providers

Spaces and sites:	8 providers, 11 sites, 278 spaces
Geography:	7 Kitchener, 3 Waterloo, 1 Cambridge
Building Type:	5 self-contained (166 spaces) 6 shared living (112 spaces)

Ages and Household Type:	8 sites ages 16+ 2 sites older adults 55+ 1 site families
Organization Type:	6 charitable non-profit 2 private for-profit
Program History:	10 sites previously funded 1 new

Provider Transitions

- 7 providers transitioned following the PQ:
  - April – Sept 2015 six month transition agreement
  - Extensions offered up-to March 2016
- 2 providers transitioned following the RFP
  - April – Sept 2016 six month transition agreement
    - Transitions wrapped-up Sept 30, 2016
      - 4 providers continue to operate privately, 5 have ended operations

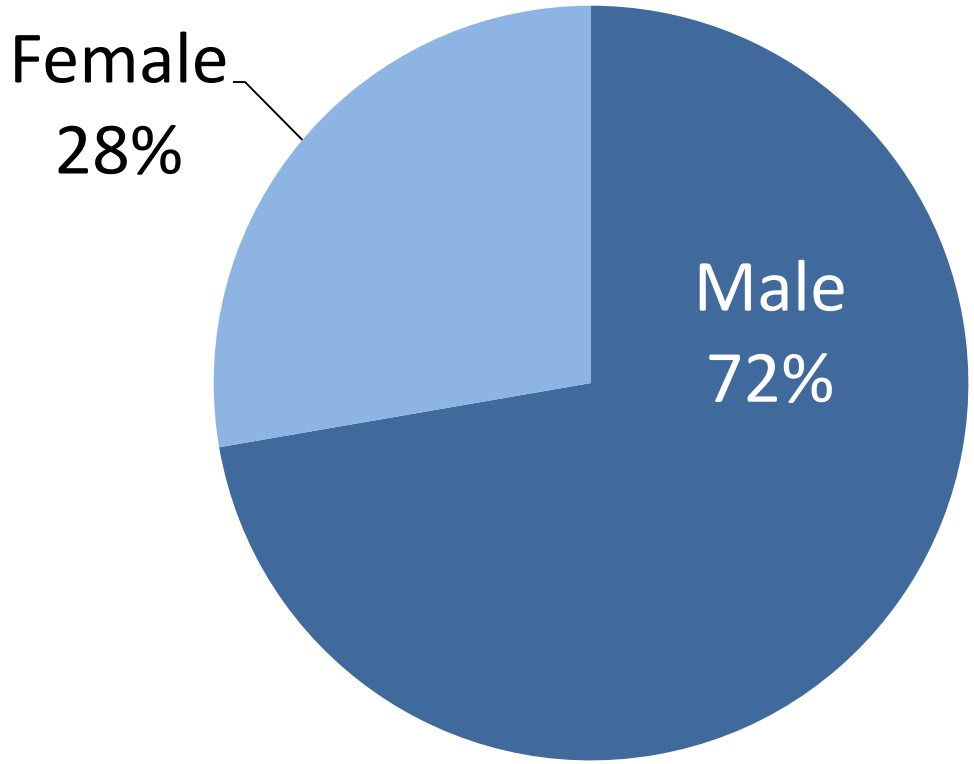
Tenant Transitions

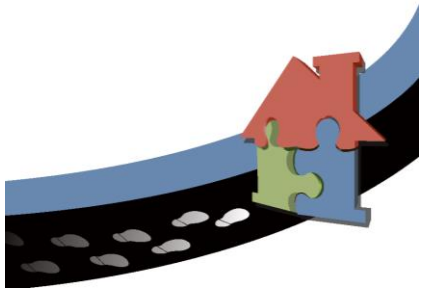
- 105/177 tenants (59%) accessed support through Lutherwood Tenant Transition Workers

- Housing Needs & Preferences
- Searching & Securing Housing
- Move-in and Home Set-up
- Connecting with ongoing support services
- Settling-in

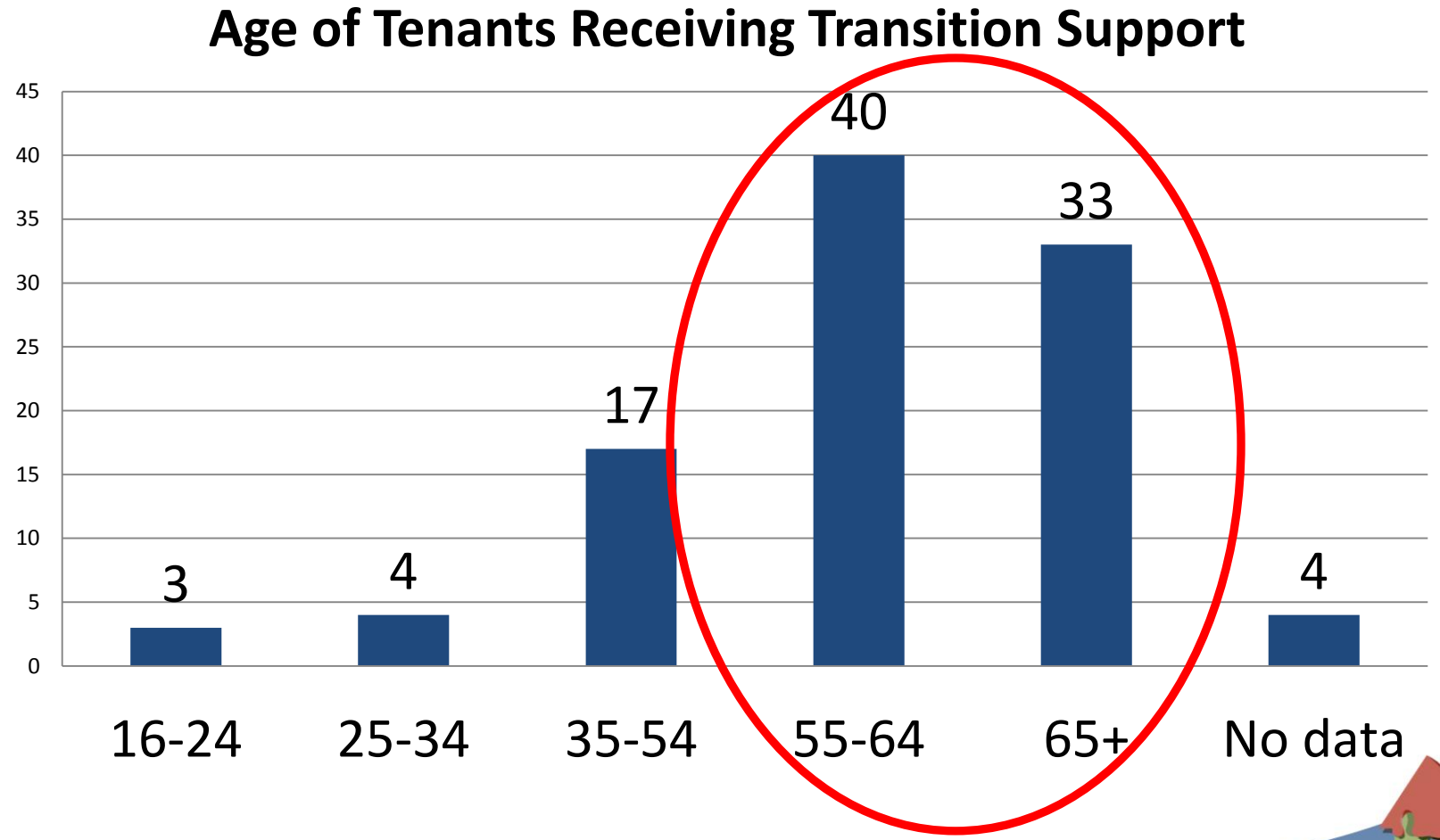
Demographics – Gender

Gender Breakdown of Tenants Receiving Transition Support

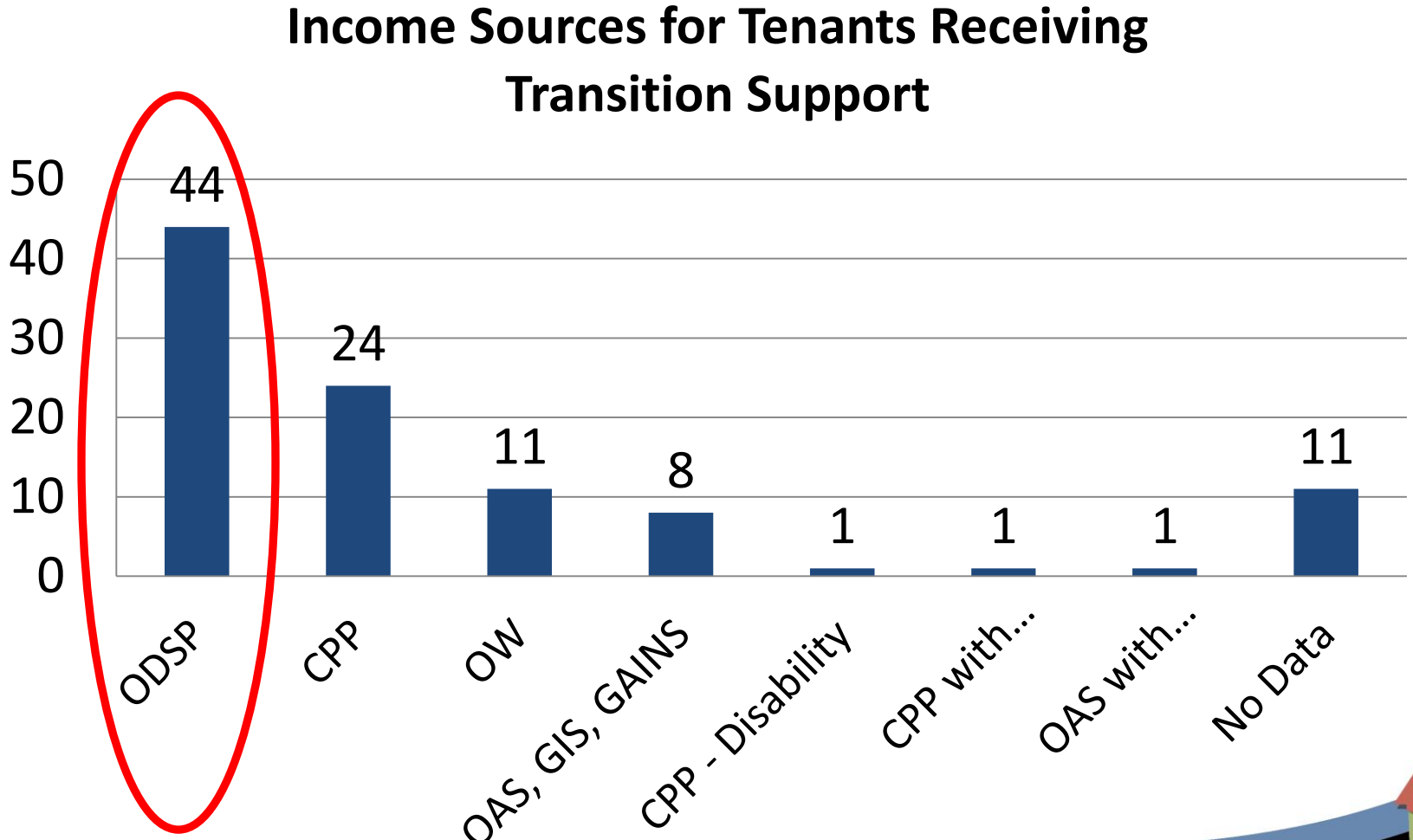




Demographics - Age



Demographics - Income

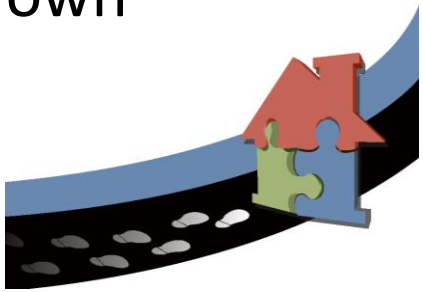


Housing Outcomes

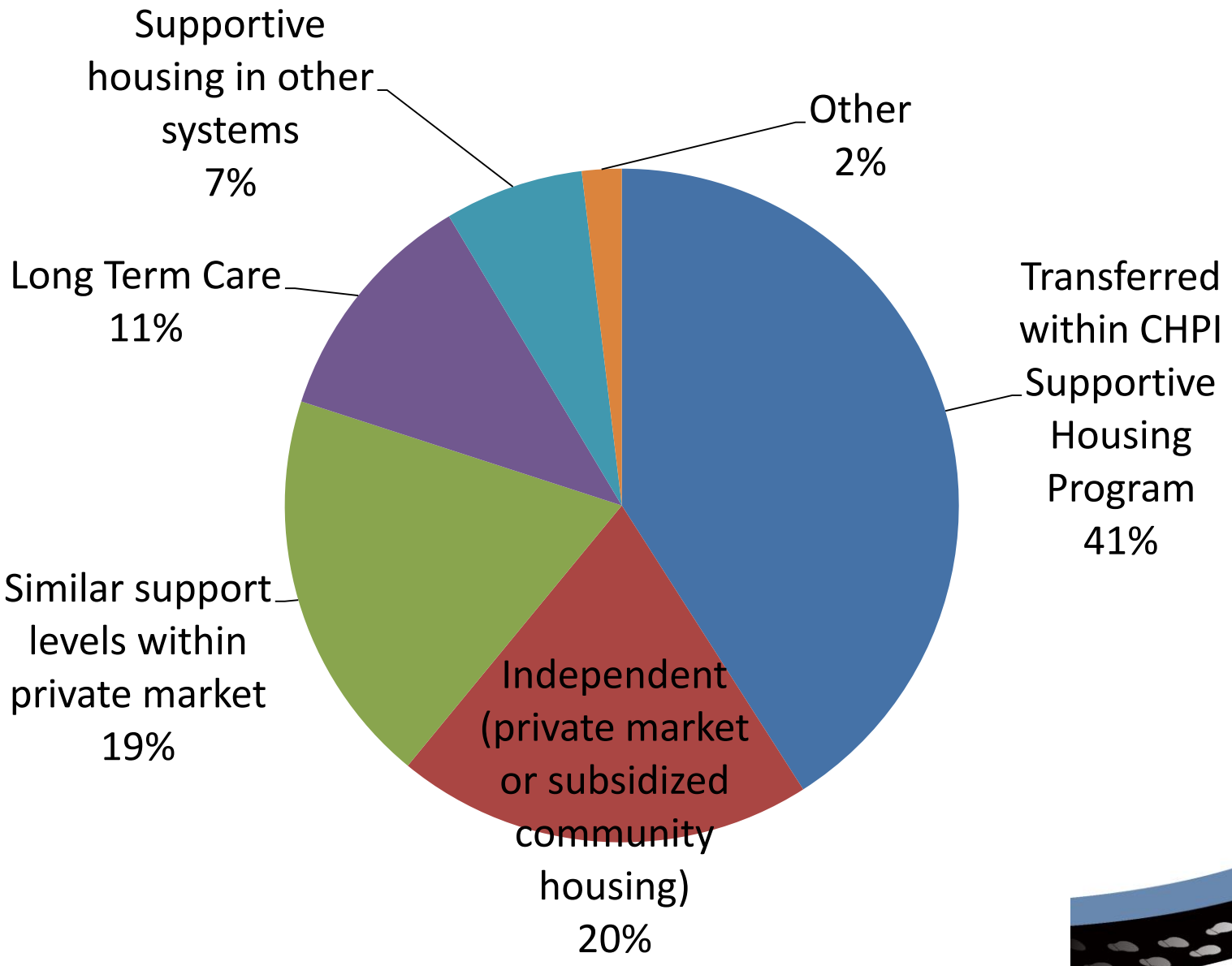
No one experienced homelessness as a part of the transition

92% Obtained permanent housing that matched what they needed and wanted in terms of affordability, housing type, location, and support levels

8% Are housed in temporary situations or exited support and found their own housing



Housing Outcomes

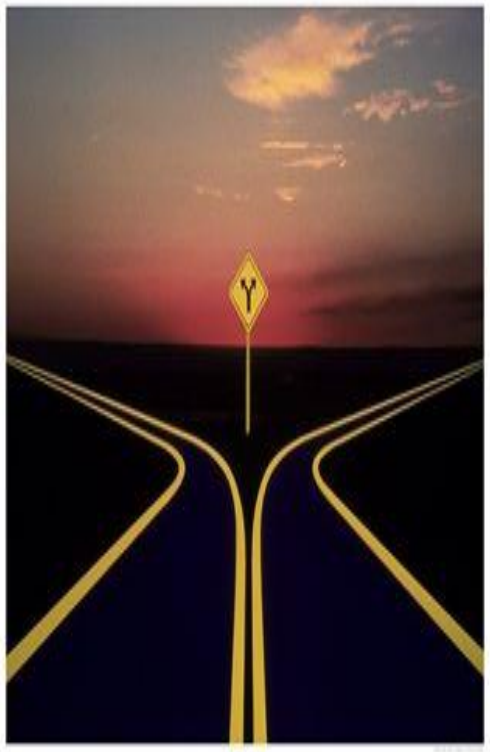


New Program Implementation

Implementation Timeline 2016-2018

Shifting what <u>was</u> into what <u>will be</u> impacts:

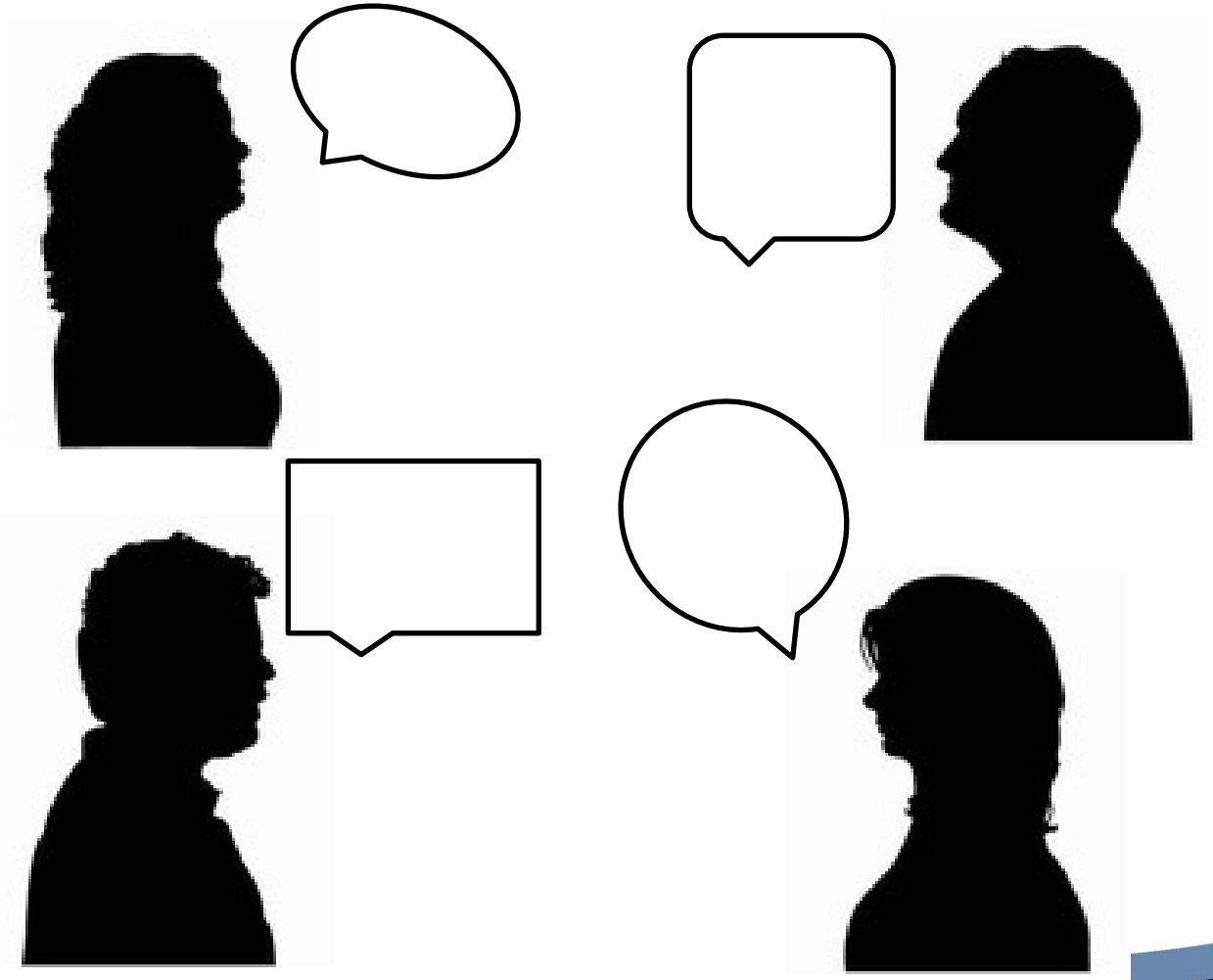
- Providers
- Staff
- Current Tenants
- Future Tenants



New Program Elements:

- Privacy
- Participation
- Skill Building
- Independence
- Community Inclusion

Tenant Stories



Region of Waterloo
PUBLIC HEALTH AND EMERGENCY SERVICES

Suicide in Waterloo Region

Summary Report 2016

Suicide across Canada

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. The causes of suicidal behaviour are complex. The interaction of many different factors, such as mental health, personality traits, the strength and health of relationships, and even our culture and environment, increase the risk of someone intentionally hurting themselves or attempting suicide. Some groups of people are at an increased risk of suicide, especially youth, late middle-aged and older adults, Aboriginal communities, sexual minorities, people in prisons or jails, and people who have already attempted suicide before.

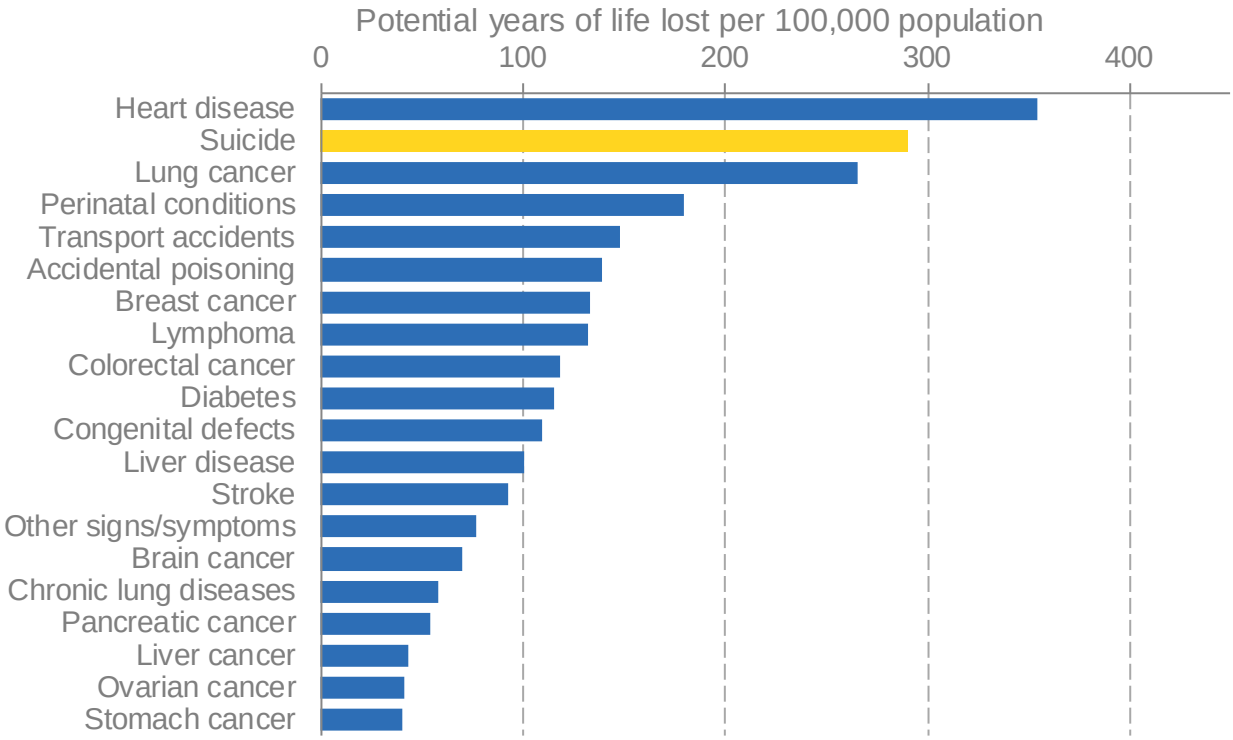
In 2012, nearly 4,000 Canadians died by suicide, making it the 9th leading cause of death in the country. Men are three times more likely to die by suicide than women in Canada, and non-fatal incidents of intentional self-harm are much more frequent in women than men.

Suicide in Waterloo Region

A premature death is a death that occurs before a person reaches age 75. While any age cut-off may be used, age 75 years is an international standard to approximate life expectancy.

In Waterloo Region, suicide is the **16th** leading cause of death, and the **2nd** leading cause of premature death. On average, 57 people die by suicide in Waterloo Region every year. The majority of these suicide deaths are in men. Middle-aged men are at particularly high risk of suicide, with 21.2 deaths per 100,000 men aged 50 to 59 years for 2008 to 2012. The overall local suicide mortality rate was 11.2 deaths per 100,000 people in 2012. Over the past ten years the local suicide rate fluctuated, but it has not been significantly different than the rate for all of Ontario.

Figure 1: Leading causes of premature death in Waterloo Region, 2008 to 2012



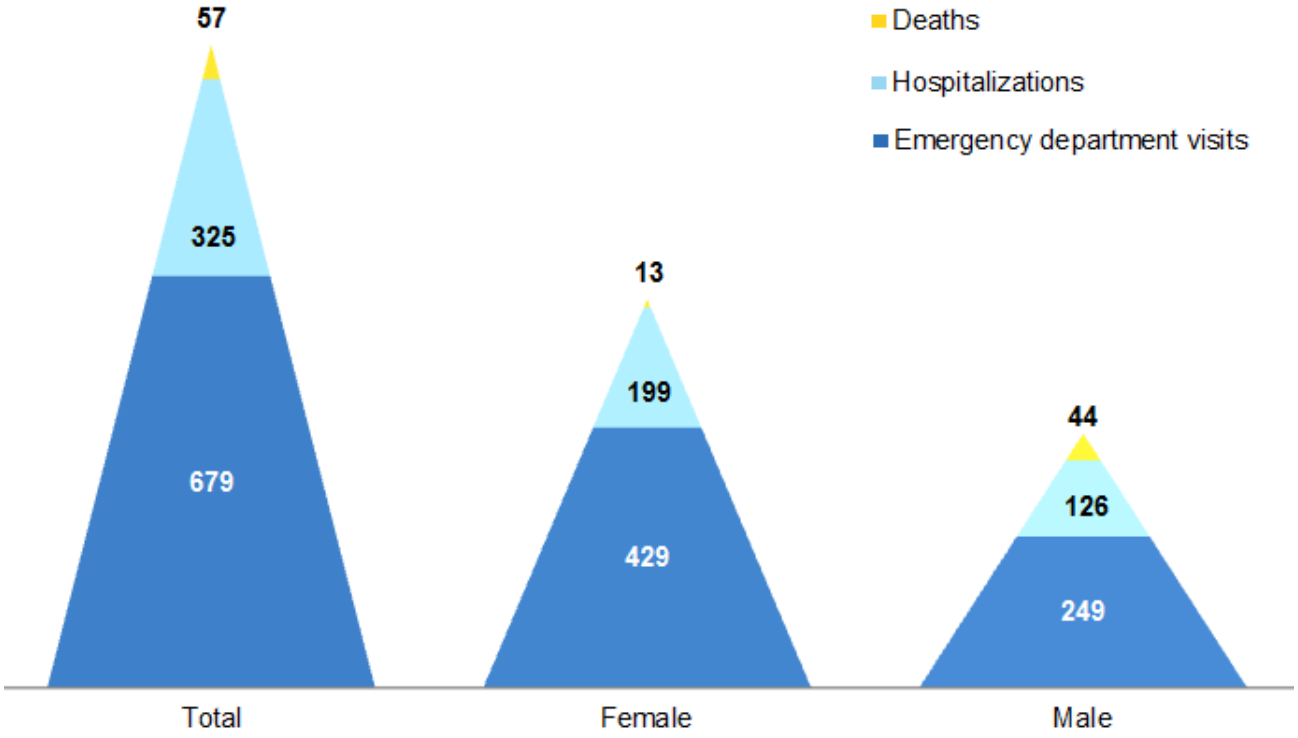
51.8% of local suicide deaths are related to hanging, strangulation or suffocation

Over half of local suicide deaths are related to hanging, strangulation or suffocation, and almost one-fifth are drug or alcohol-related (18.9 per cent). Use of firearms and jumping from high places are both less common in Waterloo Region compared to Ontario overall. The only local suicide deaths by firearms were in men; no local women have died by suicide with firearms in the past five years.

Intentional self-harm behaviour in Waterloo Region

Hospitalizations and emergency department (ED) visits represent the most serious and non-fatal incidents of intentional self-harm in Waterloo Region and Ontario. Rates for intentional self-harm ED visits and hospitalizations are consistently higher in Waterloo Region than for Ontario. On average, there are 325 hospitalizations and 679 additional ED visits for Waterloo Region residents every year.

Figure 2: Average annual number of intentional self-harm incidents in Waterloo Region, 2011 to 2015



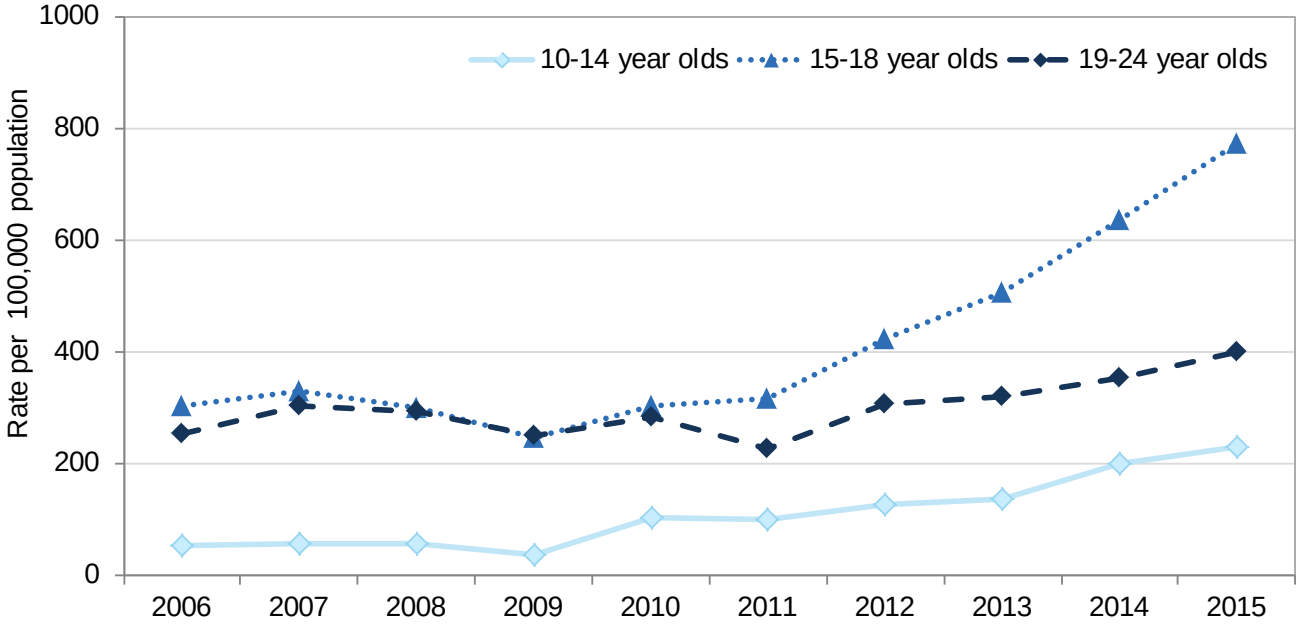
ED visit rates for intentional self-harm have increased in the past 10 years in Ontario and Waterloo Region, but the local increases have been higher and are mainly a result of increased visits in females, especially adolescent girls.

Around **70%** of intentional self-harm ED visits in Waterloo Region are drug or alcohol-related, and a quarter are related to injury with a sharp object. The proportions for hospitalizations are similar, and these local trends are similar to Ontario.

Suicide and intentional self-harm in local youth

Youth are at an increased risk of intentional self-harm and suicide. ED visits and hospitalizations for self-harm behaviours have significantly increased over time, with the largest increases occurring after 2011. The highest rates were in youth aged 15 to 18 years. There were 2.5 times as many ED visits for intentional self-harm in 15 to 18 year olds in 2015 compared to ten years prior.

Figure 3: Emergency department visit rates for intentional self-harm in Waterloo Region youth, 2006 to 2015



Girls represent the majority of these ED visits for self-harm, with rates between 2 to 6.5 times higher than boys in the same age group. Provincial rates in youth self-harm ED visits are also increasing, but the rates in Waterloo Region youth are increasing faster.

than for all of Ontario. Youth self-harm visits were more likely to be related to injury with a sharp object compared to adults, although like adults, hanging, strangulation or suffocation was still the most common injury type for youth suicide deaths.

57.1 **suicide deaths** per 100,000 in youth 19 to 24 years old

versus

8.7 **suicide deaths** per 100,000 in youth 10 to 18 years old

Local youth aged 19 to 24 years were significantly more likely to die by suicide than those aged 10 to 18 years in 2012.

Like adults, male youth are more likely to die by suicide than females.

Nearly three-quarters of Ontario youth aged 10 to 18 years suicide deaths were related to hanging, strangling or suffocation (71.4 per cent) compared to less than half of suicide deaths overall (44.2 per cent). Use of firearms or jumping from a high place were also more common in youth. Overall, trends in youth suicide deaths in Waterloo Region were similar to Ontario.

Data notes

It is understood by researchers that all data sources on suicide deaths underestimate the true number of suicides. This underestimation occurs because sometimes an individual's intent was unclear, and as a result some suicides may be categorized as accidents or 'unknown intent'. Also, sometimes an individual may intentionally harm him or herself, but not intend to end their life. For this reason, ED visits and hospitalizations for self-harm are not necessarily suicide attempts, and the data cannot distinguish between the two types of self-harm behaviours.

For more details on local suicide statistics, please refer to the full report: http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/Suicide_WR_HealthStatus_2016.pdf

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Alternate formats of this document are available upon request. Please call 519-575-4400 (TTY: 519-575-4608) to request an alternate format.

For more information including suicide warning signs, risk factors and what you can do to help a loved one, visit www.wrspc.ca.

HERE 24 SEVEN

1 844 437 3247
(HERE247)
Call anytime to access Addictions, Mental Health & Crisis Services
Waterloo-Wellington-Dufferin

Are you:

- feeling desperate and hopeless?
- alone with no one to talk to?
- worried you might hurt yourself or someone else?

If you have:

- made a plan
- the means to hurt yourself or someone else (e.g., you have pills or a weapon)
- attempted suicide or hurt yourself before

Call 911 or your local emergency response service or get to the nearest emergency hospital NOW.