



Media Release: Immediate

Regional Municipality of Waterloo

Consolidated

Community Services Committee

Agenda

Tuesday, June 19, 2018

12:30 p.m.

Regional Council Chamber

150 Frederick Street, Kitchener, Ontario

* Denotes item(s) not part of original agenda

1. Motion to Reconvene into Open Session

2. Declarations of Pecuniary Interest under the “Municipal Conflict Of Interest Act”

3. Delegations

- 3.1** Jill Byers, School Food Garden Coordinator, Seeds of Diversity Canada
Re: [PHE-HLV-18-05](#), Healthy Kids Community Challenge Theme Three Update

Page 6

- 3.2** [PHE-IDS-18-07](#), Waterloo Region Supervised Consumption Services Phase 2a Results

Page 84

- i) Cindy Watson
- ii) Dan Clements, For a Better Cambridge
- iii) Sherif Louka

Should you require an alternative format please contact the Regional Clerk at
Tel.: 519-575-4400, TTY: 519-575-4605, or regionalclerk@regionofwaterloo.ca

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- iv) Irene Pedersen
- v) Stephen Pedersen

Consent Agenda Items

Items on the Consent Agenda can be approved in one motion of Committee to save time. Prior to the motion being voted on, any member of Committee may request that one or more of the items be removed from the Consent Agenda and voted on separately.

4. Request to Remove Items from Consent Agenda

5. Motion to Approve Items or Receive for Information

5.1 [PHE-PSV-18-04](#), 2019 Response Times Performance Plan

Page 12

Recommendation:

That the Regional Municipality of Waterloo approve the Response Time Performance Plan for 2019 as outlined in Appendix 2, in accordance with Ambulance Act, O. Reg. 267/08, amending O. Reg. 257/00, under Part VII, Response Time Performance Plans, Sections 22-24 as outlined in report PHE-PSV-18-04, dated June 19, 2018.

5.2 [PHE-HLV-18-06](#), Amendments to the *Smoke-Free Ontario Act* Effective July 1, 2018 (Information)

Page 18

5.3 [PHE-HLV-18-04](#), Fall Prevention Update (Information)

Page 25

5.4 [PHE-CFH-18-02](#), Healthy Babies Healthy Children Program: 2017-2018 (Information)

Page 32

5.5 [PHE-HPI-18-05](#), 2017 Food Safety Annual Report (Information)

Page 37

Regular Agenda Resumes

6. Reports – Community Services

6.1 CSD-HOU-18-16, 10 Year Housing and Homelessness Plan Progress Report (Year 4)

Page 43

Recommendation:

That the Regional Municipality of Waterloo approve the 10 Year Housing and Homelessness Plan Progress Report (Year 4) as outlined in report CSD-HOU-18-16, dated June 19, 2018.

6.2 CSD-HOU-18-18/COR-TRY-18-63, Request for Proposals P2018-12 New Affordable Rental Housing

Page 55

Recommendation:

That the Regional Municipality of Waterloo take the following action with regard to the Region of Waterloo's New Affordable Housing Strategy (AHS) 2014-2019 and Investment in Affordable Housing 2014 Extension Year 5 and Social Infrastructure Fund (SIF) Year 2 funding, for a funding allocation of \$2,843,700.00 as outlined in report CSD-HOU-18-18/COR-TRY-18-63 dated June 19, 2018:

- a) Approve the New Affordable Rental Housing Request for Proposal P2018-12: Recommended Priority Projects as detailed in Attachment 1;
 - b) Authorize the Director, Housing Services, to execute and deliver all documentation required by the Province of Ontario and the Region of Waterloo for the purpose of funding the recommended Priority Proponents as shown in Attachment 1 and to finalize the funding and conditions with the proponents; and
 - c) Authorize the Commissioner, Community Services, to execute such agreements and documentation in a form satisfactory to the Regional Solicitor, as may be required to process the advance of funding to the recommended Priority Project proponents.
- 6.3 CSD-HOU-18-19**, Reallocation of Investment in Affordable Housing in Ontario (2014 Extension) Funding- Rental Component

Page 63

Recommendation:

That the Regional Municipality of Waterloo approve the following actions with regard to the reallocation of Investment in Affordable Housing in Ontario (2014 Extension) Year 4 funding as outlined in report CSD-HOU-18-19 dated June 19, 2018.

- a) Reallocate \$3,750,000 of Investment in Affordable Housing in Ontario (2014 Extension) Year 4 funding to 25 Linwood Avenue Limited;

- b) Authorize the Director, Housing Services, to execute and deliver all documentation required by the Province of Ontario and the Region of Waterloo for the purpose of funding 25 Linwood Avenue Limited and to finalize the funding and conditions with the proponents; and
- c) Authorize the Commissioner, Community Services, to execute such agreements and documentation in a form satisfactory to the Regional Solicitor, as may be required to process the advance of funding to 25 Linwood Avenue Limited.

6.4 CSD-HOU-18-17, Administration of the Ministry of Housing Development Charge Rebate on Behalf of the City of Kitchener

Page 67

Recommendation:

That the Regional Municipality of Waterloo approve the following actions with regard to the Ontario Ministry of Housing Development Charge Rebate Program as described in report CSD-HOU-18-17 dated June 19, 2018:

1. Authorize staff to implement the Ontario Ministry of Housing Development Charge Rebate Program;
2. Authorize the Commissioner, Community Services, to enter into an agreement with the City of Kitchener to administer the Ontario Ministry of Housing Development Charge Rebate Program,
3. Direct staff to prepare the necessary by-law as required by the Ontario Ministry of Housing; and
4. Add one temporary full time equivalent (FTE) position effective immediately to administer the program to be fully funded from the program administration fees of 5%, and increase the 2018 Operating budget for Housing Services by \$53,399 to be fully funded from the program administration fees of 5% and \$0 net Regional levy.

6.5 CSD-CHS-18-09, Children and Youth Planning Table Funding Grant from Lyle S Hallman Foundation

Page 74

Recommendation:

That the Regional Municipality of Waterloo increase the 2018 Children's Services operating budget by \$117,754 gross and \$0 net to reflect a grant of \$233,067 received from Lyle S. Hallman Foundation, for the Children and Youth Planning Table, with the remaining funds to be reflected in the preliminary 2019 operating budget as described in Report CSD-CHS-18-09 ;

And that the Regional Municipality of Waterloo approve the addition of two 0.5 Temporary FTE staff positions in Children's Services for the purposes outlined in CSD-CHS-18-09, dated June 19, 2018.

6.6 CSD-CHS-18-08, Final 2018 Provincial Allocations for Children's Services**Page 77****Recommendation:**

That the Regional Municipality of Waterloo take the following actions with respect to the 2018 Children's Services budget as outlined in Report CSD-CHS-18-08 dated June 19, 2018:

1. Increase the 2018 Operating budget for Children's Services by \$6,016,340 gross and \$0 net Regional Levy; and
2. Approve the addition of up to 2.0 full time equivalent (FTE) temporary positions for one year at a cost of \$209,215 to be funded by provincial grants to support the implementation and administration of expanded programs and responsibilities of the Region of Waterloo as the Consolidated Municipal Service Manager as outlined in report CSD-CHS-18-08.

Reports – Public Health and Emergency Services**6.7 PHE-IDS-18-07, Waterloo Region Supervised Consumption Services Phase 2a Results (Staff Presentation)****Page 84****Recommendation:**

That the Regional Municipality of Waterloo endorse the plan to undertake Phase 2b of the Waterloo Region Supervised Consumption Services Feasibility Study, as described in Report PHE-IDS-18-07.

6.8 PHE-IDS-18-08, Waterloo Region Opioid Response Plan**Page 107****Recommendation:**

That the Regional Municipality of Waterloo/Board of Health endorse the Waterloo Region Opioid Response plan as described in Report PHE-IDS-18-08, dated June 19, 2018.

6.9 PHE-PSV-18-03, Community Paramedicine Program in Waterloo Region**Page 126****Recommendation:**

That the Regional Municipality of Waterloo approve the addition of 2.0 full time equivalent staff to implement and operate a community paramedicine program in the region; and

That the 2017 Operating Budget for Public Health and Emergency Services be increased by \$246,000 gross and \$0 net Regional Levy as described in Report PHE-PSV-18-03, dated June 19, 2018.

7. Information/Correspondence

7.1 [Council Enquiries and Requests for Information Tracking List](#) Page 134

8. Other Business

9. Next Meeting – August 14, 2018

10. Adjourn



Report: PHE-HLV-18-05

Region of Waterloo
Public Health and Emergency Services
Healthy Living

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

Date: June 19, 2018 **File Code:** P13-80

Subject: **Healthy Kids Community Challenge Theme Three Update**

Recommendation:

For information

Summary:

The Healthy Kids Community Challenge (the Challenge) is a provincial initiative that promotes wellbeing and healthy weights in children between the ages of 0-12.¹ In March, 2014, the Region of Waterloo Public Health and Emergency Services (Public Health) submitted a proposal to the Ministry of Health and Long-Term Care (the Ministry) on behalf of the seven area municipalities in Waterloo Region, to bring the Challenge to Waterloo Region. The proposal was approved and since then it has resulted in a total investment from the Ministry of \$1,312,500, for the period of April 1, 2015 to September 30, 2018, to fund initiatives that support the wellbeing of our children in Waterloo Region. Throughout the funding period, the Ministry has launched four successive themes related to achieving healthy weights in children. Theme Three, "Choose to Boost Veggies and Fruit", is the most recent theme completed. Partners across Waterloo Region supported this theme through a range of activities that encourage children and families to eat more vegetables and fruits including building community gardens, offering food skills programs, and presenting educational live theatre performances. This report provides an overview of Theme Three and briefly describes the latest theme, "Power Off and Play!".

Report:

The Waterloo Region Healthy Kids Community Challenge

Waterloo Region is one of 45 communities across Ontario participating in the Healthy
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Kids Community Challenge (the Challenge). The Challenge was created by the Ministry of Health and Long-Term Care (the Ministry) in response to the growing childhood overweight and obesity epidemic in Ontario; the Challenge was informed by recommendations from the Healthy Kids Panel (an expert childhood obesity panel) that was tasked to provide guidance on interventions to achieve healthy weights in children between the ages of 0-12.² In March, 2014, the Region of Waterloo Public Health and Emergency Services (Public Health) partnered with the Cities of Cambridge, Kitchener, and Waterloo, and the Townships of North Dumfries, Wellesley, Wilmot, and Woolwich to develop a proposal to bring the Challenge to Waterloo Region. The accepted proposal resulted in funding from the Ministry in the amount of \$1,125,000 over a three-year period, from April 1, 2015 to March 31, 2018. In January 2018, the Ministry provided an additional \$187,500 to extend the Challenge to September 30, 2018, thus, making a total investment of \$1,312,500 to implement the Challenge locally.

Governance Structure and Themes

The local Challenge continues to be guided by a Steering Committee, with representation from each of the seven area municipalities in Waterloo Region, the Waterloo Catholic District School Board, and Public Health. Each funding year, the Ministry has introduced a new theme to the Challenge to promote healthy weights in children. The Steering Committee, and many partner organizations across Waterloo Region, have been working together to implement each of the themes by developing programs, policies, and physical and social supports for local children and families that promote healthy eating, physical activity, and healthy behaviours. To-date the Ministry has launched four themes and theme three was recently completed.

Completion of Theme Three: Choose to Boost Veggies and Fruit

A range of local initiatives were funded in Theme Three of the Challenge, “Choose to Boost Veggies and Fruit”, from April 1, 2017 to March 31, 2018. The initial planning for Theme Three was described in an update report (PHE-HLV-17-04) to the Community Services Committee on August 22, 2017. Overall, more than 20 community partners from across Waterloo Region were engaged to plan and lead activities that promote the consumption of vegetables and fruit among children and families. Some of these activities are described below.

- 1. Community Gardens.** Fourteen school and community food gardens were installed at schools, community centres, and other recreation spaces across Waterloo Region to engage children, families, and educators in food-based gardening. A school food garden initiative was particularly well-received in the community, garnering local media coverage from multiple outlets. The project resulted in approximately 2,958 square feet of new food gardening space, reaching an estimated 2,270 elementary students, to promote hands-on learning and community connectedness. As part of the project, a number of resources were

developed to encourage future school food gardens, including a School Food Garden Start-Up Guide, a curriculum website, and promotional videos. The School Food Garden Start-Up Guide was developed by Public Health, using the Ontario Physical and Health Education Association's Healthy School Framework, and can be accessed here: https://www.regionofwaterloo.ca/en/living-here/resources/Documents/SchoolGardens_StartupGuide.pdf.

2. **Food Skills Promotion.** Both free and low-cost food skills programming opportunities were offered by a number of community organizations and neighbourhood groups. Approximately 4,360 children and 670 parent/caregivers were provided education about how to read, plan, and prepare recipes featuring vegetables and fruits. Public Health leveraged a key corporate partnership with Loblaw Companies Limited, who provided free, Registered Dietitian-led grocery store field trips to elementary schools in Waterloo Region's urban communities. To reach children living in rural communities, Public Health also developed a township grocery store nutrition program. New partnerships were formed with independent grocers in each of the townships to provide elementary students with the opportunity to tour their local grocery store and learn about how to select healthy foods, following recommendations from the Eating Well with Canada's Food Guide.
3. **Live Theatre Performances.** For the second consecutive year, a local live theatre group delivered "edutainment" style performances at 41 elementary schools across each municipality in Waterloo Region. Interest grew by over 60 per cent from the previous year, with 76 shows being delivered in Theme Three (compared to the 45 shows delivered in Theme Two). The performances, titled "Peas and Love – Lettuce Be Friends", emphasized the benefits of eating vegetables or fruit at each meal and snack, and reached over 3,000 children.

Initiation of Theme Four: Power Off and Play!

On January 30, 2018, Public Health submitted a report (PHE-HLV-18-02) to the Community Services Committee to share that the Ministry had recently announced a fourth theme, "Power Off and Play!". Theme Four focuses on helping children and families build a balanced day that is not filled with recreational and sedentary screen time. The theme is now underway and will continue until September 30, 2018. Below is a summary of the activities and progress of Theme Four since the January report.

1. **Community Engagement Opportunities.** Four community forums were held in January and February of 2018 to engage community partners from previous themes, and provide them with the opportunity to submit proposals for implementing screen reduction supports and activities within their respective organizations. A total of 39 proposals have been approved for funding by the Steering Committee, Public Health, and the Ministry.
2. **Education and Awareness.** A presentation was delivered to the Children and Youth Planning Table in February to share Theme Four key messages; over 130

professionals with an interest in children's health and wellbeing were in attendance. A Region-wide Power Off and Play! Challenge is being implemented in June, targeting local families and elementary schools. Finally, a celebration event is being planned for the end of the theme to highlight some of the activities and partnerships that have contributed to the success of the local Challenge.

- 3. Live Theatre Performances.** A Power Off and Play! script has been developed and performances have been scheduled with elementary schools across Waterloo Region for May and June. During the first week of the performances, over 800 elementary students were reached with messaging that promotes the benefits of replacing screen time with active play.
- 4. Recreational and Active Play Programming.** A variety of recreational and active play programming is being offered throughout each of the seven area municipalities in Waterloo Region to provide children and families with no-cost or low-cost, non-screen physical activity opportunities. Free Huron Natural Area Field Trips are being offered to elementary students in the spring, Swim to Survive classes and pop-up playgrounds will be offered in the summer, and free school and public skating opportunities will be provided in the fall.

Conclusions and Next Steps

Since its inception, the Challenge has reached thousands of local children and families with messaging and supports that empower them to eat healthy and be physically active. Over the past three themes, the collaborative approach of the Challenge has helped to build collective capacity within the community to implement effective and sustainable strategies that promote healthy weights among current and future generations of children living in Waterloo Region. Public Health will continue to work with the Steering Committee and partner organizations across Waterloo Region to implement the remainder of Theme Four: "Power Off and Play!". Public Health will also continue to provide updates to the Community Services Committee around the progress of the local Challenge throughout the remaining funding timeframe.

Ontario Public Health Standards:

The chronic disease prevention, healthy eating, and physical activity promotion efforts described in this report support Requirement Two of the Chronic Disease Prevention and Well-Being Program Standard in Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (2018).³ They are also aligned with Requirement Four of the School Health Program Standard (2018).³

Corporate Strategic Plan:

This report supports strategic objective 4.4 (i.e., "Promote and support healthy living and prevent disease and injury") and, more specifically, strategic objective 4.4.1 (i.e., "Work with area municipalities and other community partners, to implement the

provincially funded Healthy Kids Community Challenge to reduce childhood obesity”) of the Corporate Strategic Plan.

Financial Implications:

Across the province, the Healthy Kids Community Challenge is funded 100 per cent by the Ministry of Health and Long-Term Care; total funding of \$1,125,000 (\$375,000 in each of 3 fiscal years) was approved for implementation of the initiative locally. Through an amendment to the current Transfer Payment Agreement, additional funding in the amount of \$187,500 has been provided to extend the Challenge to September 30, 2018. The total funding available for 2018, including the funding approved to March 31 and additional funding is \$281,250. Region of Waterloo Public Health staff contributions to the Challenge are funded within the cost shared public health budget which is approved by Regional Council as the Board of Health (funded up to 75 per cent by the province and the remainder from the local tax levy).

Other Department Consultations/Concurrence:

Nil

Attachments:

Nil

Prepared By: **Danielle Lodwick**, Health Promotion and Research Analyst
Katherine Pigott, Manager, Healthy Living Division

Approved By: **Dr. Hsiu-Li Wang**, Acting Medical Officer of Health
Anne Schlorff, Acting Commissioner

References

1. Ontario. Ministry of Health and Long-Term Care. Healthy Kids Community Challenge [Internet] 2018. [cited 2018 May 15]. Available from: <http://www.health.gov.on.ca/en/public/programs/healthykids/hkcc.aspx>
2. Ministry of Health and Long-Term Care. Healthy Kids Panel. No Time to Wait: The Healthy Kids Strategy [Internet]. Toronto, ON: Queen's Printer for Ontario; 2010. Available from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf
3. Ontario. Ministry of Health and Long-Term Care. Protecting and Promoting the Health of Ontarians. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf



Report: PHE-PSV-18-04

Region of Waterloo
Public Health
Paramedic Services

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

Date: June 19, 2018

File Code: P05-80

Subject: 2019 Response Times Performance Plan

Recommendation:

That the Regional Municipality of Waterloo approve the Response Time Performance Plan for 2019 as outlined in Appendix 2, in accordance with Ambulance Act, O. Reg. 267/08, amending O. Reg. 257/00, under Part VII, Response Time Performance Plans, Sections 22-24 as outlined in report PHE-PSV-18-04, dated June 19, 2018.

Summary:

The Region of Waterloo Paramedic Services is required under legislation to submit an adopted and approved Response Time Performance Plan, in accordance with the Ambulance Act, O. Reg. 267/08, amending O. Reg. 257/00, under Part VII, Response Time Performance Plans, and Sections 22-24.

This report summarizes the analysis of 2017 Response Time Performance Plan data (latest full year available), as well as recommendations from the Paramedic Services Master Plan, to ensure Council has the knowledge and background to be informed when making a recommendation as to the 2019 Response Time Performance Plan. This recommendation will then be submitted to the Ministry of Health and Long Term Care, Emergency Health Services Branch as required under the Ambulance Act of Ontario (see Appendix 2).

Overall, Region of Waterloo PSV is performing well with regard to response times, in relation to the approved 2017/8 Response Time Performance Plan. The 2019 Response

Time Performance Plan proposal is to maintain the same targets as set for 2018. This would also be in line with the recommendation contained within the Paramedic Services Master Plan. The Response Time Performance Plan would also be aligned with having achievable, more reasonable and Canadian Triage Acuity Score (CTAS)-specific benchmarks, based on a comparison with other municipalities and the performance of ROW Paramedic Services (PSV).

They would be as follows:

Sudden Cardiac Arrest- 6 minutes 50% of the time (unchanged)

CTAS 1 – 8 minutes or less 70% of the time (unchanged)

CTAS 2 – 10 minutes or less 80% of the time (unchanged)

CTAS 3 – 11 minutes or less 80% of the time (unchanged)

CTAS 4 – 12 minutes or less 80% of the time (unchanged)

CTAS 5 – 12 minutes or less 80% of the time (unchanged)

Response time targets have been set for the Region as a whole. Urban, suburban and rural response times will be monitored and included in the semi-annual PSV Performance Measurement Report.

Report:

Region of Waterloo Response Time Performance Plan

The historical Ministry performance benchmark for a Code 4 90th percentile response time of 10 minutes 30 seconds, in the Region of Waterloo is no longer in effect. ROW Paramedic Services (PSV) continues to track the Code 4 90th percentile response time for the purpose of monitoring trends over time, only.

In March of each year, the Region of Waterloo submits to the Ministry a full year of response time data, for the previous year, using the new targets established in October of the preceding year. The 2017 response time performance is summarized in Appendix 1 and the Plan has not been altered since 2015. The 2018 was approved by Council (PHE-PSV-17-03, dated April 25, 2017), and again remained unchanged.

The original Response Time Performance Plan was a starting point, with targets for CTAS 2 to 5 based somewhat arbitrarily on the old Response Time Standard (10 minutes 30 seconds). Now, with years of experience in Region of Waterloo, the Response Time Performance Plan is grounded on that experience, and Region of Waterloo can continue to set reasonable targets which have a gradient according to the urgency of the call. Setting faster times for more urgent calls and progressively slower times for less urgent calls has become a standard approach across other municipalities.

For reference, the old target referred to “Code 4” which is the most urgent of calls, as assigned by the provincial dispatch centre when the 911 call comes in. The new target

refers to “CTAS” level, which stands for Canadian Triage Acuity Score, and is assigned by the paramedic upon arrival on scene. CTAS 1 is the most urgent of calls and CTAS 5 is less urgent.

Local data analysis – Year to Year comparison of RTPP results

Updated information is provided in Appendix 1. Sudden Cardiac Arrest calls would likely be compliant if data from the Fire Department and Public Access Defibrillators was included. ROW PSV is now actively working with allied agencies data to incorporate it into our 2018 compliance reporting. Progress has been made in improving response times across all levels of urgency (i.e. CTAS levels) in 2017, in spite ever increasing call volumes. Based on an informal scan of comparators, the Region of Waterloo Paramedic Services is performing within the provincial median as determined by data shared from other municipalities as can be seen from the MOHLTC link along with other background information:

<http://www.health.gov.on.ca/english/public/program/ehs/land/responsetime.html>

The availability of ambulances to respond when an emergency call is received remains an integral and primary factor in determining success in achieving the compliance to the standards. Call volumes, the number of ambulances on duty and hospital off-load delay remain as contributing factors impacting on the availability of resources.

Incident responses continued to increase in 2017 thorough into 2018 and the projected incident responses for 2018 is expected to top 54,000. Added staffing resources improved response times, but offsets to the impact of increases in call volume over time has not been as significant over the past year, due to continued growth in call volumes. Our overall call rate per 1000 people is also trending upward year over year and hit 90 per 1000 in 2017. This means that calls are increasing even after accounting for population growth. This is likely due to the aging of baby boomers, as Paramedic Services calls generally increase in older populations. These trends were all reviewed as part of the PSV Master Plan and monitoring will continue. PSV metrics are regularly monitored and reported in the PSV Performance Measurement Report.

Overall Summary of Recommendations and changes to the RTPP

Based on the recommendation in the PSV Master Plan, and given all the data measured and evaluated by Paramedic Services and reported through to Council, it is recommended that the Response Time Performance Plan benchmarks remain the same for CTAS 1 through CTAS 5 response targets as summarized as follows (see Appendix 2 also):

CTAS 1 – 8 minutes or less 70% of the time
CTAS 2 – 10 minutes or less 80% of the time
CTAS 3 – 11 minutes or less 80% of the time
CTAS 4 – 12 minutes or less 80% of the time

CTAS 5 – 12 minutes or less 80% of the time

Corporate Strategic Plan:

Strategic Plan Focus Area 4 .4

Promote and support healthy living and prevent disease and injury

Strategic Objective or Action 4.4.2

Optimize Paramedic Services to improve service standards and response times by developing an updated Paramedic Services Master Plan

Financial Implications: Nil

Other Department Consultations/Concurrence:

Attachments

Appendix 1: 2017: Council-approved Response Time Performance Plan Targets and Results

Appendix 2: 2019 Recommended Response Time Performance Plan

Prepared By: **Stephen Van Valkenburg**, Director/Chief Paramedic Services

Approved By: **Dr Hsiu-Li Wang**, Acting Medical Officer of Health
Anne Schlorff, Acting Commissioner

Appendix 1: 2017: Council-approved Response Time Performance Plan Targets and Results

| | | | 2017 | |
|---------------------------|---|--|---------------------|-------------------------|
| Type of call | Response Time Target Paramedic Services notified (T2) to arrive scene (T4) | Approved 2017 Region of Waterloo target | Per cent compliance | Percentile time (mm:ss) |
| Sudden Cardiac Arrest | Defibrillator response in 6 minutes or less (set by MOHLTC) | 50% or better (Paramedic Services only) | 44% | 06:25 |
| CTAS 1 (resuscitation) | Paramedic Services response in 8 minutes or less (set by MOHLTC) | 70% or better | 74% | 07:40 |
| CTAS 2 (emergency) | Paramedic Services response in 10 minutes or less | 80% or better | 82% | 09:45 |
| CTAS 3 (urgent) | Paramedic Services response in 11 minutes or less | 80% or better | 81% | 10:52 |
| CTAS 4 (less urgent) | Paramedic Services response in 12 minutes or less | 80% or better | 83% | 11:21 |
| CTAS 5 (non-urgent) | Paramedic Services response in 12 minutes or less | 80% or better | 80% | 11:58 |

Appendix 2: Recommended 2019 Response Time Performance Plan targets

2019

| Type of Call | Response Time Target Scene (T4) | 2018 ROW Target |
|-----------------------|--|---|
| Sudden Cardiac Arrest | Defibrillator Response in 6 minutes or less (Set by MOHLTC) | 50% or better (Paramedic Services only) |
| CTAS 1 | Paramedic Services Response in 8 minutes or less (Set by MOHLTC) | 70% or better |
| CTAS 2 | Paramedic Services Response in 10 minutes or less | 80% or better |
| CTAS 3 | Paramedic Services Response in 11 minutes or less | 80% or better |
| CTAS 4 | Paramedic Services Response in 12 minutes or less | 80% or better |
| CTAS 5 | Paramedic Services Response in 12 minutes or less | 80% or better |



Report: PHE-HLV-18-06

The Region of Waterloo

Public Health and Emergency Services

Healthy Living

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

Date: June 19, 2018 **File Code:** P13-80

Subject: Amendments to the *Smoke-Free Ontario Act* Effective July 1, 2018

Recommendation:

For information.

Summary:

The *Smoke-Free Ontario Act, 2017* (SFOA, 2017) - Schedule 3 to Bill 174 - received Royal Assent on December 12, 2017. The *Act* repeals the *Smoke-Free Ontario Act* and the *Electronic Cigarettes Act, 2015* and replaces them with a single legislative framework. This report will highlight the amendments to the *Smoke-Free Ontario Act, 2017* which will become law on July 1, 2018. A report highlighting the other Schedules within Bill 174 will follow at a later date when more information is available.

The *Smoke-Free Ontario Act, 2017* introduces new signage requirements and regulates the sale, supply, use, display, and promotion of tobacco and vapour products (e.g. e-cigarettes, including heat-not-burn devices, and e-cigarette accessories), and the smoking and vaping of medical cannabis. Additional substances could be made subject to the *Smoke-Free Ontario Act, 2017* by regulation in the future. The Region's Licensing and Enforcement Services will be responsible for enforcing the amendments to the *Smoke-Free Ontario Act, 2017*. Public Health and Licensing and Enforcement Services are working together to implement an education plan and progressive enforcement strategy.

Report:

The *Smoke-Free Ontario Act, 2006* and the *Electronic Cigarettes Act, 2015* are repealed and replaced by the *Smoke-Free Ontario Act, 2017*. The new *Act* applies to tobacco and vapour products, medical cannabis, and other products and substances

that may be prescribed in the regulations and introduces new mandatory signage for all employers, businesses, schools and municipalities etc.

The use of recreational cannabis is not covered under the *Smoke-Free Ontario Act, 2017* but is covered under the *Cannabis Act* which has been addressed in the Cannabis Legislation Report PDL-CAS-18-07.

Under the amended *Smoke-Free Ontario Act, 2017* it is prohibited to:

1. Smoke or hold lighted tobacco
2. Smoke or hold lighted medical cannabis
3. Use an electronic cigarette, and,
4. Consume a prescribed product or substance in a prescribed manner in the following places:

| Currently covered under the <i>SFOA</i> | New additions to the <i>SFOA</i> |
|---|--|
| <ul style="list-style-type: none"> • Enclosed public places and workplaces • Motor vehicles with children under the age of 16 inside • The outdoor grounds of an office building that is owned by the Province • The grounds of a public or private school within the meaning of the <i>Education Act</i> • Any indoor common area in a condominium, apartment building or university or college residence (e.g. elevators, hallways, garages, party or entertainment rooms, laundry facilities, lobbies and exercise areas). • Any indoor common area of a hotel, motel or inn • Any indoor common area in a condominium, apartment building or university or college residence (e.g. elevators, hallways, garages, party | <ul style="list-style-type: none"> • Public areas within 20 metres from the perimeter of the grounds of public and private schools • All bar and restaurant outdoor patio areas and public areas within a nine metre radius surrounding any point on the perimeter of the patio • The outdoor grounds of a community recreation facility, and public areas within 20 metres of the perimeter of the grounds |

| Currently covered under the SFOA | New additions to the SFOA |
|---|---------------------------|
| <p>or entertainment rooms, laundry facilities, lobbies and exercise areas).</p> <ul style="list-style-type: none"> • Any indoor common area of a hotel, motel or inn • All places where child care is provided within the meaning of the <i>Child Care and Early Years Act, 2014</i> • A place where an early years program or service is provided within the meaning of the <i>Child Care and Early Years Act, 2014</i> • The outdoor grounds of a public, private or psychiatric hospital • Residential care facilities • The reserved seating area of a sports arena or entertainment venue • Within 20 metres of a Provincial or municipally-owned children's playground and play area | |

Home health-care workers

Home health-care workers can request that a person not smoke or hold lighted tobacco; smoke or hold lighted medical cannabis; use an electronic cigarette; or consume a prescribed product or substance in their presence. If the person refuses to comply with the request, a home health care worker has the right to leave without providing any further services, unless doing so would present an immediate serious danger to the health of the person. The worker must call their employer within 30 minutes of leaving and inform them that they have left; whether an appropriate person is present and available to care for the person receiving services; if care is needed within the next 24 hours; what situation the person receiving health care services was in when the worker left; and, whether there are any unusual circumstances and, if so what they are.

Sales Restrictions

The *Act* makes it illegal to:

- Sell tobacco or vapour products to anyone under the age of 19
- Sell tobacco products, vapour products and prescribed products and substances in certain places (e.g. pharmacies, hospitals, psychiatric facilities, long-term care homes, post-secondary campuses, schools, and child care centres)
- Sell tobacco, vapour and prescribed products or substances at retail unless the prescribed signs are posted in the prescribed manner
- Sell tobacco and vapour products in vending machines

Restrictions have been placed on the sale of flavoured tobacco products provincially. Certain flavoured vapour products and prescribed products and substances are also prohibited by federal law.

Promotional Restrictions

Tobacco products and accessories, vapour products and prescribed products cannot be promoted:

- Anyplace where the same products are sold or offered for sale
- If the promotion is visible from outside of a place where the same products are sold or offered for sale

Exemptions

The *SFOA, 2017* and its regulation set out limited exemptions for the smoking of tobacco, the use of e-cigarettes, and the smoking and vaping of medical cannabis in the following situations:

- Controlled rooms in residential care facilities (e.g., long-term care homes, certain retirement homes, publicly funded supportive housing), designated psychiatric facilities and designated veterans' facilities.
- Guest rooms in hotels, motels and inns that have been designated by the proprietor or employer to accommodate smoking and vaping.
- Scientific research and testing facilities, if the smoking or vaping is for the purpose of conducting research or testing concerning tobacco, vapour products or cannabis
- The traditional use of tobacco by Indigenous persons remains protected.

Implications

Stakeholder meetings with employers, school boards, municipalities, local Business Improvement Areas and other business and event organizations will be scheduled for the end of June 2018 to ensure they come into compliance with the new *Act*. The meetings will identify changes to the regulations as a result of the new *Act* and the

impacts to the specific stakeholder groups. This will include the requirements for updated signage.

Information on the amended *Smoke-Free Ontario Act, 2017* will be updated on the Waterloo Region website <https://www.regionofwaterloo.ca/en/health-and-wellness/smoking-enforcement.aspx> and will be highlighted on the Region's home page. Public Health's Twitter and Facebook accounts will be used to communicate the changes. Licensing and Enforcement Services will continue to provide information to stakeholders as needed.

Information and signs will also be made available at 150 Main Street, 99 Regina Street and 150 Frederick Street as well as local municipal offices.

Enforcement Strategy

The Region's Licensing and Enforcement Services will have the responsibility for enforcing the *Smoke-Free Ontario Act, 2017* and ensuring stakeholders come into compliance with the new *Act*. Similar to the original *Smoke Free Ontario Act 2006* implementation, the new *Act* requires new signage to be erected and installed in all workplaces, work vehicles, businesses, schools and municipal properties and facilities to name a few. Specific requirements for bars, restaurants, tobacco and e-cigarette retailers will also require staff to work with these stakeholders to ensure they come into compliance with the new *Act*.

Staff anticipate that there will be a six month rollout of education, signs and visiting various businesses, organizations and employers to ensure they meet the requirements. The strategy includes 60 days of education and sign distribution, 60 days of site visits and 60 days to ensure all signs are erected and all regulations are being followed and follow-up visits.

Staff will also work with various stakeholders that run local events such as music festivals, fairs and Oktoberfest to ensure they understand the new requirements and signage needs of the *Act*. For the remainder of 2018, enforcement activities will include complaint-based inspections, regulatory compliance inspections, and escalating enforcement relying heavily on education in order to bring all impacted stakeholders into compliance.

The Ministry is in the process of providing the new short form wording and set fine order to support the issuance of warnings and charges under the new *Act*.

Medical Cannabis

Tobacco Enforcement Officers are required to enforce the *Smoke-Free Ontario Act, 2017* which includes the smoking or vaping of medical cannabis. Until the federal Cannabis Act comes into force, non-medical use of cannabis remains illegal.

Signage

New co-branded signage will be made available at three Regional facilities:

- 150 Main Street,
- 99 Regina Street and
- 150 Frederick Street

Staff will also be working with local municipalities in order to distribute signage at various municipal buildings and to post messaging on the local municipal websites.

Staff will also be working with other Regional stakeholders such as the Libraries to distribute signs and information.

Next Steps

Licensing and Enforcement and Public Health will be collaborating with stakeholders to facilitate compliance with legislation regulations and requirements.

Ontario Public Health Standards

The efforts described in this report support Requirement Three of the Substance Use and Injury Prevention Standard in Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (2018).

Corporate Strategic Plan:

Strategic Focus Area 4: Promote and support healthy living and prevent disease and injury.

Financial Implications:

Tobacco protection and enforcement programs are 100% funded by the provincial Ministry of Health and Long Term Care.

Other Department Consultations / Concurrence:

Planning, Development and Legislative Services Department – Licensing and Enforcement Services

Prepared By: **Laurie Nagge**, Public Health Nurse, Public Health and Emergency Services, Healthy Living Division

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Approved By: **Dr. Hsiu-Li Wang**, Acting Medical Officer of Health
Anne Schlorff, Acting Commissioner



Report: PHE-HLV-18-04

Region of Waterloo
Public Health and Emergency Services
Healthy Living Division

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

Date: June 19, 2018 **File Code:** P13-80

Subject: Fall Prevention Update

Recommendation:

For information

Summary:

June is Seniors Month in Ontario, which recognizes the important contributions of older adults.ⁱ Older adults are invaluable members of our communities as they offer wisdom, skills, and expertise that can only be gained through years of lived experience. Unfortunately, older adults are the most at risk of experiencing a fall, which can impact their ability to remain actively engaged in the community and provide meaningful contributions.ⁱⁱ Falls can result in devastating long term health consequences and changes to mental and social wellbeing. Given the theme for Senior's Month this year highlights that aging does not prevent any of us from leading fulfilling lives, it is timely that the issue of falls be raised because of the physical and emotional limitations a fall can produce. To address the burden of falls among older adults, and preserve their quality of life, the Region of Waterloo Public Health and Emergency Services (Public Health) is completing the following activities:

- **Stakeholder Consultations:** Conducted 47 interviews with local stakeholders to determine current fall prevention practices and how Public Health could best support this work.
- **Fall Prevention Month:** In 2017, carried out a fall prevention campaign in Waterloo Region using a variety of promotional activities and supporting 18 intermediaries to implement fall prevention initiatives across Waterloo Region.

Report:

From an injury perspective, falls are one of the most significant public health issues today.ⁱⁱⁱ Older adults in particular are most at risk of falling, with one in three older adults over the age of 65, and one in two over the age of 80 falling at least once per year.^{iv} Not only can falls cause serious injury, mental distress, loss of independence, and poor quality of life, but they result in societal and economic impacts as well.^v Falls are responsible for more emergency department visits and hospitalizations in Waterloo Region than any other form of injury.^{vi} Between 2007 and 2009 in Waterloo Region, falls amongst older adults accounted for 58 per cent of emergency department visits and 81 per cent of hospitalizations due to injury.^{vii} More recent data from 2015 shows that falls are increasingly an issue for this age group in Waterloo Region, sending almost 14 older adults aged 55 and older to the emergency department per day (5,020 that year) and hospitalizing just over three per day (1,214 that year).^{viii} This is concerning because population projections for 2028 show that almost one-third (30.8 per cent) of Waterloo Region's population will be older adults.^{ix} However, despite these statistics most falls are preventable^x which has been the focus of Public Health efforts to date.

Stakeholder Consultations

In 2016, the Fall Prevention Across the Lifespan Development Framework^{xi} was created as a resource to enhance the capacity of Public Health staff to promote a culture of fall prevention across the lifespan in Waterloo Region (see Community Services Committee Report PHE-HLV-17-01). This resource identified evidence-informed messaging, programs, and policies to address the many risk factors associated with falling.

In 2018, stakeholder consultations were conducted, in alignment with the Development Framework, to identify existing local interventions and determine Public Health's role in fall prevention in our community. Through the consultations, a variety of existing interventions were identified across the realms of education, supportive environments, and policy (see Appendix A: Table 1). Preliminary findings demonstrate that fall prevention is already a priority for some organizations, and a number of innovative interventions are currently being implemented in Waterloo Region. However, there were also some gaps and areas for improvement identified through the consultation process. Stakeholders identified a number of barriers and facilitators for fall prevention practices, activities, and policies (See Appendix A: Table 2 and 3). Based on the preliminary information gathered thus far, it is projected that Public Health could:

- Work to strengthen fall prevention related community collaboration and coordination between sectors and across municipalities
- Share and disseminate effective fall prevention tools and practices to help support local organizations to strengthen current work

- Explore fall prevention considerations related to community design and built environment that minimize environmental fall risk

Public Health plans to host a community forum this Fall (2018) to share the information collected, and to further discuss local needs. The community forum will be an opportunity to bring together stakeholders from across sectors to validate our findings and recommendations, assess readiness to move forward in fall prevention work, and further determine priority areas for preventing falls and fall-related injuries.

Fall Prevention Month

Fall Prevention Month is an annual national campaign that occurs during the month of November, and encourages Canadian organizations and individuals to coordinate efforts to prevent falls and injuries from falls among older adults. In 2017, Public Health provided the following supports for Fall Prevention Month in Waterloo Region:

- Promoted Fall Prevention Month in a variety of ways (e.g. website, social media, library displays)
- Hosted an information session for intermediaries interested in promoting Fall Prevention Month
- Encouraged intermediaries to integrate fall prevention tools/resources into their work

Specifically, Public Health supported 18 local intermediaries to implement at least 27 fall prevention activities reaching approximately 660 older adults and care providers. These results demonstrate an increasing interest in Fall Prevention Month. For example, in 2016, 7 intermediaries were supported and 24 activities were implemented with a reach of 266 individuals.

As part of the evaluation for Fall Prevention Month 2017, intermediaries indicated they were interested in forming a local work group to facilitate collaborative implementation of Fall Prevention Month promotion and activities, in order to continue to increase the reach and impact of fall prevention messaging. Therefore, Public Health facilitated the first local work group meeting on May 30, 2018 to begin planning for Fall Prevention Month 2018. The work group will meet again in the Fall of 2018, to further plan and coordinate Fall Prevention Month activities.

Conclusion and Next Steps

Preventing falls is a shared responsibility that can only be achieved through multiple levels of collaboration. Public Health can play a role in helping to facilitate the coordination and collaboration of fall prevention work. Over the coming months Public Health will work with engaged stakeholders to determine priorities and effective ways to enhance fall prevention in our community.

Ontario Public Health Standards

This report relates to the Substance Use and Injury Prevention Standard. The Board of Health is required to develop and implement interventions that address risk and protective factors to reduce the burden of preventable injuries, including falls. The interventions are to be informed by consultations and collaboration with local stakeholders, and assessment of existing programs and services.

Corporate Strategic Plan:

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

Financial Implications:

Activities related to the fall prevention initiatives described in this report were implemented within Region of Waterloo's existing base budget for Public Health Mandatory Programs; the budget is established by Regional Council as the Board of Health and is funded up to 75% by the province with the remainder funded by the local tax levy.

Other Department Consultations/Concurrence:

Nil

Attachments

Appendix A: Preliminary Findings from stakeholder consultations (Table 1, 2 and 3)

Prepared By: **Katie McDonald**, Health Promotion and Research Analyst
Michelle Groom, Public Health Nurse
Sharlene Sedgwick Walsh, Director, Healthy Living Division

Approved By: **Dr. Hsiu-Li Wang**, Acting Medical Officer of Health
Anne Schlorff, Acting Commissioner

Appendix A: Preliminary findings from stakeholder consultations

Table 1: Overview of fall prevention interventions identified in Waterloo Region

| Type of Intervention | Fall prevention interventions identified in Waterloo Region |
|---|---|
| Education | For Older Adults (and caregivers) <ul style="list-style-type: none"> • Educational resources • Awareness and education-based programs • Physical activity-based programs • Healthy eating skills • In-home assessments and patient education Organizational <ul style="list-style-type: none"> • Staff training |
| Safe and Supportive Environments | <ul style="list-style-type: none"> • Accessible service delivery and infrastructure • Environmental modifications (home and organizational) • Other services (co-location of services, transportation) • Social support and connections • Access to healthy foods/meals • Access to fitness/physical activity facilities • Interdisciplinary teams |
| Policy and Practice | Policies <ul style="list-style-type: none"> • Organizational Policies • Mandates and strategies (organizational and provincial) Practices <ul style="list-style-type: none"> • Integration into practice (organizational) • Identification, assessment, screening • Post fall follow up • Referrals |
| Client characteristics | <ul style="list-style-type: none"> • Varying levels of health and abilities • Active and independent • Frailty • Multiple co-morbidities • Cognitive impairment • Chronic health conditions • Substance and/or alcohol use concerns |

Table 2: Overview of barriers and challenges to implementing fall prevention practices, programs, or policies

| Level (Category) | Barriers identified by stakeholders |
|-------------------------|---|
| Individual | <ul style="list-style-type: none"> • Desire to maintain independence • Unaware of risks and benefits • Communication and lack of awareness of services • Caregiver stress • Non-use or misuse of assistive devices |
| Program | <ul style="list-style-type: none"> • Low attendance • Difficulty promoting programs • Implementation challenges |
| Organizational | <ul style="list-style-type: none"> • Lack of resources (funding, staff, time) • Inappropriate facilities/infrastructure • Complex health needs • Need for staff training • Competing priorities • Inadequate processes or tools |
| Community | <ul style="list-style-type: none"> • Difficulty navigating and coordinating services • Need for affordable accessible housing • Need for accessible transportation • Rural access to services • Not enough focus on inclusive design |
| Systems | <ul style="list-style-type: none"> • Limited access to provincially funded services • Inconsistent provincial data collection • Conflicting provincial mandates |

Table 3: Overview of facilitators for implementing fall prevention practices, programs, or policies

| Level (Category) | Facilitators identified by stakeholders |
|-----------------------|--|
| Individual | <ul style="list-style-type: none"> • Perception of falls and fall prevention |
| Program | <ul style="list-style-type: none"> • Strategies to increase participation in programs (e.g. low-cost or free programs) • Strategies to promote programs (e.g. focus on maintaining independence) • Strategies to improve implementation and delivery of programs (e.g. address multiple risk factors) • Following evidence-based programming |
| Organizational | <ul style="list-style-type: none"> • Identified champion(s) • Interdisciplinary team approach • Identifying root causes for behaviours that contribute to fall risk • Integrating into routine practice • Funding and human resources |
| Community | <ul style="list-style-type: none"> • Partnerships and collaboration |
| Systems | <ul style="list-style-type: none"> • Provincial mandates • Funding and allocation of resources |

ⁱ Government of Ontario (2018), Celebrating Seniors in Ontario, [Celebrating Seniors in Ontario](#)

ⁱⁱ Lodwick, D. (2017) Fall Prevention Across the Lifespan Compendium. Region of Waterloo Public Health and Emergency Services, [Fall Prevention Across the Lifespan Compendium](#)

ⁱⁱⁱ Ontario Injury Prevention Resource Centre. Ontario Injury Data Report 2018 [Internet]. Toronto, ON: Parachute; 2018. Available from: [Ontario Injury Data Report](#)

^{iv} Pike I, Richmond S, Rothman L, Macpherson A. Canadian Injury Prevention Resource [Internet]. Toronto, ON: Parachute; 2015. Available from: [Canadian Injury Prevention Resource](#)

^v Ontario Injury Prevention Resource Centre. Ontario Injury Data Report 2018 [Internet]. Toronto, ON: Parachute; 2018. Available from: [Ontario Injury Data Report](#)

^{vi} Ontario Injury Prevention Resource Centre. Ontario Injury Data Report 2018 [Internet]. Toronto, ON: Parachute; 2018. Available from: [Ontario Injury Data Report](#)

^{vii} Ontario Injury Prevention Resource Centre. Ontario Injury Data Report: Waterloo [Internet]. Toronto, ON: SMARTRISK; 2012. Available from: [Ontario Injury Data Report](#)

^{viii} Ambulatory Emergency External Cause (2009-2015), Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted: April 7, 2016.

^{ix} Region of Waterloo Public Health. Older Adults Health Status Report. Waterloo, ON: Region of Waterloo Public Health; 2010

^x Ontario Injury Prevention Resource Centre. Ontario Injury Data Report 2018 [Internet]. Toronto, ON: Parachute; 2018. Available from: [Ontario Injury Data Report](#)

^{xi} Lodwick, D. (2016) Fall Prevention Across the Lifespan Development Framework. Region of Waterloo Public Health and Emergency Services, [Fall Prevention Across the Lifespan Development Framework](#)



Report: PHE-CFH-18-02

Region of Waterloo

Public Health

Child and Family Health

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

Date: June 19, 2018 **File Code:** P09-20

Subject: **Healthy Babies Healthy Children Program: 2017-2018**

Recommendation:

For information.

Summary:

The Ministry of Children and Youth Services has provided \$2,864,743 in 2018 to deliver the Healthy Babies Healthy Children Program in Waterloo Region, as mandated by the Ontario Public Health Standards (2018). The Program is 100% funded by the Ministry of Children and Youth Services. A Ministry-directed Continuous Quality Improvement initiative supports Health Units to use an incremental approach in meeting provincial benchmarks set for specific Program components. Three benchmark goals for 2018 have been identified to enhance services received by Waterloo Region families.

6,096 babies were born in Waterloo Region in 2017. The Program works with families who are pregnant and those with young babies and children who are at risk. Program staff work to contact and support as many families as possible, within available resources. A significant project for 2018 is the launch at Cambridge Memorial Hospital of a two provincial systems interface that supports the Hospital to more efficiently and effectively complete the Healthy Babies Healthy Children Screen, and to electronically transmit the Screen to Region of Waterloo Public Health staff who connect with and support new parents and their babies.

Report:**Healthy Babies Healthy Children Program Description**

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

The Healthy Babies Healthy Children Program is free and voluntary for pregnant women and families with young children. It supports early child development, parent-child attachment and positive parenting. The Program is delivered by Public Health Units across Ontario in order to help children to a healthy start in life by:

- Screening families before birth, at birth and during early childhood to identify families who would benefit from more support. Screening involves gathering information from parents, hospital records and/or service providers, with the family's consent, to identify children potentially at risk for poor child development;
- Providing home visits by Public Health Nurses and Family Visitors to families who consent to more support and who will benefit from home visiting by learning about:
 - Having a healthy pregnancy and birth;
 - Connecting with their baby (parent-child attachment);
 - How children grow and develop and early intervention if development is delayed in any way;
 - Being a parent;
 - Breastfeeding and healthy nutrition;
 - Taking care of themselves and their family; and,
 - Other services available in the community.

Public Health Units plan and implement the Program in collaboration with local community partners (e.g. hospitals, child protection agencies, family support programs). The Program in Waterloo Region provides a face-to-face contact at a Postbirth Clinic located at local hospitals for those families identified as potentially "with risk" on the Healthy Babies Healthy Children Screen. All families, regardless of risk rating, receive information about local services and supports and sources of information about healthy child development, including how to contact a Public Health Nurse with any questions or for additional support.

2017 Service Delivery for the Program

In 2017, in Waterloo Region:

- 6,096 children were born, up slightly from 5,954 children in 2016;

- 4,442 Healthy Babies Healthy Children Screens were submitted;
- 2,882 families were identified as “with risk” on the Screen;
- 1,515 families attended a face-to-face Postbirth Clinic appointment at Grand River Hospital or Cambridge Memorial Hospital;
- 824 families consented to be contacted by a Public Health Nurse to complete an In-Depth Assessment;
- 703 families received an In-Depth Assessment through a home visit completed by a Public Health Nurse;
- 459 families were confirmed “with risk” and 310 families consented to receiving ongoing home visiting by a Public Health Nurse and Family Visitor;
- 365 families received support in the home visiting component of the Program (new and existing families); and
- 3,610 home visits were completed through individual and joint visits by Public Health Nurses and Family Visitors.

2017 Continuous Quality Improvement Results and Plan for 2018

The Ministry introduced a Continuous Quality Improvement initiative in 2015 to strengthen delivery of the Program across Ontario. Specific service benchmarks have been identified for Public Health Units to work toward using an incremental approach.

In 2017, in Waterloo Region:

- We improved our service quality, parent engagement and parent-child attachment through the use of Ministry approved parent assessment and teaching tools. We completed 80 Teaching and Feeding Scale (NCAST) interventions in 2017, compared to 75 in 2016. We completed 279 Partners in Parenting Education (PIPE) interventions with families in 2017, compared to 245 in 2016.
- We continue to improve our capacity to engage high risk families as we increased the acceptance of an In-Depth Assessment home visit (postpartum) from 42% in 2016 to 46% in 2017. In addition, the proportion of completed Screens (postpartum) confirmed with risk during the In-Depth Assessment went from 6.2% in 2016 to 7.3% in 2017.
- The proportion of births screened with the Healthy Babies Healthy Children Screen was 65%, down from 67% in 2016. The provincial benchmark is 80%. We are, therefore, continuing to work on strategies with our screening partners to support enhanced screen uptake by families.

In 2018, the Continuous Quality Improvement Plan will be to:

- Further improve our quality of service provision and parent engagement through the use of Ministry approved parent assessment and teaching tools (from 279 PIPE activities to 350 and from 80 NCAST assessments to 100);
- Increase the percentage of families who accept the home visiting component of the Program when they have been assessed to be at high risk (from 6.9% to 7.5%)
- Increase the percentage of new babies screened with the Healthy Babies Healthy Children Screen from 65% to 66%, by continuing to work on strategies with our screening partners to support enhanced screen uptake by families, including the BORN to ISCIS Implementation at Cambridge Memorial Hospital.

BORN to ISCIS Implementation Project at Cambridge Memorial Hospital

In May of 2018, the Better Outcomes Registry and Network (BORN) and Integrated Services for Children Information System (ISCIS) interface was launched at Cambridge Memorial Hospital. BORN is a provincial registry of pregnancy, birth and early childhood data. The purpose of the BORN-ISCIS interface is to collect, interpret and share data in order to plan for and improve care for mothers, babies and children across Ontario.

Cambridge Memorial Hospital nurses are now able to electronically collect maternal and child information at bedside using the Healthy Babies Healthy Children Screen. Time is saved because sections are populated with previously collected family information. The Screen is then automatically transmitted to the ISCIS database used by the Healthy Babies Healthy Children Program. Screening Liaison Public Health Nurses are working with hospital staff to ensure a smooth transition from the use of paper Screens to using the electronic Screen in BORN.

It is expected that hospitals and midwifery practices across Ontario will transition to using BORN to complete the Healthy Babies Healthy Children Screen by June of 2019. Region of Waterloo staff have initiated planning with Grand River Hospital.

Ontario Public Health Standards

The Ontario Public Health Standards for Healthy Growth and Development (2018) indicate: "The board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol (2018) or as current." The Protocol, updated and released in January 2018, mandates that staff complete screening, assessment, home visiting and referral to community programs and services to meet the needs of families and to help children get the best start in life. During 2018, the Program is bound by the new Protocol but is using

the old Guidance Document (2012). Managers are involved in Provincial Discussion Groups to influence the creation of a Reference Document to guide Program delivery in future and replace the current Guidance Document by the end of 2018.

Corporate Strategic Plan:

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

Financial Implications:

In 2018, the Ministry of Children and Youth Services has allocated \$2,864,743 of 100% provincial funding to deliver the Healthy Babies Healthy Children Program in Waterloo Region. The allocation has not changed since 2008. Staffing and programing changes have been implemented in order to stay within the funding allocation.

2018 is a significant year of Ministry planning for this Program. The staffing level for the Program in Waterloo Region will remain consistent this year compared to last year, at 29 full-time equivalents, until more information about future expectations for the Program are available. The Program will be delivered within available resources through planned gapping of positions for this year.

Other Department Consultations/Concurrence:

Nil

Attachments

Nil

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Anne Schlorff, Acting Commissioner



Report: PHE-HPI-18-05

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

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

Date: June 19, 2018 **File Code:** P10-80

Subject: 2017 Food Safety Annual Report

Recommendation:

For Information

Summary:

The goal of the food safety program is to prevent and reduce the burden of food-borne illness. To meet this goal, Public Health Inspectors conduct routine inspections of food premises; respond to consumer complaints, food recalls and other requests for service; and educate consumers and food handlers. In 2017 and early 2018, Public Health Inspectors also completed initial inspections for the Healthy Menu Choices Act. Public Health is preparing to implement the requirements of updated legislation in food premises which will come into effect on July 1, 2018.

Report:

The [Ontario Food Premises Regulation 493/17](#), which guides Public Health's food safety program, was recently updated and revised and will come into effect on July 1, 2018. Changes to the regulation include: the removal of structural requirements that were duplicated in the Ontario Building Code; and the use of less prescriptive wording that provides for greater flexibility in interpretation of some requirements, allowing inspection staff to consider new technology and food production models as they may arise. Starting July 1, 2018, the [Food Premises Regulation](#) also requires at least one food handler or supervisor who has completed food handler training to be present at all times while a food service premise is operating. Public Health partners with Conestoga

College to deliver the Food Safety Training Certification program. In 2017, 853 food handlers were certified. Public Health Inspectors also provide on-site food safety education to food premise owners and operators during inspections. Public Health is preparing for the legislative change with internal training and a communication strategy for business operators and the public. Public Health Inspectors will work with operators to enable them to achieve compliance with any requirements that were not part of the original Food Premises Regulation.

In addition, the Ontario Public Health Standards and Food Safety Protocol were recently updated, with the revisions coming into effect retroactively to January 1, 2018. Updates include enhanced requirements for the disclosure of inspection reports, including the result of complaint inspections, which will be made available through our [Check it! We inspect it](#) website. This is a change from previous practice as Public Health does not routinely disclose complaint information or outcomes. We are reviewing our processes to ensure that only those complaints that are with merit will be posted on the website, in order to protect local businesses from vexatious complaints. Complaint inspections will be disclosed on [Check it! We inspect it](#), by the end of July.

Routine Food Premises Inspections

The Ministry of Health and Long Term Care has an Accountability Agreement with Boards of Health which monitors a number of performance indicators. The food safety program is responsible for inspecting high-risk premises, such as full service restaurants, at least once every four months. Public Health achieved 99.8% compliance with this indicator. As required by the Food Safety Protocol, moderate-risk premises were inspected at least once every six months (99.8% compliance); and low-risk premises, such as convenience stores, were inspected at least once in 2017 (99.9% compliance).

Public Health Inspectors conducted a total of 5,569 routine inspections and 835 re-inspections of food premises in Waterloo Region in 2017. Since 2011 there has been an 11% increase in the number of food premises within the Region, and thereby the number of routine inspections completed has increased by 14% over the same period.

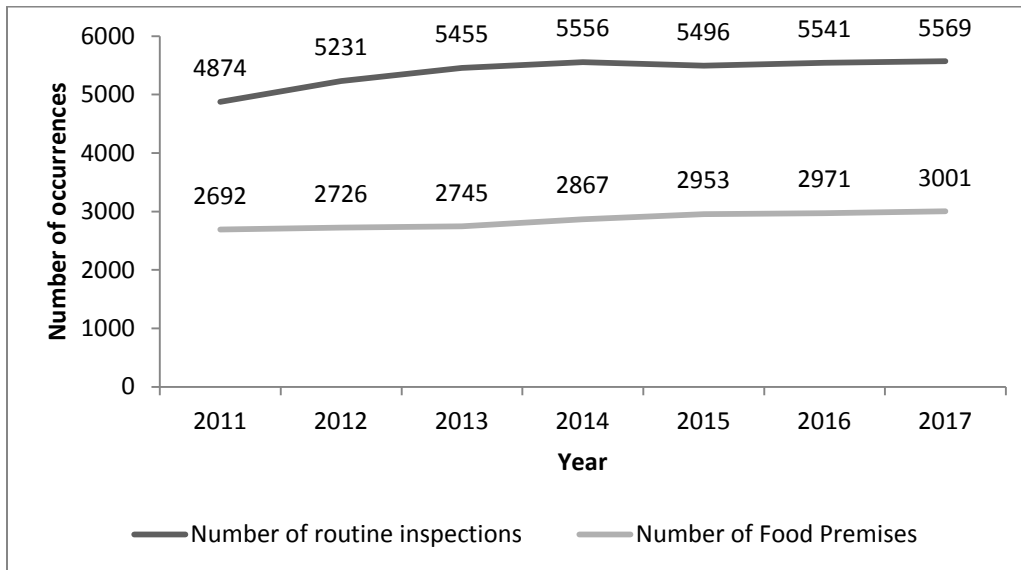


Figure 1: Total number of routine inspections conducted by Public Health and number of food premises in Waterloo Region between 2011 and 2017

During an inspection, Public Health Inspectors observe whether food premises owners and operators are in compliance with food premises regulations. Critical infractions are violations of the regulations that have the potential to cause foodborne illness if not corrected, while non-critical infractions are violations related to building structure and general sanitation of the food premise that would not necessarily result in illness, but are not considered best practice in a food premises. The most common critical and non-critical infractions involved food that was not properly stored, and cleanliness or maintenance of floors and walls, respectively. All infractions are reported and available to the public on the [Check it! We inspect it.](#) website.

Healthy Menu Choices Act

In 2017 and early 2018, Public Health also inspected 670 premises for compliance with the recently introduced Healthy Menu Choices Act and the menu labelling regulation. The Act helps Ontarians make healthier food and beverage choices when dining out and helps to raise public awareness about the calorie content of food and beverages, by requiring chain restaurants to post the calorie content of each item on their menu. The most common infractions noted during the Healthy Menu Choices Act inspections included not displaying calories on each menu item, label or tag; and improper formatting of the contextual statements for caloric intake. With initial inspections complete, Public Health Inspectors will follow-up on outstanding infractions at the next routine food safety inspection. Future inspections for Healthy Menu Choices Act requirements will be completed on a complaint basis.

Enforcement Actions

Public Health Inspectors issued 41 tickets (Provincial Offence Notices) to 22 separate food premises, and served seven closure orders and one summons to appear in court, in 2017. Although the number of charges and closure orders are expected to fluctuate from year to year, the 2017 figures are within a similar range to 2016 and reflective of the growth in premises. Public Health Inspectors employ a progressive enforcement approach, and will initially work with operators to correct infractions through education and re-inspections. Enforcement tools, such as tickets, are used when education has failed to achieve compliance. The most common critical and non-critical infractions leading to charges were: hazardous foods being held at temperatures between 5°C and 60°C (the temperature range at which harmful bacteria is likely to develop in food), and unsanitary maintenance of the food premise, respectively. Approximately 5,349 kg of food was seized and destroyed on 179 separate occasions in 2017. This is higher than in previous years, due to two investigations that resulted in 3,245 kg of food seized and destroyed. The continued need for enforcement supports the value and importance of regular inspections and education with food premise owners and operators to reduce the potential risk of food-borne illness.

Requests for Service

Consumer complaints

Public Health initiates a response to food safety complaints within 24 hours of receipt. Complaints usually involve concerns with food handling at a food premise or requests to investigate illness believed to be related to food consumption. Complaints can be submitted to Public Health using the “File a Complaint” tool on the [Check it! We inspect it.](#) website. This provides an easy, confidential mechanism for the public to report complaints about food safety practices and/or concerns about food-borne illness acquired at a food premise in Waterloo Region. In 2017, Public Health responded to 523 consumer complaints, resulting in 389 food premises inspections, which is similar to data from previous years.

Special Events

Special event coordinators and food vendors at special events held in Waterloo Region must submit an application to Public Health. Public Health Inspectors review each application form, assess if an event needs to be inspected and provide food safety education to vendors. In 2017, Public Health inspected 60 events, which is slightly more than in past years and is reflective of a growing trend as more community events occur each year.

Food Recalls

When requested by the Canadian Food Inspection Agency, Public Health assists in ensuring recalled food products are removed from sale or distribution. Public Health was not asked to provide support for any food recalls in 2017.

Ontario Public Health Standards

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

Corporate Strategic Plan:

Focus Area 4: Healthy, Safe and Inclusive Communities

Focus Area 5: Responsive and Engaging Government Services

Financial Implications:

Food safety activities are funded within the Department's existing base budget for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy. In addition, the province provides an allocation of \$59,000 in 100% base funding for enhanced food safety initiatives locally; this enables a larger number of inspections and re-inspections of permanent, seasonal or temporary food premises than would be accomplished with the cost shared base budget.

Other Department Consultations/Concurrence:

Nil

Attachments

Appendix: Table 1 presents the summary of activities Public Health carried out in 2017 related to food safety.

Prepared By: **Jennifer Toews**, Health Promotion and Research Analyst
Aldo Franco, Manager, Food Safety, Recreational Water, and Small Drinking Water Systems

Approved By: **Dr. Hsiu-Li Wang**, Acting Medical Officer of Health
Anne Schlorff, Acting Commissioner

Table 1: Summary of 2017 Food Safety Activities

| Activity type | Performance Indicator | 2017 Summary |
|-------------------------|--|---|
| Completion Rates | Completion rate (actual/required) at high, moderate, low risk food premises | 99.8% inspections completed at high, moderate and low risk food premises |
| Inspections | Number of inspections and re-inspections carried out at high, medium, low risk food premises | 5,569 inspections 835 re-inspections 86 initial assessments (pre-operational) |
| Special Events | Number of special events where inspections were carried out | 60 special events |
| Education | Number of Food Handler Certifications issued | 853 |
| Media | Amount of media interest | 9 events (newspaper, TV and radio) |
| Complaints | Number of consumer complaints | 523 consumer complaints, resulting in 389 food premises inspections |
| Recalls | Number of recalls supported | 0 recalls required Public Health support |



Report: CSD-HOU-18-16

Region of Waterloo
Community Services
Housing Services

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

Date: June 19, 2018

File Code: S13-30

Subject: 10 Year Housing and Homelessness Plan Progress Report (Year 4)

Recommendation:

That the Regional Municipality of Waterloo approve the 10 Year Housing and Homelessness Plan Progress Report (Year 4) as outlined in report CSD-HOU-18-16, dated June 19, 2018.

Summary:

Under the Provincial *Housing Services Act*, 2011, the Region is required to submit annual 10 Year Housing and Homelessness Plan (10 Year Plan) Progress Reports approved by Council. The Region's 10 Year Plan was approved in April 2014 (P-14-042/SS-14-016) and submitted to the Province. This is the fourth annual Progress Report. It includes a summary of activities over 2017 and up to March 31, 2018.

Report:

1.0 10 Year Housing and Homelessness Plan

Under the Provincial *Housing Services Act*, 2011, the Region has been required to submit annual 10 Year Plan Progress Reports since 2014. The Region's 10 Year Plan was approved in April 2014 (P-14-042/SS-14-016) and submitted to the Province. The local 10 Year Plan merged the updated 2012 Homelessness to Housing Stability Strategy called "[All Roads Lead to Home](#)" (the Strategy, with its primary goal to prevent and end homelessness) and the 2014 "[Waterloo Region's Housing Action Plan 2014-2024](#)" (the Housing Action Plan, with its focus on addressing a wide range of housing needs for low to moderate income households).

Annual progress reports approved by Council are also required by the Ministry of Housing. To date, three Progress Reports have been submitted (CSD-HOU-15-23, CSD-HOU-16-04 and CSD-HOU-17-13). This fourth Progress Report includes activities up to March 2018.

2.0 Current Policy Directions Related to Housing and Homelessness

While local planning, service delivery, and quality assurance practices in the areas of housing and homelessness have been in place for more than a decade, the pace of change has intensified over the last number of years to accommodate shifts in policy and calls for system improvements at the federal, provincial, and local levels. Highlights of key policy directions by order of government are outlined below, which help to inform the Region's priorities related to the implementation of the local 10 Year Plan.

2.1 Federal Policy Directions

There are four federal policy direction updates that fall within this Progress Report, as outlined below.

1. National Housing Strategy (NHS)

On November 17, 2017, the Federal Government released the first NHS for Canada. There are several initiatives within the National Housing Strategy, some of which are highlighted below. We are waiting for more details on other initiatives, including the NHS initiatives specific to homelessness, which will be led under the redesigned Homelessness Partnering Strategy (see #2).

The Federal Government has renewed its commitment to support the creation of affordable housing through three new Canada Mortgage and Housing Corporation (CMHC) initiatives:

- a)** The Rental Construction Financing Initiative encourages the construction of new rental housing by making lower-cost loans available to housing developers, non-profit organizations, and municipalities during the early stages of project development. \$625 million in loans will be made available for four years.
- b)** The Affordable Housing Rental Innovation Fund was created to encourage new funding models and innovative building techniques in the rental housing sector. The \$200 million fund is expected to help create up to 4,000 new affordable units over 5 years and will reduce reliance on long-term government subsidies.
- c)** In early 2018, CMHC announced the launch of the \$13.2 billion National Housing Co-Investment Fund. This fund will provide low-cost longer term loans and financial contributions to attract partnerships and investments. The focus of the fund is to build new housing and repair or renew the existing community housing supply. It covers a broad range of housing types from shelters to affordable homeownership.

2. Homelessness Partnering Strategy (HPS) Funding.

The Region is one of sixty-one communities across Canada that receives Federal HPS funding. HPS invests primarily in “Housing First” approaches to end chronic and episodic homelessness. While current funding agreements end in 2019, the NHS identified that a new, redesigned program will be launched when HPS ends. One of the primary goals for this new program will be to reduce chronic homelessness by 50 percent. Federal contributions to the new program are expected to be \$2.2 billion over the next decade.

To help shape new policy direction, an Advisory Committee on Homelessness was created to talk with experts, communities, people with lived experience of homelessness, Indigenous organizations and others across the country over 2017. There were several themes in the feedback received, which were summarized in the “Homelessness Partnering Strategy Engagement: What We Heard” report. Based on this report, it is expected that the redesigned HPS program will focus on the following four priorities:

- a) Systems-based approaches where different providers working together to coordinate resources and focus on the goal of ending homelessness;
- b) Prevention programs that help people to avoid homelessness;
- c) Housing First programs to end chronic and episodic homelessness; and
- d) Indigenous homelessness investments.

Given the redesign efforts over the last number of years in the local Housing Stability System (see CSD-HOU-17-24), Waterloo Region would be well-positioned to align with these priorities.

3. Homeless Management Information System (HMIS).

HPS supports an HMIS called the Homeless Individuals and Families Information System (HIFIS). The Region is a designated Community Coordinator for HIFIS in Waterloo Region, and receives funding through HPS to support this role. In April 2018, Region-funded Emergency Shelter and Transitional Housing Providers transitioned from HIFIS 3 to the new web-based database that is hosted by the Region called HIFIS 4. This began the shift to a single, integrated HMIS used by all Region-funded service planning programs that help people to find and keep a home. Work is now underway to support the transition of the remaining providers (Housing Resource Centres, Street Outreach, Portable Home-Based Support and Supportive Housing) as well as the Prioritized Access to Housing Support (PATHS) process (which supports coordinated access to Portable Home-Based Support and Supportive Housing programs).

4. Enumeration

As outlined in previous reports (see CSD-HOU-17-09), the Federal Government invested nearly \$3 million to support enumeration in April 2018 through the 2018 Coordinated Point-in-Time Count of Homelessness in Canadian Communities. There were two main goals for this initiative. At the local level, it helped to inform community plans by identifying trends related to the scale and nature of homelessness. At a local and national level, the results of the coordinated PiT Count across Canada helped to set a baseline for the number of people experiencing homelessness, which can then be used to monitor progress toward specific goals or targets. The Region received federal funding to conduct its local PiT count on April 23, 2018. Data from HIFIS 4 will be used to complement local PiT Count results, which will be included in a future report to Regional Council.

2.2 Provincial Policy Directions

Provincial expectations related to housing and homelessness are outlined in the *Housing Services Act*, 2011, which includes the Long Term Affordable Housing Strategy (LTAHS, first released in 2010 and then [updated in 2016](#)). In general, policy direction through the Province focuses on:

- 1) Decreasing the number of people experiencing homelessness; and,
- 2) Increasing the number of individuals and families that achieve housing stability.

The LTAHS Update outlined six main goals: i) an appropriate and sustainable supply of housing; ii) an equitable, portable system of financial assistance, iii) people-centred, efficient housing programs; iv) an Indigenous Housing Strategy; v) ending homelessness (chronic by 2025¹); and vi) an evidence-informed system. In addition, four population groups were identified as priorities for action: Indigenous people, youth, seniors, and people transitioning from provincially-funded institutions and other community systems.

There are five provincial policy direction updates that fall within this Progress Report, as outlined below:

- 1. Investment in Affordable Housing (IAH).** The IAH provides provincial and federal funding to improve access to affordable housing through programs that create new rental housing, enable home ownership, repair existing homes, and provide flexible housing assistance. The Region is the local Service Manger for Community Housing and allocates funding to fulfill this directive. Appendix A lists the outcomes of this program for Waterloo Region over 2017.

¹ The Province's Poverty Reduction Strategy (2014) has the same goals. The report is available on-line: https://www.ontario.ca/realizing_our_potential/Ontario's_poverty_reduction_strategy_2014-2019

- 2. Community Homelessness Prevention Initiative (CHPI).** The overall vision for CHPI funding is to support “a coordinated and holistic service delivery system that is people-centred, evidence informed and outcomes-based, and reflects a Housing First approach that focuses on homelessness prevention and reduces reliance on emergency services.” The Region is the local Service Manager for Homelessness, and allocates funding to local programs to fulfill this directive. As identified in section 2.1, the Region conducted a PiT Count in April 2018 to fulfill the new directive for Service Managers to conduct homelessness enumeration every two years beginning in the spring of 2018 (this initiative was funded by HPS).
- 3. Inclusionary Zoning.** In 2016, the Province passed the *Promoting Affordable Housing Act* which contained a number of proposed legislative and policy measures. Among them, the Act provides a legislative framework that enables inclusionary zoning in Ontario. Inclusionary zoning allows municipalities to require affordable housing units to be provided in new development projects and to ensure the affordability of these units over time. In December 2017 the Province released draft regulations that accompany this Act which will provide more details on the size of developments that are included, the percentage of affordable units required, the design standards, period of time the units must remain affordable and other details. Staff met with planning staff from the area municipalities and the Region’s Planning Department to discuss issues of concern with the regulations. Feedback was provided to the Province through Regional Council in early 2018. In April 2018 the Province released revised and final regulations which are now in effect. Further discussion with the area municipalities is important to ensure that there is consistency and a common approach across Waterloo Region.
- 4. Ontario’s Fair Housing Plan.** In April of 2017 the Province released Ontario’s Fair Housing Plan. It is a package of measures to help more people find affordable homes, increase supply, protect buyers and renters, and bring stability to the real estate market. A number of measures in the plan were implemented in 2017, including the following:

 - a) Rent control was expanded to all private rental units in Ontario effective immediately.
 - b) The Residential Tenancies Act was changed to tighten the provision that enables landlords to evict a tenant if they wanted to live in the unit themselves.
 - c) Property taxes for new multi residential rental buildings were changed and are now charged at the same rate as other residential buildings.
 - d) A \$125 million five year program to rebate Development Charges for private

developers who create purpose built rental units was launched in late 2017.

While the Region of Waterloo applied for this funding on behalf of all local area municipalities that were eligible, only the City of Kitchener was allocated funds under this program.

- e) As of April 2018, a Provincial standard lease template must be used by landlords of most private residential rental units on all new leases.

- 5. **Ending Chronic Homelessness.** In May 2017, the Region applied to the Ministry of Housing for funding under Home for Good to increase local capacity in its Portable Home-Based Support and Supportive Housing programs (for more information about this proposal, see report CSD-HOU-17-15). This proposal was successful (CSD-HOU-17-15 and CSD-HOU-17-20) and the Region was awarded \$3.27 million dollars over three years to move closer to its goal of ending chronic homelessness.

2.3 Municipal Policy Directions

Through its various designations identified above, and as the backbone² for the Housing Stability System, the Region ensures that investments are aligned to create the greatest possible impact in the community. This includes responsibilities for system planning, service delivery, accountability/quality assurance, and resource allocation. The Region also funds various programs and initiatives as part of its commitment to support implementation of the local 10 Year Housing and Homelessness Plan. For more detail about accomplishments within the time frame of this Progress Report, see Appendix A. Local housing stability data trends will be released through the 2017/18 Housing Stability Data Summary, which will be featured in a future report to Regional Council.

Working toward a more coordinated approach to the delivery of housing resources continues to be a priority for local system planning, as outlined in the most recent Housing Stability System Redesign Update in November 2017 (CSD-HOU-17-24). As outlined in that redesign update report, a new Housing Stability System Program Delivery Framework is being developed to unify policy directions into one system-level document (anticipated fall 2018). This document will clarify how the various parts of the system fit together and reinforce the common goals of increasing housing affordability, preventing homelessness, and ending chronic homelessness. A refresh of the 10 Year Housing and Homelessness Plan is anticipated in spring 2019. This document will set new goals and targets in the area of housing and homelessness for the second five-year span (2019-2024) of the current commitment.

² Collective impact requires a separate organization with staff and a specific set of skills to serve as the “backbone” to the initiative. Backbone organizations play six key roles: guiding vision and strategy; supporting aligned activities; establishing shared measurement practices; building public will, advancing policy, and mobilizing funding.

3.0 Next Steps

This Progress Report will be shared with all local Housing Stability Working Groups and community partners by email and it will be circulated through the Homelessness and Housing Umbrella Group (HHUG) email distribution list.

Quality of Life Indicators:

Addressing issues of housing and homelessness aligns with Economic Well-Being (e.g., increased access to affordable housing); Social Inclusion and Equity (e.g., housing support positively impacts participants' sense of belonging and community participation); Physical and Emotional Well-Being (e.g., housing support positively impacts participants' daily functioning and how they feel about their life) and Relationships (e.g., through access to housing stability workers that provide support).

Corporate Strategic Plan:

Strengthening the housing stability system and building local capacity to end homelessness and increase housing stability in the community supports the Region's 2015-2018 Corporate Strategic Plan, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.3 to increase the supply and range of affordable housing and supportive housing options. In addition, these activities address Focus Area 5: Responsive and Engaging Government Services.

Financial Implications:

Nil

Other Department Consultations/Concurrence:

Nil

Attachments

Appendix A: Summary of 10 Year Plan Progress

Prepared By: **Angela Pye**, Manager, Housing Services
Judy Maan Miedema, Principal Planner, Housing Services
Deb Schlichter, Director, Housing Services

Approved By: **Carolyn Schoenfeldt**, Acting Commissioner, Community Services

Appendix A

Summary of 10 Year Plan Progress

1.0 Homelessness to Housing Stability: April 2017 to March 2018

Coordinated Access: Prevention, Diversion and Referrals

- Pilot for Youth Centralized Prevention and Diversion Team for Cambridge – started informally and then supported through Poverty Reduction Strategy funding to evaluate the impact and local scalability of a locally developed youth homelessness prevention and diversion tool – available 16 hours a day, 7 days a week for 2 years; funding also secured for Argus for a Shelter Diversion toolkit in HIFIS 4
- oneROOF received funding for new Host Homes project as a preliminary/preventative option before coming into shelter for youth who are low to low-mid acuity
- Released new Prioritized Access to Housing Support (PATHS) Framework (CSD-HOU-17-27)
- Completed RFP for Lead Agency of PATHS Team (Lutherwood; CSD-HOU-18-09)
- Active participation in the “Mission Possible” pilot through Canadian Alliance to End Homelessness (CAEH) consultation for the new By-Name List development in HIFIS 4
- Critical Safety List revised fall 2017

Level 1 – Self-Directed Housing Resources: Renter’s Toolkit and Housing Help Hubs

- Continued to promote Renter’s Toolkit

Level 2 – Housing-Focused Services: Emergency Shelter

- Started to implement Emergency Shelter Program Framework
 - New funding for Intensive Shelter Workers and some overnight staffing
 - Presented at Canadian Alliance to End Homelessness conference in Fall 2017
- Temporary Winter Overnight Drop-In addressed high demand for shelter from single men (option was open to all single adults)

Level 2 – Housing-Focused Services: Street Outreach

- Started new working group to explore common Program Description and opportunities to collaborate more intentionally

Level 3 – Shorter-Term Housing Support

- Began monthly data reporting
- Released Portable Home-Based Support (HBS) Program Framework (CSD-HOU-17-26) for centralized team to deliver shorter-term support
- Completed RFP for Lead Agency of HBS Team (Lutherwood; CSD-HOU-18-10)

Level 4 – Longer-Term Housing Support

- Awarded \$3.27 million dollars through Home For Good to end chronic homelessness
- In 2017/18, the Region established a partnership with Thresholds and House of Friendship to deliver on-site mental health and addiction support in two Waterloo Region Housing communities. As a result of the program, 16 individuals have been supported to find and keep a home.
- Promoted Rent Assistance Research results with Wilfrid Laurier University
- Province approved request for alternate (higher) average market rent (AAMR) levels; increased Housing Allowance with Support (HAWS) subsidy levels
- Released Cambridge STEP Home Pilot Year 1 Evaluation Report
- Evaluated Housing Support Coordination Guide
- Released Portable Home-Based Support (HBS) Program Framework (CSD-HOU-17-26) for centralized team to deliver longer-term support
- Completed RFP for Lead Agency of HBS Team (Lutherwood; CSD-HOU-18-10)
- Started System Partnership Research project (case studies, interviews, etc.)
- Completed program audits for all Supportive Housing Providers
- Started new Supportive Housing Intake Protocols

Housing Stability System

- Awarded funding from Federal Government to conduct Point-in-Time (PiT) Count April 2018
- Launched new Portal for sharing information between Providers and the Region
- Joined US Built for Zero Collaborative
- First community in Ontario (second in Canada) to achieve 11/11 on the Built for Zero Scorecard; graduated to the “reduce” chronic homelessness cohort
- Region Housing Services engaged in divisional strategic planning

- Training:
 - VI-SPDAT and Full SPDAT (through the Homelessness and Housing Umbrella Group or HHUG)
 - Shelter Diversion (through OrgCode)
- HIFIS 4 launch with Emergency Shelter and Transitional Housing Providers
- Continued to revise Program Delivery Framework for the Housing Stability System outlining new service delivery model based on progressive engagement
- Continued Southwest 5 network of municipal service managers working to prevent and end homelessness (Hamilton, London, Waterloo, Windsor and York)

2.0 Community Housing: January to December 2016

Key accomplishments:

Changes to the Community Housing Access Centre (CHAC). Some CHAC processes were changed in 2017 to provide a more client-centred approach to service delivery. As of March 20, 2017 non-senior chronological applicants can only select their preferred municipality at the initial application stage, rather than specific building sites, since household situations can change while they are waiting for a spot in community housing. As of April 2017, letters of support can be used to assist staff in making a decision, all incomplete applications are assigned a number and pended until the missing documentation is received (with 30 days) rather than sent back to client, and applicants are allowed to apply to both supportive and non-supportive housing. In September 2017, Lutherwood started working out of the CHAC office two afternoons a week, to support clients who are homeless, precariously housed, or have a history of homelessness to complete applications, do assessments for supportive housing, and provide general housing need support. Lastly, in December changes were made to the physical layout of the space, combining the CHAC and Waterloo Region Housing counters into one as a means of providing better customer service.

Waterloo Region Housing Master Plan

In February 2017 Council approved the creation of a Master Plan for Waterloo Region Housing (WRH). A Master Plan was deemed necessary by the convergence of a number of factors including aging housing stock, greater demand for affordable housing, and the opportunity to increase the mix of housing available at community housing sites to combat stigma. The purpose of the WRH Master Plan is to provide a vision and plan for WRH for the next 20 years, with a focus on the Region's role as a housing provider. Key stakeholders were consulted across Waterloo Region, including Regional staff and Councillors, area municipal staff and Councillors, current WRH tenants, other housing providers (private market and community housing) and community support agencies. A

summary of the feedback was presented to Council in February of 2018 (CSD-HOU-18-06). The actual Master Plan will be presented to Council for approval in August 2018.

Other accomplishments:

- Conducted 6 housing provider sessions/consultations
- Distributed \$3,258,237 in funding for repairs through the Region's Community Housing Investment Fund (CHIF)
- Worked with seven federal community housing providers whose operating agreements expired in 2017
- Participated in the first multi-service manager operational review of a single housing provider
- Participated in Provincial consultation groups relating to Social Housing Modernization
- Supported the amalgamation of Kitchener Alliance Community Homes with Victoria Park Community Homes
- Completed a review of local standards relating to rent-geared-to-income assistance
- Completed a pilot project on housing provider reporting requirements
- 47 new affordable rental units created through three projects
- 26 households assisted under the Affordable Home Ownership program
- 23 individuals and households assisted through the Ontario Renovates program
- 481 households housed from the Community Housing Wait List
- 23 survivors of domestic violence were housed through a Portable Housing Benefit Program
- 71 Community Housing Reviews completed
- 87 individuals and households provided with rent assistance through the Housing Allowance with Supports Program
- 110 households provided with rent assistance through the Waiting List Assistance Program
- Housed 26 households in Below Average Market Rent Units
- Collaborated with the Region Planning Commissioner's of Ontario's Affordable Housing Working Group to prepare a collective submission to the Province's proposed regulations for Inclusionary Zoning
- Working with Area Municipalities to plan for possible implementation of Inclusionary Zoning
- Working with Community Planning to develop Affordable Housing Targets

Community Housing Waiting List:

- 4,178 total active applications

Changes were made in 2017 with respect to how applications were processed as outlined below:

- Lutherwood worked on-site at CHAC for seven hours a week to support clients experiencing homelessness to apply for community housing and supportive housing.
- In January 2017, incomplete applications were entered into the waiting list database and applicants were given 30 days to complete their application. In the past, incomplete applications were sent back to the client for completion before data entry.
- In May 2017, a student was hired to ensure timely entry of applications, which helped to address a back log of applications.
- In the summer of 2017, a new partnership with Women's Crisis Services was developed to better manage applications for applicants fleeing domestic violence.
- In late 2017, scripts were updated for the Region's call centre in order to better support clients with submitting their applications.



Report: CSD-HOU-18-18

COR-TRY-18-63

Region of Waterloo

Community Services

Housing Services

Corporate Services

Treasury Services (Procurement)

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

Date: June 19, 2018

File Code: S13-40

Subject: Request for Proposals P2018-12 New Affordable Rental Housing

Recommendation:

That the Regional Municipality of Waterloo take the following action with regard to the Region of Waterloo's New Affordable Housing Strategy (AHS) 2014-2019 and Investment in Affordable Housing 2014 Extension Year 5 and Social Infrastructure Fund (SIF) Year 2 funding, for a funding allocation of \$2,843,700.00 as outlined in report CSD-HOU-18-18/COR-TRY-18-63 dated June 19, 2018:

- a) Approve the New Affordable Rental Housing Request for Proposal P2018-12: Recommended Priority Projects as detailed in Attachment 1;
- b) Authorize the Director, Housing Services, to execute and deliver all documentation required by the Province of Ontario and the Region of Waterloo for the purpose of funding the recommended Priority Proponents as shown in Attachment 1 and to finalize the funding and conditions with the proponents; and
- c) Authorize the Commissioner, Community Services, to execute such agreements and documentation in a form satisfactory to the Regional Solicitor, as may be required to process the advance of funding to the recommended Priority Project proponents.

Summary:

In August 2014, the Governments of Canada and Ontario announced an extension to the Investment in Affordable Housing for Ontario Program (IAH) (2014 Extension), allocating \$24.8 million to the Region of Waterloo. The Region received a further allocation of \$12.3 million in 2016 over three years as Social Infrastructure Funding (SIF).

On May 1, 2018 staff released the Request for Proposals P2018-12 for new affordable rental housing. Under this RFP, the Region will consider proposals for funding allocations totalling \$2,843,700 in remaining funding for fiscal period April 1, 2018 to March 31, 2019. This funding is comprised of \$2,443,700 in SIF funding and \$400,000 in reallocated IAH (2014 Extension) Year 5 funding. The proposals were received by the May 23, 2018 deadline, with five proposals requesting funding totalling \$9,983,700 for 103 units.

The three proposals submitted most fully met the requirements of RFP P2018-12 and are recommended for conditional allocations for IAH (2014 Extension) and SIF under the Region's AHS as a Priority Project at this time, as shown in Attachment 1.

Report:

On June 14, 2014, Regional Council endorsed the New Affordable Housing Strategy (AHS) 2014-2019 to address the housing needs of at least 700 low to moderate income households through the creation of 350 new affordable housing (250 new rental units and 100 homeownership units) and the preservation and retention of 350 existing affordable homes (250 homes repaired or revitalized, and 100 flexible housing assistance units) (P-14-063). The need for affordable housing for the lowest income households and the need for supportive housing have remained key priorities of the approved new AHS.

In August 2014, the Governments of Canada and Ontario announced an extension to the Investment in Affordable Housing for Ontario Program (IAH) (2014 Extension) which provides \$801 million in funding for affordable housing in Ontario over six years. The Region of Waterloo's notional allocation from the IAH (2014 Extension) is \$24.8 million. On June 21, 2016 the Federal and Provincial governments announced \$640 million in additional funding for affordable housing over three years as Social Infrastructure Funding (SIF). Of this, the Region received a notional allocation of \$12.3 million as an increase to IAH (2014 Extension). Based on the goal and targets of the new AHS 2014-2019 and recent changes and housing needs in the community, Regional Council has approved the Proposed Program Delivery and Fiscal Plan 2014-2019.

Of the combined \$37.1 million, \$27.3 million has been allocated for new affordable rental housing over the six years of the program resulting in 98 new units and 66 units under development. Under this RFP, the Region will consider proposals for funding allocations totalling \$2,843,700 in remaining funding for fiscal year 2018-2019 as approved by Council on April 18, 2018 (CSD-HOU-18-12). This funding is comprised of \$2,443,700 in remaining SIF funding and \$400,000 in reallocated IAH (2014 Extension) funding. Any funds not allocated through this RFP may be the subject of a future RFP or reallocated to other capital components as permitted under the IAH (2014 Extension) and SIF Program Guidelines.

1. Request for Proposals P2018-12

On May 1, 2018, a Request for Proposal (RFP) P2018-12 was issued to the community for the purpose of identifying proponents interested in creating new affordable rental housing in Waterloo Region. The proposals were advertised in the Record, on the Ontario Public Buyers Association website, and on the Region's website. Seven proposals were received; however only six proposals were registered as plan takers and therefore one bid was disqualified. The proposals were opened in the presence of J. McCarty, J. Schumacher and J. Maan Miedema.

The RFP P2018-12 review team consisted of staff from Housing Services, Treasury Services, and Procurement. The Region received six proposals; four from non-profits and two private sector proponents. Each of these projects incorporates innovative elements that complement both the range of units currently offered within the Region's AHS, and Regional and local priorities (see Attachment 1). The proposals were categorized and given priority based on how they meet the required criteria, and how they addressed the program objectives and preferences.

Proposals were evaluated using the following criteria to meet the program: Program Objectives and Preferences; Qualifications and Partnerships; Project Concept, Design and Location; and overall Financial Plan.

Under RFP P2018-12 proponents could identify from which funding source they would like an allocation and the amount of allocation.

Table 1: Capital Funding Available Under RFP 2018-12

| | |
|------------------------------|---------------------------|
| IAH (2014 Extension): | \$ 400,000 |
| SIF: | <u>\$2,443,700</u> |
| Total: | \$2,843,700 |

The IAH (2014 Extension) funding is available for affordable housing for various low to moderate income households. The SIF funding provided the Province with an opportunity to make strategic investments to address some key priorities that have come out of the recent Long-Term Affordable Housing Strategy Update consultations, and to contribute to the Province's goal to end chronic homelessness.

A key component of the AHS is to foster partnerships with community groups that have demonstrated commitment and dedication towards the creation and operation of affordable housing projects in Waterloo Region. The Region's new AHS 2014-2019 and the program objectives and priorities outlined in RFP P2018-12 are consistent with the Province's IAH-E and SIF program guidelines.

Staff discussed the proposed sites that meet the basic requirements with Area Municipal planning staff to determine Area Municipal interest and confirm approvals that may be required for each proposal. The names of proponents, locations and size of projects, funding sources, and level of allocation may change for various reasons. For example, some proponents may incorporate for the purpose of building and maintaining projects, others still might not have finalized the purchase of suitable property for the project, or have not completed the site plan process resulting in the reduction or increase in number of units.

2. Recommended Priority Projects

Three proposals submitted most fully met the requirements of RFP P2018-12 and are recommended for conditional allocations for IAH (2014 Extension) and SIF under the Region's AHS as a Priority Project at this time, as shown in Attachment 1 and summarized in the following table:

Table 2: Proposed Priority Projects

| Priority Projects | Amount | Number of Units | Funding Source |
|--|--------------------|-----------------|------------------------------|
| Ayr & District Citizens Association | \$1,200,000 | 10 | SIF and IAH (2014 Extension) |
| Elmira Developmental Support Corporation | 600,000 | 4 | SIF |
| Maxwell Building Consultants Ltd. | 1,043,700 | 8 | SIF |
| Total | \$2,843,700 | 22 | SIF and IAH |

The number of units recommended and the amount of funding per unit depends on a number of factors such as type of construction, number of units at 60 percent of average market rent or below, and proponent's capital and operating budgets.

Funding for each of these recommended projects will be subject to additional refinement with the project proponent and there are several standard pre-conditions to the authorizing of the advance of funding. These include confirmation of other equity sources, confirmation that the property and the proponent are not engaged in any litigation or legal proceedings which may impact the Region's interest in funding the project, and that appropriate liability, planning approvals, and support service funding are in place. The three recommended proposals are described below:

Ayr & District Citizens Association

The Ayr & District Citizens Association has operated Kirkwood Apartments at 191 Stanley Street in Ayr for the past 36 years. In 2002, the Region provided funding under the AHS to create 2 apartment units in the existing building. They are proposing a 24 unit addition (21 one-bedroom and three two-bedroom) and have requested funding for 12 of the units.

Elmira Development Support Corporation (Elmira)

Elmira Developmental Services Corporation (EDSC) delivers an innovative intentional community supportive housing model to assist individuals with developmental disabilities live more independently, along with "good neighbor" tenants such as students or low-income families. The current proposal is to help fund up to five of seven units in their phase four building to be created on lands the proponent owns on McGuire Lane in Elmira.

Maxwell Building Consultants Ltd. (Waterloo)

Maxwell Building Consultants is proposing to construct a 14 unit apartment at 18 Guelph Street in Kitchener. The three storey apartment is proposed to have all one-bedroom units. A minor variance is required to allow the building to proceed to address parking and density.

3. Potential Priority Projects

There were two proposals that addressed several of the RFP's objective and priorities and are in the development stage or had funding requirements that could not be accommodated within the current allocation. Should any of the recommended Priority Projects not be able to proceed within the required timeframe or additional funds become available through the Province from other Service Managers, their allocation could be used for the Potential Priority Project.

4. Conceptual Proposals

The Region encourages private and non-profit proponents interested in developing affordable rental and supportive housing to respond to calls for RFPs even if they do not currently have a site identified. This provides staff the opportunity to work with proponents to refine their concepts and to explore partnerships for potential future consideration by Regional Council. Conceptual Proposals were received from one proponent – Beechwood Co-operative in Waterloo.

Quality of Life Indicators:

Creating new affordable rental housing aligns with Economic Well-Being (e.g., increased access to affordable housing); and Physical and Emotional Well-Being (e.g., having safe and affordable housing positively impacts daily functioning and how they feel about their life).

Corporate Strategic Plan:

Allocating IAH funding and assisting the recommended priority projects through development will assist in achieving the Region's 2015 – 2018 Corporate Strategic Plan Focus Area 4: Healthy, Safe and Inclusive Communities; Strategic Objective 4.3 (to increase the supply and range of affordable and supportive options).

Financial Implications:

The total notional allocation for the rental housing programs for IAH (2014 Extension) and SIF funding to 2018/19 is \$25,978,035 life to-date (LTD) and is summarized in the table below:

| | Program Allocation (14/15-17/18) | Program Allocation 2018/19 | Total Program Allocation | Life To-date Committed and Spent | Uncommitted Balance |
|--------------------|--|----------------------------------|--------------------------------|--|------------------------|
| IAH Extension | \$ 11,435,545 | \$ 4,419,315 | \$ 15,854,860 | \$ 15,454,860 | \$ 400,000 |
| SIF Rental Housing | 7,679,475 | 2,443,700 | 10,123,175 | 7,679,475 | 2,443,700 |
| Total | <u>\$ 19,115,020</u> | <u>\$ 6,863,015</u> | <u>\$ 25,978,035</u> | <u>\$ 23,134,335</u> | <u>\$ 2,843,700</u> |

To-date, \$23,134,335 has been committed or spent leaving a balance of \$2,843,700 for the recommended Priority Projects. The remaining funding under the Rental Housing Component for the current year is comprised of \$400,000 in reallocated IAH (2014 Extension) funding and \$2,443,700 in SIF funding. This provides a total funding envelope of \$2,843,700. As proposed, the Priority Projects would result in 22 new housing units and requiring up to \$2,843,700. This program will not impact the current property tax levy for housing programs as funds from senior levels of government are being utilized.

The Region will continue its existing policy of providing limited grants to offset Regional Development Charges (RDC) for rental and supportive project priorities which proceed to building permit stage on a first come, first served basis, as contained in Council-approved Report P-03-046. Currently, there is an uncommitted balance of \$647,889.56 in the Affordable Housing Incentive Reserve for this purpose.

The final date of acceptance for this proposal is July 31, 2018.

Other Department Consultations/Concurrence:

Staff from Treasury Services and Procurement has been consulted in the preparation of this report.

Attachments:

Attachment 1 – RFP P2018-12 Priority Summary

Prepared By: Jeffrey Schumacher, Supervisor, Housing Programs & Development

Deb Schlichter, Director, Housing Services

Lisa Evans, Manager, Procurement/Chief Purchasing Officer

Approved By: Carolyn Schoenfeldt, Acting Commissioner, Community Services

Craig Dyer, Commissioner, Corporate Services/Chief Financial Officer

Attachment 1 – RFP P2018-12 Priority Summary

| Recommended Priority Projects ¹ | Potential Priority Projects ² | Early Stage Proposals ³ | Conceptual Projects ³ |
|---|--|------------------------------------|--|
| Ayr & District Citizens Association - 191 Stanley Street, Ayr - up to 10 units - up to \$1,200,000 total IAH (2014 Extension) and SIF | Vive Development on behalf of 25 Linnwood Avenue Limited - 25 Linnwood Avenue, Cambridge - up to 29 units - up to \$2,843,700 | n/a | Beechwood Co-operative Homes - Waterloo - up to 22 units |
| Elmira Developmental Support Corporation - 75D McGuire Lane, Elmira - up to 4 units - up to \$600,000 total SIF | Heartwood Place - 1103-1109 King Street, Cambridge - up to 36 units - up to \$2,843,700 | n/a | n/a |
| Maxwell Building Consultants Ltd. - 18 Guelph Street, Kitchener - up to 8 units - up to \$1,043,700 total SIF | n/a | n/a | n/a |

Notes:

- 1 Recommended Priority Projects will be submitted to the Province when funding is available.
- 2 Potential Priority Projects require further refinement before submitting to the Province, and as funding is available.
- 3 Early Stage Proposals and Conceptual Projects that require further development before being presented for consideration by Regional Council; for future funding under the AHS.



Report: CSD-HOU-18-19

Region of Waterloo
Community Services
Housing Services

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

Date: June 19, 2018

File Code: D26-20

Subject: Reallocation of Investment in Affordable Housing in Ontario (2014 Extension) Funding- Rental Component

Recommendation:

That the Regional Municipality of Waterloo approve the following actions with regard to the reallocation of Investment in Affordable Housing in Ontario (2014 Extension) Year 4 funding as outlined in report CSD-HOU-18-19 dated June 19, 2018.

- a) Reallocate \$3,750,000 of Investment in Affordable Housing in Ontario (2014 Extension) Year 4 funding to 25 Linwood Avenue Limited;
- b) Authorize the Director, Housing Services, to execute and deliver all documentation required by the Province of Ontario and the Region of Waterloo for the purpose of funding 25 Linwood Avenue Limited and to finalize the funding and conditions with the proponents; and
- c) Authorize the Commissioner, Community Services, to execute such agreements and documentation in a form satisfactory to the Regional Solicitor, as may be required to process the advance of funding to 25 Linwood Avenue Limited.

Report:

On May 3, 2017 Regional Council approved the allocation of up to \$3,530,905 to Spavest Inc. for the creation of up to 30 units of affordable rental housing on Heiman Street in Kitchener (CSD-HOU-17-11). This was one of five Recommended Priority Projects receiving allocations of funding in response to Request for Proposals P2017-06. An additional \$219,095 was allocated to Spavest Inc. in December 2017 for a total allocation of \$3,750,000.

The Region issued a Conditional Letter of Commitment on May 12, 2017 and entered into a Contribution and Operating Agreement with Spavest on December 31, 2017. Despite best efforts by all parties involved, Spavest was unable to meet the deadlines of the Region and the Ontario Ministry of Housing and would not be in position to start construction within a reasonable time. Staff received confirmation from Spavest Inc. that they are withdrawing from the Region's program, but may reapply when they are in a position to proceed with development of the property.

Staff has confirmed with the Ontario Ministry of Housing that the \$3,750,000 can be reallocated to another project if it is construction-ready. The Region will need to submit another project to the Ministry for formal approval.

As part of the report CSD-HOU-17-11, three Potential Priority Projects were identified that addressed several of the RFP's objective and priorities and were in the development stage or had funding requirements that could not be accommodated within the current allocation. The intent of having Potential Priority Projects is that if any of the Recommended Priority Projects is not able to proceed within the required time frame, their allocation could be used for the Potential Priority Project.

Attachment 1 provides a summary of the proposals received under RFP P2017-06 and identifies the three Potential Priority Projects. Staff is recommending reallocating the funding to 25 Linwood Avenue Limited for an acquisition/rehabilitation project that will create up to 36 units at 25 Linwood Avenue, Cambridge. 25 Linwood Avenue Limited had requested a similar amount of funding at that time and this project is the most construction-ready. The required Official Plan Amendment and zone change application were recently approved in May and they are on track to start construction in August.

25 Linwood Avenue Limited submitted an updated proposal in response to Request for Proposals P2018-12 that addresses some of Regional staff's concerns. If approved, staff would continue to work with the proponent on further refinements until satisfied that a Contribution Agreement can be entered into.

Quality of Life Indicators:

Creating new affordable rental housing aligns with Economic Well-Being (e.g., increased access to affordable housing); and Physical and Emotional Well-Being (e.g., having safe and affordable housing positively impacts daily functioning and how they feel about their life).

Corporate Strategic Plan:

Reallocating IAH-E funding and assisting the recommended priority projects through development will assist in achieving the Region's 2015 – 2018 Corporate Strategic Plan Focus Area 4: Healthy, Safe and Inclusive Communities; Strategic Objective 4.3 (to increase the supply and range of affordable and supportive options).

Financial Implications:

The \$3,750,000 is remaining funding under Year 4 of IAH-E- Rental Housing Component. As proposed, this Project would result in up to 36 new affordable rental housing units. This program will not impact the current tax levy for housing programs as funds from senior levels of government are being utilized to finance this project.

The Region will continue its existing policy of providing limited grants to offset Regional Development Charges (RDC) for rental and supportive project priorities which proceed to building permit stage on a first come, first served basis, as contained in Council-approved Report P-03-046. Currently, there is an uncommitted balance of \$647,889.56 in the Affordable Housing Incentive Reserve for this purpose.

Other Department Consultations/Concurrence:

Staff from Treasury Services has been consulted in the preparation of this report.

Attachments

Attachment 1 – RFP P2017-06 Priority Summary

Prepared By: Jeffrey Schumacher, Supervisor, Housing Program Initiatives

Deb Schlichter, Director, Housing Services

Approved By: Carolyn Schoenfeldt, Acting Commissioner, Community Services

Attachment 1 – RFP P2017-06 Priority Summary

| Recommended Priority Projects ¹ | Potential Priority Projects ² | Early Stage Proposals ³ | Conceptual Projects ³ |
|--|--|--|---|
| Elmira Developmental Support Corporation - 75C McGuire Lane, Elmira - up to 5 units - up to \$750,000 total IAH-E Year 4 | 2538139 Ontario Limited - 61-69 Ainslie Street South, Cambridge - up to \$8,750,000 total - up to 70 units | Kitchener Housing Inc. - Kitchener - 32 units - new construction - up to \$4,000,000 | MennoHomes Inc. - Waterloo - Up to 32 units |
| Maxwell Building Consultants Ltd. - 184-186 Erb Street East, Waterloo - up to 29 units - up to \$3,429,475 total SIF | Vive Development on behalf of 25 Linnwood Avenue Limited - 25 Linnwood Avenue, Cambridge - up to 36 units - up to \$3,600,000 | n/a | n/a |
| Spavest Inc. - 223 Heiman Street, Kitchener - up to 30 units - up to \$3,530,905 total IAH-E Year 4 | Cypriot Homes Association - 695 Strasburg Road, Kitchener - up to \$3,500,000 total - up to 28 units | n/a | n/a |
| Home Concept Property Management - 195 Hespeler Road, Cambridge - up to 36 units - up to \$4,019,315 IAH-E Year 5 | n/a | n/a | n/a |
| KW Habilitation - 108 Sydney Street South, Kitchener - up to 22 units - up to \$210,000 (DOOR) | n/a | n/a | n/a |

¹ Priority projects proposed to be submitted to the Province when construction-ready and funding is available.

² Projects which require further refinement before submitting to the Province, as funding is available.

³ Projects which require further development before consideration by Regional Council for future funding under the AHS.



Report: CSD-HOU-18-17

Region of Waterloo
Community Services
Housing Services

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

Date: June 19, 2018

File Code: D26-20

**Subject: Administration of the Ministry of Housing Development Charge Rebate
on Behalf of the City of Kitchener**

Recommendation:

That the Regional Municipality of Waterloo approve the following actions with regard to the Ontario Ministry of Housing Development Charge Rebate Program as described in report CSD-HOU-18-17 dated June 19, 2018:

1. Authorize staff to implement the Ontario Ministry of Housing Development Charge Rebate Program;
2. Authorize the Commissioner, Community Services, to enter into an agreement with the City of Kitchener to administer the Ontario Ministry of Housing Development Charge Rebate Program,
3. Direct staff to prepare the necessary by-law as required by the Ontario Ministry of Housing; and
4. Add one temporary full time equivalent (FTE) position effective immediately to administer the program to be fully funded from the program administration fees of 5%, and increase the 2018 Operating budget for Housing Services by \$53,399 to be fully funded from the program administration fees of 5% and \$0 net Regional levy.

Summary:

The Ontario Ministry of Housing released the guidelines and an expression of interest for the Development Charges Rebate (DCR) Program in December 2017. The Program provides approved municipalities with development charge grants to assist in the creation of purpose-built market rent housing. While the DCR Program is intended to be

administered at the single-tier or area municipal level, the DCR Program does allow area municipalities to request the Service Manager for the area to apply on their behalf. The six eligible Area Municipalities within Waterloo Region passed resolutions authorizing the Region of Waterloo to submit expressions of interest on their behalf, and Regional Council authorized staff (CSD-HOU-18-05) to do this in February 2018. The City of Kitchener was the only Area Municipality in the Region to receive an allocation.

The Ministry requires a by-law from the Region authorizing the signing of an agreement with the City of Kitchener regarding the administration of the DCR Program. This report seeks approval for the Region, as Service Manager for Housing, to administer the DCR Program on behalf of the City of Kitchener and to authorize staff to deliver the DCR Program as described in this report.

Report:

In April 2017, the Province of Ontario introduced the Fair Housing Plan which included 16 measures meant to help more people find affordable homes, protect renters and buyers, address demand, increase supply and improve information sharing. The DCR Program is one of the measures implemented by the Province to increase the supply of housing.

The DCR Program provides rebates for development charges (DC) for purpose-built market rental housing. The total funding across the Province is \$125 million over five years for eligible Ontario municipalities that submit successful applications. The Cities of Cambridge, Kitchener, Waterloo and the Townships of North Dumfries, Wilmot and Woolwich were eligible to apply for the Program.

Although the DCR Program is designed to be delivered at the single tier or area municipal level, area municipalities can request the Service Manager for Housing (the Region) to administer the Program. On January 15, 2018, Regional staff from Community Planning and Housing Services attended a meeting with planning staff from the eligible Area Municipalities. At that meeting Area Municipal staff requested that the Region consider taking on the administration of the DCR Program as the Region currently administers funding from various Ontario Ministry of Housing programs through the Grants Ontario System.

Applications to the Ministry of Housing needed to be submitted by March 2, 2018 to be eligible for any of the five years of the DCR Program. The Cities of Cambridge, Kitchener, Waterloo and the Townships of Wilmot and Woolwich were eligible to apply for the Program and all passed resolutions authorizing the Region to apply on their behalf. In March, Regional Council authorized staff (CSD-HOU-18-05) to submit Expressions of Interest for the DCR Program on behalf of eligible Area Municipalities that requested the Region to do so.

The City of Kitchener was one of 13 municipalities in the Province, and the only local municipality in the Region of Waterloo to receive an allocation. The amount requested by the City of Kitchener was \$8,063,124 and the notional allocation was \$5,243,725 over the five years. The May 4, 2018 letter from the Ministry of Housing is included in Attachment 2. In addition, 5% of the notional allocation or \$262,186 can be used to cover administrative costs. Staff recommends that these funds be used to fund one temporary FTE to support implementation this program which will be funded from 2018 to 2023.

The Region is expected to submit an Initial Take-Up Plan for 2018-19 by September 1, 2018. In order to complete the Take-up Plan and provide the level of detail required, approved new rental developments must be identified, and therefore, a request for proposals will need to be issued to select a project(s) for the first year of the program. Housing Services staff has met with staff from the City of Kitchener to discuss the roll out of the program and development selection criteria. It was determined that given the tight timeframe in the first year, the selection criteria would be limited to the level of affordability of the developments. The proposed development with the most affordable rents would be provided an allocation until all funds are fully allocated. It is proposed that the Region would issue the request for proposal with staff from both the City of Kitchener drafting the request for proposals and sitting on the selection team. The results of the request for proposals process will be the subject of a future Council report. Should the request for proposals not receive a sufficient number of proposals to full allocation the funds, the funds would be made available on a first come, first serve basis.

It was also agreed that the rebate of development charges would be made available to the approved developments as soon as the development charges have been paid, an agreement has been signed and registered and the full building permit allowing residential construction has been issued.

The Region will be required to monitor approved developments for 20 years after completion to ensure they remain rental buildings.

Quality of Life Indicators:

Creating new affordable rental housing aligns with Economic Well-Being (e.g., increased access to affordable housing); and Physical and Emotional Well-Being (e.g., having safe and affordable housing positively impacts daily functioning and how they feel about their life).

Corporate Strategic Plan:

Providing additional incentives through the DCR Program will assist in achieving the Region's 2015 – 2018 Corporate Strategic Plan Focus Area 4: Healthy, Safe and

Inclusive Communities; Strategic Objective 4.3 (to) increase the supply and range of affordable and supportive options, in particular affordable to market rent housing for moderate income households.

Financial Implications:

The Ontario Ministry of Housing Development Charge Rebate Program is 100% provincially funded and accordingly has no impact on the Region's development charge collections and reserves. The funding allocation of \$5,243,725 over five years will be received as describe in Attachment 2, and will be subject to a Transfer Payment Agreement. In addition, 5% of the notional allocation or \$262,186 over the term of five years (2018 to 2023) can be used to cover administrative costs. Staff recommends that these funds be used to fund one temporary FTE to support implementation of this program which will be funded from 2018 to 2023. It is recommended that the 2018 Operating budget for Housing Services be increased by \$53,399 to be funded from program administration.

Other Department Consultations/Concurrence:

Staff from Treasury Services and Development Financing has been consulted in the preparation of this report.

Attachments

Attachment 1: List of Municipalities Receiving and DCR Program Allocation

Attachment 2: May 4, 2018 Letter from Janet Hope, Assistant Deputy Minister

Prepared By: **Jeffrey Schumacher**, Supervisor, Housing Program Initiatives
Deb Schlichter, Director, Housing Services

Approved By: **Carolyn Schoenfeldt**, Acting Commissioner, Community Services

Attachment 1: List of Municipalities Receiving and DCR Program Allocation

| Municipality | Five-Year Funding |
|---------------------|--------------------------|
| Toronto | \$60,000,000 |
| Ottawa | \$18,250,000 |
| Mississauga | \$13,350,573 |
| Hamilton | \$6,850,702 |
| Kitchener | \$5,243,725 |
| Brampton | \$5,039,074 |
| Kingston | \$3,650,000 |
| Markham | \$2,854,626 |
| St. Catharines | \$2,842,631 |
| Richmond Hill | \$2,251,916 |
| Peterborough | \$1,970,801 |
| Barrie | \$1,512,772 |
| Greater Sudbury | \$1,183,180 |

Attachment 2: May 4, 2018 Letter from Janet Hope, Assistant Deputy Minister

Ministry of Housing

Ministère du Logement

Assistant Deputy Minister's Office

Bureau du sous-ministre adjoint

Housing Division

777 Bay St 14th Flr

Toronto ON M5G 2E5

Telephone: (416) 585-6738

Fax: (416) 585-6800

Division du Logement

777, rue Bay 14^e étage

Toronto ON M5G 2E5

Téléphone: (416) 585-6738

Télexcopieur: (416) 585-6800



May 4, 2018

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

Dear Ms. ^{Deb}Schlichter:

Further to last week's announcement by, and letter from, the Honourable Peter Milczyn, the Minister of Housing, I am pleased to provide you with further details about your participation in the Province's Development Charges Rebate Program.

As indicated in Minister Milczyn's letter dated April 26, 2018, the City of Kitchener has been approved to receive a total notional funding of \$5,243,725 over five years under the program. The City of Kitchener's annual notional funding for each of the five years is as indicated below:

| Total 5-Year Funding | Year 1 (2018-19) | Year 2 (2019-20) | Year 3 (2020-21) | Year 4 (2021-22) | Year 5 (2022-23) |
|----------------------|------------------|------------------|------------------|------------------|------------------|
| \$5,243,725 | \$1,067,985 | \$1,003,852 | \$1,055,158 | \$1,067,985 | \$1,048,745 |

Participation in the Development Charges Rebate Program is subject to the Regional Municipality of Waterloo, on behalf of the City of Kitchener, and the Province entering into a transfer payment agreement. A draft transfer payment agreement template is enclosed for your consideration.

You may wish to make note of the following matters. An Initial Take-Up Plan for 2018-19 will be required to be submitted to the Ministry for approval upon signing of the agreement. The Plan is expected to identify rental housing developments and units eligible to receive rebate funding, provide anticipated timing of collection of the relevant development charges and payment of rebates, and set out forecasted quarterly funding requirements. Approval of the Plan by your Council, or through delegated authority, as appropriate is required. The Plan should be submitted to the Ministry no later than September 1, 2018, to provide sufficient time to commit the notional funding allocated in the current program year (2018-19).

As with all provincial allocations and consistent with government accounting requirements, annual funding allocations under the Development Charges Rebate Program are provided on the basis that any notional funding not committed or spent by the required timelines will need to be returned to the Province.

.../2

- 2 -

Further, please also note that your notional funding allocation includes the maximum of 5% in funding that can be used to cover administration costs, if desired. The amount of funding from the 2018-19 funding allocation that will be used towards administration costs must be indicated in the Initial Take-Up Plan.

I appreciate your partnership as we work together to deliver on this important initiative. If you have any questions, please contact Rachel Simeon, Director of the Market Housing Branch at (416) 585-7638 or email: rachel.simeon@ontario.ca.

Sincerely,



Janet Hope
Assistant Deputy Minister

Encls.: Draft transfer payment agreement template
Schedule E – Program Guidelines (updated as of May 2018)

c: Cynthia Cabral, Regional Housing Services Team Lead, MSO-Western
Jeffrey Schumacher, Supervisor, Housing Programs, Regional Municipality of
Waterloo
Alain Pinard, Director of Planning, City of Kitchener



Report: CSD-CHS-18-09

Region of Waterloo

Community Services

Children's Services Division

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

Date: June 19, 2018 **File Code:** S14-20

Subject: Children and Youth Planning Table Funding Grant from Lyle S Hallman Foundation

Recommendation:

That the Regional Municipality of Waterloo increase the 2018 Children's Services operating budget by \$117,754 gross and \$0 net to reflect a grant of \$233,067 received from Lyle S. Hallman Foundation, for the Children and Youth Planning Table, with the remaining funds to be reflected in the preliminary 2019 operating budget as described in Report CSD-CHS-18-09 ;

And that the Regional Municipality of Waterloo approve the addition of two 0.5 Temporary FTE staff positions in Children's Services for the purposes outlined in CSD-CHS-18-09, dated June 19, 2018.

Report:

In February 2018 a funding proposal was submitted to the Lyle S. Hallman Foundation for a grant to further support the work of the Children and Youth Planning Table (CYPT). The CYPT, is an open membership collaborative of approximately 70 organizations serving children, youth and families in Waterloo Region. The group works collaboratively towards the shared vision of happy, healthy children and youth – today and tomorrow. The mission of the CYPT is to collectively mobilize as one system for children and youth in Waterloo Region that relentlessly strives to maximize wellbeing throughout generations.

Funding support to the work of the CYPT has been provided by the Lyle S. Hallman Foundation from 2014-2018, and from the Region of Waterloo Children's Services as of fall 2016 (in the form of 1.0 FTE dedicated Social Planning Associate). This further funding grant provided by the Lyle S. Hallman Foundation will be used to continue funding 1.0 FTE Manager position, and operating expenses, as well as the addition of 2735912

0.5 FTE Program Assistant position and 0.5 FTE Communications position, to support the ongoing work of the CYPT. The funding is anticipated to be received for a second year (supporting the work of the CYPT with the above noted resources through to July 2020).

Six key outcomes are anticipated as a result of this grant:

- Selection of a priority area of focus for collective impact and the launch of a collective impact strategy.
- Development of a shared measurement framework (including an update to the Child Wellbeing Dashboard).
- Development of an updated governance model.
- Development of a youth engagement strategy.
- Enhancement of communication with internal and external stakeholders.
- Development of a sustainability strategy that ensures the longer-term continuation of the CYPT.

This funding provided by the Lyle S. Hallman Foundation will support the continuation of the work of the CYPT, and help sustain the growing momentum and interest in the community regarding the wellbeing of children and youth.

Quality of Life Indicators:

Child and youth wellbeing aligns with all of the Quality of Life Indicators:

- Economic Wellbeing (e.g., ensuring children and youth have their basic needs met)
- Social Inclusion and Equity (e.g., ensuring children and youth feel valued, heard and included and have a sense of belonging)
- Physical and Emotional Wellbeing (e.g., a focus on physical and emotional health of children and youth)
- Skills Development (e.g., ensuring children and youth are lifelong learners)
- Relationships (e.g., a focus on being connected to a network of positive, responsive caring adults and engaging in healthy relationships with peers)

Corporate Strategic Plan:

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

Financial Implications:

The budgeted expenditures of \$233,067 are offset by a \$233,067 grant from the Lyle S. Hallman Foundation. The one-time grant allocation will be partially expended in 2018 with the remaining portion to be fully expended by July 1, 2019 as shown in the table below. The funding provided is to be used solely for staff and ancillary costs related to the Children and Youth Planning Table.

| Expenditures | 2018 | 2019 | Total |
|----------------------------|-------------|-------------|--------------|
| Staffing & ancillary costs | \$ 117,754 | \$ 115,313 | \$233,067 |
| Foundation funding | 117,754 | 115,313 | 233,067 |
| Tax Levy Impact | \$ - | \$ - | \$ - |

Other Department Consultations/Concurrence:

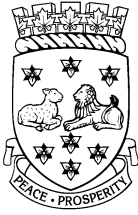
Staff in Corporate Services/Treasury Services were consulted in the preparation of this report.

Attachments

Nil

Prepared By: **Alison Pearson**, Manager, Children and Youth Planning Table
Barbara Cardow, Director, Children's Services

Approved By: **Carolyn Schoenfeldt**, Acting Commissioner, Community Services



Report: CSD-CHS-18-08

Region of Waterloo
Community Services
Children's Services

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

Date: June 19, 2018 **File Code:** S15-90

Subject: **Final 2018 Provincial Allocations for Children's Services**

Recommendation:

That the Regional Municipality of Waterloo take the following actions with respect to the 2018 Children's Services budget as outlined in Report CSD-CHS-18-08 dated June 19, 2018:

1. Increase the 2018 Operating budget for Children's Services by \$6,016,340 gross and \$0 net Regional Levy; and
2. Approve the addition of up to 2.0 full time equivalent (FTE) temporary positions for one year at a cost of \$209,215 to be funded by provincial grants to support the implementation and administration of expanded programs and responsibilities of the Region of Waterloo as the Consolidated Municipal Service Manager as outlined in report CSD-CHS-18-08.

Summary:

This report provides information on the final 2018 Provincial Budget approval for Children's Services and on the Community-Based Early Years and Child Care Capital Program (CBCP) funding allocation.

On May 8, 2018, the Final Child Care Allocations and Amending Service Agreement Package for the 2018 calendar year were received by the Region. The overall approval of \$55,629,502 in provincial child care funding represents a \$5,316,340 million increase in the 2018 calendar year Operating Budget. This increase is comprised of a \$314,744 increase to the base operating budget, an increase of \$1,420,528 to Fee Stabilization Support, new licensed home child care base budget funding of \$2,121,750 , and an increase of \$1,459,318 for the Child Care Expansion Plan Year 2. In addition, on April 8, the Region was advised that it would receive \$700,000 in CBCP funding.

Report:**2018 Final Children's Services Allocations**

The Province provided the Region its 2018 initial allocation on November 30, 2017. The initial allocation was approved by Council as part of the Budget Process for 2018 (COR-FSD-17-36, dated December 13, 2017).

On May 8, 2018, the Province provided the remaining allocations and full details for the 2018 calendar year. The following chart provides a summary of Children's Services allocations and compares the 2018 final approval to the 2018 preliminary approval.

| Provincial Funding Category | 2018 Final Allocation | 2018 Preliminary Allocation | Change |
|---|------------------------------|------------------------------------|--------------------|
| Base Program | \$33,368,975 | \$33,054,231 | \$314,744 |
| Expansion | \$7,576,472 | \$6,117,154 | \$1,459,318 |
| Canada-Ontario Early Learning and Child Care Agreement | \$3,058,723 | \$3,058,723 | \$0 |
| Wage Enhancement | \$7,609,686 | \$7,609,686 | \$0 |
| Fee Stabilization | \$1,893,896 | \$473,368 | \$1,420,528 |
| Home Child Care Base Funding | \$2,121,750 | \$0 | \$2,121,750 |
| Total Child Care Allocation | \$55,629,502 | \$50,313,162 | \$5,316,340 |
| Ontario Early Years Child and Family Centres (EarlyON) | \$4,137,959 | \$4,137,959 | \$0 |
| Journey Together | \$467,500 | \$467,500 | \$0 |
| Community Based Capital Program | \$700,000 | \$0 | \$700,000 |
| Total Provincial Subsidy | \$60,934,961 | \$54,918,621 | \$6,016,340 |

The Total Child Care Allocation figures above exclude the 2017 carry forward of unspent funds in the amount of \$4,325,891 as outlined in report CSD-CHS-18-07 dated May 1, 2018.

Base Allocation Impact

The final 2018 base allocation represents a net increase of \$314,744 over the preliminary allocation. The 2018 allocation includes a reduction of \$327,532 in the Utilization Grant portion of the base for the Region of Waterloo. This allocation is meant to recognize municipalities who provide funding above their required municipal contribution. In the 2015 budget, the Region reduced its contribution by \$100,000 (CSD-CHS-15-005, dated February 23, 2015). A change in municipal contributions in any one year will impact the Utilization Grant two years later. The increase in the overall budget has mitigated some of the negative impacts of the Utilization Grant portion.

Child Care Expansion Plan Year 2

An additional \$1,459,318 has been provided in the final 2018 Child Care allocation for year two of the Province's Child Care Expansion Plan. This program is funded 100% by the Province. Funding is enveloped and will be allocated to the approved 2018 Child Care Expansion Funding Plan (CSD-CHS-18-07, dated May 1, 2018). Implementation of the Expansion Funding plan will result in expansion funding being fully expended and targets being achieved or exceeded by December 31, 2018.

Canada-Ontario Early Learning and Child Care Agreement

The Early Learning and Child Care Agreement is a shared commitment by the Federal and Ontario governments to increase access to licensed child care with priority to children 0-6 years of age. While there is no additional funding resulting from the final 2018 allocation, the existing funding will be used to sustain previous years' growth and support new fee subsidies, increased access to licensed spaces, new non-profit community based capital projects, as well as initiatives that reduce fees and increase affordability of licensed care for families. This funding is being made available to licensed child care operators as part of the Child Care Expansion Funding Plan (CSD-CHS-18-07, dated May 1, 2018). Funding will be fully expended and targets achieved or exceeded by December 31, 2018.

Provincial Wage Enhancement

Now in its fourth year, the Provincial Wage Enhancement program provides up to \$2 per hour for staff working in licensed child care programs or caregivers working with a licensed home child care agency. This program is funded 100% by the Province. The Region of Waterloo administers this program on behalf of the Province. While there is no additional funding resulting from the final 2018 allocation, the funding for this program will support the increasing number of staff in licensed child care resulting from child care expansion. Licensed child care operators must submit a detailed application to the Region of Waterloo to determine what positions are eligible for the grant funding. The Province has also provided a one time allocation related to administrative costs for 2018 to support municipalities and operators with the costs related to the administration of the

funding. Any portion of these funds not used for the purposes intended is returned to the Province as part of the year end reconciliation process.

Fee Stabilization Support

Fee Stabilization Support Funding is made available to increase hourly wages of staff in licensed centres and licensed home child care agencies earning less than \$14 per hour (excluding wage enhancement), as of December, 2017. In response to concerns that increasing operating pressures may lead to increases in parental fees in licensed child care, the ministry provided \$50 million in 2018 to Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs) for Fee Stabilization Support Funding to support improving wages for the licensed child care workforce, affordability for families and to address potential fee increases. The Region of Waterloo's final allocation for 2018 is \$1,893,896, an increase of \$1,420,528 over the initial allocation.

The new investment does not require service system manager cost sharing and includes administration funding to support implementation.

Licensed child care operators must submit a detailed application to the Region of Waterloo to determine what positions are eligible for the grant funding. Any portion of these funds not used for the purposes intended is returned to the Province as part of the year end reconciliation process.

Base Funding for Licensed Home Child Care

New to the budget this year is base funding for Licensed Home Child Care. The Province provided a new investment of \$19.5 million in dedicated base funding for licensed home child care agencies. The Region of Waterloo received \$2,121,750 with the final 2018 allocation. The intent of this base funding is to support the provision of stable, predictable funding to assist licensed home child care agencies with forecasting, planning and actively recruiting more providers.

The expectation is that the funding is used to reduce per diem charges and that the reduction benefits both providers, in the form of increased compensation and parents, in the form of reduced fees.

There are two licensed home child care agencies in Waterloo Region: Wee Watch Licensed Home Child Care and the directly operated Region of Waterloo Home Child Care. Staff will engage in a planning process with both agencies to gather input and determine approaches to ensure the allocation of Licensed Home Child Care funding aligns with ministry requirements.

EarlyONs (Formerly Ontario Early Years Child and Family Centres)

The integration and transformation of the Ontario Early Years Child and Family Centres to EarlyON Child and Family Centres expanded the role of the Region of Waterloo as the CMSM in 2018. Children's Services has responsibility for overseeing the local

management of these Ministry-funded child and family programs. As outlined in Report CSD-CHS-18-01, the Region provides funding to the Young Men's Christian Association (YMCA) as the lead agency in Waterloo Region for EarlyONs. The allocation for the delivery of EarlyONs, data planning and analysis and administration is \$4,137,959 and is 100% provincially funded. This amount is unchanged from the 2018 preliminary allocation.

Journey Together

Journey Together represents Ontario's commitment to reconciliation with Indigenous people. As outlined in CSD-CHS-18-06, Anishnabeg Outreach was selected through an expression of interest process to create and operate an Indigenous-led child and family program. Total funding for the Journey Together initiative is \$467,500 (operating and capital funding) for 2018, and \$300,000 (operating funding) for 2019.

Community-Based Early Years and Child Care Capital Program

The CBCP provides capital funding for community-based child care and EarlyON capital projects. The Region submitted two capital projects for this program to support the renovation costs for a new EarlyON location and an indigenous-led child and family centre.

On April 8, the Region received notification from the Province that its application for \$700,000 in CBCP funding had been approved. This funding, which is part of the 2018 final allocation, will be transferred to YMCA and Anishnabeg Outreach for the purposes outlined.

Expanded Responsibilities of the Region of Waterloo

Children's Services has experienced a significant increase in total Provincial allocation of \$14.7 million since 2017 to administer new programs including: Child Care Expansion, Fee Stabilization, and Home Child Care Base Funding. This increase in funding also supports the expanded roles of the Region as CMSM for EarlyONs and indigenous-led child and family centres. The structure of Children's Services is currently being reviewed to determine ongoing staffing needs, but in the interim it is recommended that Children's Services add up to 2.0 full time equivalent (FTE) temporary positions for one year at a cost of \$209,215 to be funded by provincial grants to support the planning, implementation and administration of expanded programs as outlined in report CSD-CHS-18-08.

Quality of Life Indicators:

Access to and affordability of quality early learning and child care programs aligns with the following Quality of Life Indicators: economic well-being (e.g. reduced child care expenditures provide families with additional finances to support basic needs); social inclusion and equity (e.g. increased access to licensed child care, early years services and culturally relevant services); physical and emotional well-being (e.g. quality child care

and early years programs improves physical and emotional well-being of children); skills development (e.g. quality early years and child care supports children's learning and skill development); and relationships (e.g. access to early years professionals and interactions with other children and families).

Corporate Strategic Plan:

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

Financial Implications:

The 2018 Operating Budget approved by Regional Council was based on the 2018 preliminary Ministry approval. The following table compares 2018 Ministry final approval and the Region's 2018 approved operating budget.

| | 2018 Final Approval | 2018 Region Budget | Variance |
|---|------------------------|-----------------------|--------------------|
| Base Allocation | \$33,368,975 | \$33,054,231 | \$314,744 |
| Expansion | \$7,576,472 | \$6,117,154 | \$1,459,318 |
| Canada-Ontario Early Learning and Child Care Agreement | \$3,058,723 | \$3,058,723 | \$0 |
| Wage Enhancement | \$7,609,686 | \$7,609,686 | \$0 |
| Fee Stabilization | \$1,893,896 | \$473,368 | \$1,420,528 |
| Home Child Care Base Funding | \$2,121,750 | \$0 | \$2,121,750 |
| Ontario Early Years Child and Family Centres (EarlyON) | \$4,137,959 | \$4,137,959 | \$0 |
| Journey Together | \$467,500 | \$467,500 | \$0 |
| Community Based Capital Program | \$700,000 | \$0 | \$700,000 |
| Total | \$60,934,961 | \$54,918,621 | \$6,016,340 |

The Region's 2018 minimum cost share amount of \$5,287,620 continues the same as 2017 requirement. The approved 2018 Regional budget includes \$8,972,166 as the Region's contribution to Children's Services programs.

The 2018 Provincial final approval will form the basis of the 2019 Budget for Children's Services.

Other Department Consultations/Concurrence:

The assistance of Corporate Services/ Treasury Services staff is required to monitor the Children's Services budget and expenditures.

Attachments

Nil

Prepared By: **Barbara Cardow**, Director, Children's Services, Community Services

Approved By: **Carolyn Schoenfeldt**, Acting Commissioner, Community Services



Report: PHE-IDS-18-07

Region of Waterloo

Community Services

Infectious Disease, Dental and Sexual Health

To: Chair Lorentz and Members of Community Services Committee

Date: June 19, 2018

File Code: P03-20

Subject: Waterloo Region Supervised Consumption Services Phase 2a Results

Recommendation:

That the Regional Municipality of Waterloo endorse the plan to undertake Phase 2b of the Waterloo Region Supervised Consumption Services Feasibility Study, as described in Report PHE-IDS-18-07.

Summary:

On February 27, 2018, Community Services Committee received a staff report presenting the findings of Phase 1 of the Feasibility Study regarding supervised consumption services. Following subsequent special evening meetings of Community Services Committee scheduled in March and April 2018 to seek public input, a follow-up report was presented to a special meeting of Regional Council on April 10, 2018. The following recommendation to proceed with Phase 2a was tabled, and subsequently approved:

That the Regional Municipality of Waterloo take the following actions regarding Supervised Injection Services in Waterloo Region:

- a) Further pursue supervised injection services in Waterloo Region as an intervention to prevent fatal opioid overdoses;
- b) Further pursue supervised injection services that are integrated with other services, which at a minimum includes the mandatory components of the provincial program but will also include basic health care and access to treatment;
- c) Pursue up to three supervised injection sites in Waterloo Region as a starting point to support access for people who inject drugs;

- d) Work with health service partners, staff from the 3 cities, and other stakeholders to identify potential site locations that meet the requirements for Federal approval and Provincial funding, and, to the extent possible, address the concerns raised during the Phase 1 consultation process; and
- e) Endorse the plan to initiate Phase 2 of the Waterloo Region Supervised Injection Services Feasibility Study, as described in Report PHE-IDS-18-06.

Following the April 10, 2018 meeting, the Supervised Consumption Implementation Work Group was struck including members from community agencies, municipal governments, community health centres, Police Services, the Local Health Integration Network (LHIN), and community members with lived experience of drug use (see Attachment 1 for membership).

Criteria for site selection were developed by reviewing what is required by the federal application for exemption to the Controlled Drugs and Substances Act (CDSA), as well as the provincial application for funding to operate supervised consumption services. These criteria represent the minimum requirements needed in order for a site to be feasible from a federal exemption and provincial funding perspective.

In addition to these criteria, a list of additional considerations was used to support site evaluation. Considerations were informed by municipal reports, input from the SCS Implementation Work Group members, and community stakeholder consultations. Two separate consultations were held to gather input for Kitchener-Waterloo and Cambridge. Table 1 in the report lists the most important considerations as identified by the participants in the consultation, including service integration, proximity to business, youth/families, support for the community around the site, and clearly defined leadership for the site. (See Attachment 2 for list of organization represented at the stakeholder sessions.)

An extensive search and review of 29 potential locations was conducted as part of Phase 2a. Every location that was suggested from any source was included in the evaluation process.

All suggestions were evaluated by the SCS Implementation Work Group using the criteria. Locations that fit the criteria were then researched by a realtor to determine their availability and suitability. Locations were then evaluated according to the additional considerations. Table 2 in the report describes the phased process used to identify candidate locations for Kitchener and Cambridge that ultimately led to only a few remaining, potentially viable options.

After an extensive review, the Implementation Work Group is recommending that the Region move forward with Phase 2b of the study that will focus on four candidate locations, 150 Main St. and 149 Ainslie St. N. in Cambridge and 115 Water St. in

Kitchener. The second location in Kitchener has been identified; however, confirmation of its availability is outstanding. Upon confirmation that the site is available for the intended use, it would be included as part of the Phase 2b process.

The Implementation Work Group is recommending that there be two parts to Phase 2b, and that candidate sites be confirmed as operationally viable (Part 1) before extensive stakeholder consultation with the surrounding area is undertaken (Part 2).

| | |
|--|--|
| Part 1: In-depth assessment of candidate locations to support operations | <ul style="list-style-type: none"> • Conduct in-depth assessments of each location to confirm viability and investigate how the delivery model can be best implemented (i.e. layout of units can be modified to a floor plan that will support the model and client accessibility); and associated costs. |
| Part 2: Extensive Stakeholder Consultation | <ul style="list-style-type: none"> • Provide an overview of why supervised consumption services are being explored in Waterloo Region; • Provide an opportunity for community stakeholders to learn about supervised consumption services by describing how the services work and through sharing examples from other areas; and • Provide opportunity for community stakeholders to ask questions, raise concerns, and suggest how to mitigate concerns. |

Input from the consultation sessions will inform a subsequent recommendation to Community Services Committee on whether to proceed with an application to Health Canada for an exemption to the Controlled Drugs and Substances Act and an application to the Ministry of Health and Long-term Care for funding for one of the candidate sites in each city. Input will also inform recommendations regarding mitigation strategies to ensure the site is successful in terms of integration in the community.

There was recognition among the Implementation Work Group members that due to the stigma associated with the service, no location would be perceived to fully meet the needs of all stakeholders; and that education and community relationship building will be paramount should a site be established.

Model of Service

Data indicated that at this time, two sites that provide Supervised Consumption Services are needed: one in central Kitchener and one in Galt. At both locations, Public Health and Sanguen Health Centre would work in partnership with health and social service agencies in Waterloo Region to ensure that needed support services are integrated into

the supervised consumption sites. That is, addiction treatment options, primary care, housing, and addictions counselling would be available onsite at both supervised consumption site locations. To support this model at both locations, the following agencies have expressed interest in partnership:

- Primary care support provided by Langs Community Health Centre (Cambridge location) and Kitchener Downtown Community Health Centre (Kitchener location)
- Treatment services (counselling, program navigation and access) provided by the House of Friendship
- Opioid Replacement Therapy services intake provided by the Ontario Addiction Treatment Centres (OATC)

If an application for supervised consumption services goes forward, Region of Waterloo Public Health, in partnership with Sanguen Health Centre, would apply for a federal exemption to operate supervised consumption services in Waterloo Region. Sanguen Health Centre would be responsible for the daily operations of the sites in Waterloo Region and Public Health would provide leadership, administrative support, and community engagement.

Report:

On June 6, 2017, Community Services Committee endorsed Public Health's recommendation to enhance harm reduction services in Waterloo Region which included exploring the feasibility of supervised injection services (SIS). The request from Public Health along with community partners was in response to the rising number of overdose deaths in Waterloo Region (refer to Report PHE-IDS-17-04).

On February 27, 2018, findings from Phase 1 of the Supervised Injection Services Feasibility Study were reported to Community Services Committee (refer to PHE-IDS—18-04). The findings included comprehensive community perspectives on the need for SCS and whether the services would be used; the perceived benefits of the service to Waterloo Region; and the community's concerns along with strategies to mitigate those concerns. The following data from interviews with individuals who use substances, summarizes findings related to the need for SIS:

- An estimated 4,000 people in Waterloo Region inject drugs
- About half of respondents (47.8%) inject drugs daily and 75.6 per cent reported injecting publically in the last six months
- Respondents reported injecting most often in Central Kitchener, and in Galt City Centre/South Galt
- About four out of five (78.6%) people reported injecting drugs alone, increasing their risk for fatal overdose
- Accidental overdose was reported by 39.0 per cent of respondents and 47.1 per cent of respondents have administered naloxone to someone who was

overdosing

- Most people who inject drugs (86.3%) said that they would use or might use supervised injection services if they were available in Waterloo Region. Half (51.3%) indicated they would use a supervised injection site always (100% of the time) or usually (75% of the time) for their injections

Through Phase 1 of the feasibility study, the following benefits of supervised injection services were identified:

- Prevent overdose deaths
- Reduce the spread of blood borne infections
- Reduce public drug use and needles improperly discarded in the community
- Provide people with access to other services, including access to treatment when people are ready
- Reduce stigma related to addiction

Community concerns were also documented through Phase 1. While most people expressed concern about the rising number of overdoses, there was uncertainty regarding solutions that are needed. Concerns were raised about where sites would be located and the potential impacts on the surrounding community including safety of children and dependents, property values, drug trafficking, and the effect on businesses.

Participants across all methodologies recommended the following strategies to address the concerns of the community about supervised injection services:

- Improving communication about the process to consider supervised injection services
- Educating the community on addiction, mental health, and harm reduction to build understanding and reduce stigma
- Creating an advisory group to oversee and respond to issues that may arise during implementation of supervised injection services

A follow-up report was presented to Community Services Committee on April 10, 2018. The report addressed community feedback received through input sessions on the Phase 1 findings; addressed questions that had emerged in the community regarding SIS; and summarized municipal reports from the City of Kitchener and the City of Cambridge on SIS (refer to PHE-IDS-18-06). Recommendations to proceed with Phase 2a were tabled, and subsequently approved. The following information was shared in the report:

- Input provided through the public input sessions was slightly more in favour (overall) of SCS with other delegates raising concerns. People with lived experiences of substance use, families, friends, service providers and other

community members expressed support for SCS as an important intervention for people struggling with addiction. Others supported SCS but were concerned about it being located in the cores of Cambridge, especially downtown Galt. Some delegates spoke in opposition to SCS in favour of strategies that focus on prevention, treatment and enforcement.

- Information shared through City of Kitchener and City of Cambridge reports would be considered in the next phase of the Feasibility Study.
- In response to community feedback and changes to terminology used by the Province, any application for supervised injection services would include other forms of drug consumption, i.e. ingestion (eating) and intranasal (snorting) in addition to injection. Smoking would not be permitted as it would require additional funding that is not yet part of the provincial program. As such, future reports and consultation would use the language of Supervised Consumption Services (SCS).

In that report, the following recommendation to proceed with Phase 2a was tabled, and subsequently approved:

That the Regional Municipality of Waterloo take the following actions regarding Supervised Injection Services in Waterloo Region:

- a) Further pursue supervised injection services in Waterloo Region as an intervention to prevent fatal opioid overdoses;
- b) Further pursue supervised injection services that are integrated with other services, which at a minimum includes the mandatory components of the provincial program but will also include basic health care and access to treatment;
- c) Pursue up to three supervised injection sites in Waterloo Region as a starting point to support access for people who inject drugs;
- d) Work with health service partners, staff from the 3 cities, and other stakeholders to identify potential site locations that meet the requirements for Federal approval and Provincial funding, and, to the extent possible, address the concerns raised during the Phase 1 consultation process; and
- e) Endorse the plan to initiate Phase 2 of the Waterloo Region Supervised Injection Services Feasibility Study, as described in Report PHE-IDS-18-06.

Since then, the process for identifying candidate locations for supervised consumption services has been a priority. This report will summarize the work completed since April 10th and describes proposed next steps in the process should the recommendations to continue with Phase 2b be endorsed. Specifically, the following will be addressed:

- Review of opioid data related to areas in Waterloo Region most impacted by

overdose

- Role of the Supervised Consumption Services Implementation Work Group
- Process for developing criteria and identifying candidate locations
- Description of the operating model
- Proposed options for health care site locations
- Description of Phase 2b consultation plan
- Recommendations

Areas identified as having highest need for Supervised Consumption Services (SCS)

Phase 1 of the Feasibility Study identified that there is a clear need for supervised consumption services in Waterloo Region, specifically in the city cores of Central Kitchener and South Cambridge/Galt. Opioid related paramedic service calls show that call volumes are higher in these central areas compared to the rest of the region. Figure 1 provides an updated “heat map” of the region (data from May 1, 2017 to April 30, 2018) in which data values are represented as colors. “Hottest” areas are shown in dark red and indicate high number of opioid overdose calls. Areas least impacted are represented by the “cooler” colours of blue and green. Areas with fewer than two overdoses are not represented in order to protect confidentiality. (Note: The heat map presented in Figure 1 is not comparable with previously released heat maps as the methodology to produce the map has changed to allow for inclusion of most recent data, comparability to future maps if there are upward trends in calls, and improvement in the gradients of colors used to represent call volumes.) Figures 2, 3 and 4 represent the City of Kitchener, the City of Cambridge and the City of Waterloo, respectively.

Figure 1. Distribution of Opioid-Related Overdose Paramedic Services Calls, Waterloo Region, May 1, 2017 – April 30, 2018

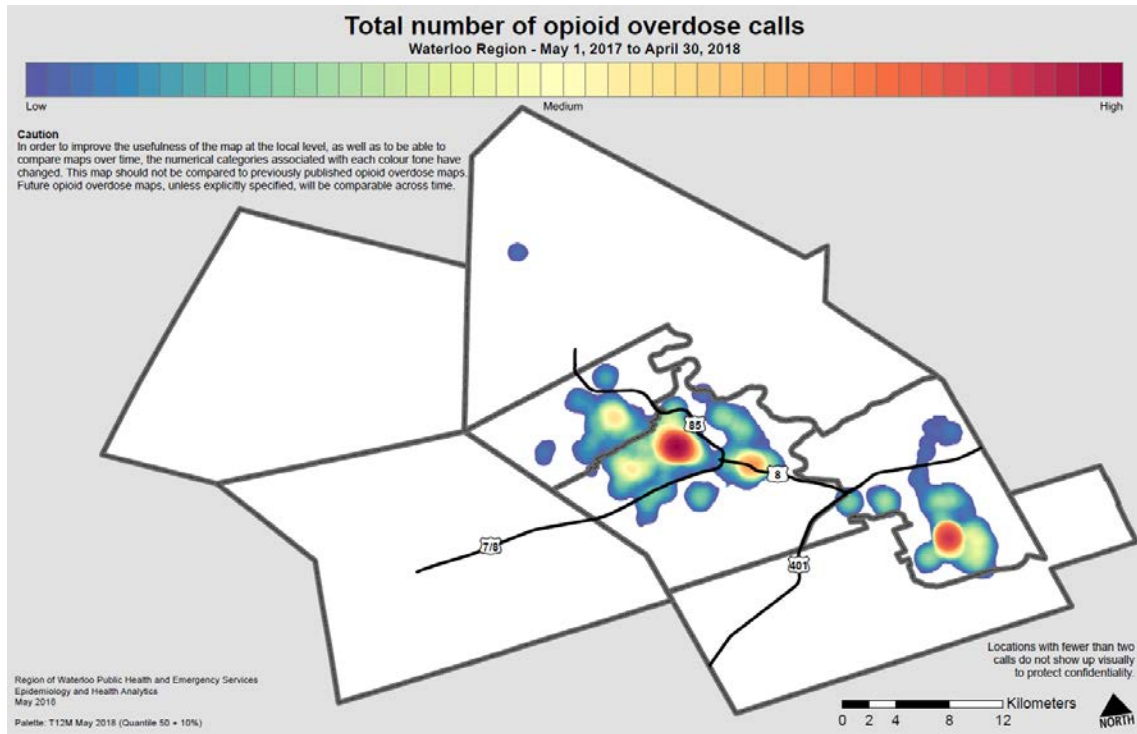


Figure 2. Distribution of Opioid-Related Overdose Paramedic Services Calls, City of Kitchener, May 1, 2017 – April 30, 2018, Waterloo Region

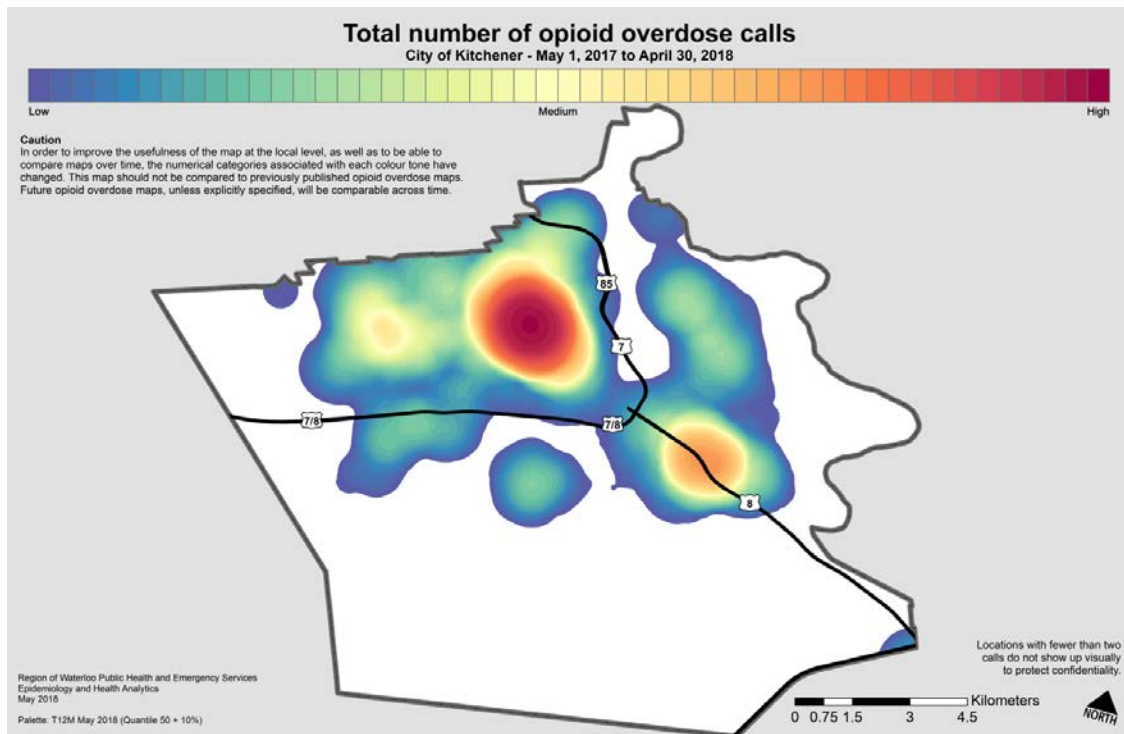


Figure 3. Distribution of Opioid-Related Overdose Paramedic Services Calls, City of Cambridge, May 1, 2017 – April 30, 2018, Waterloo Region

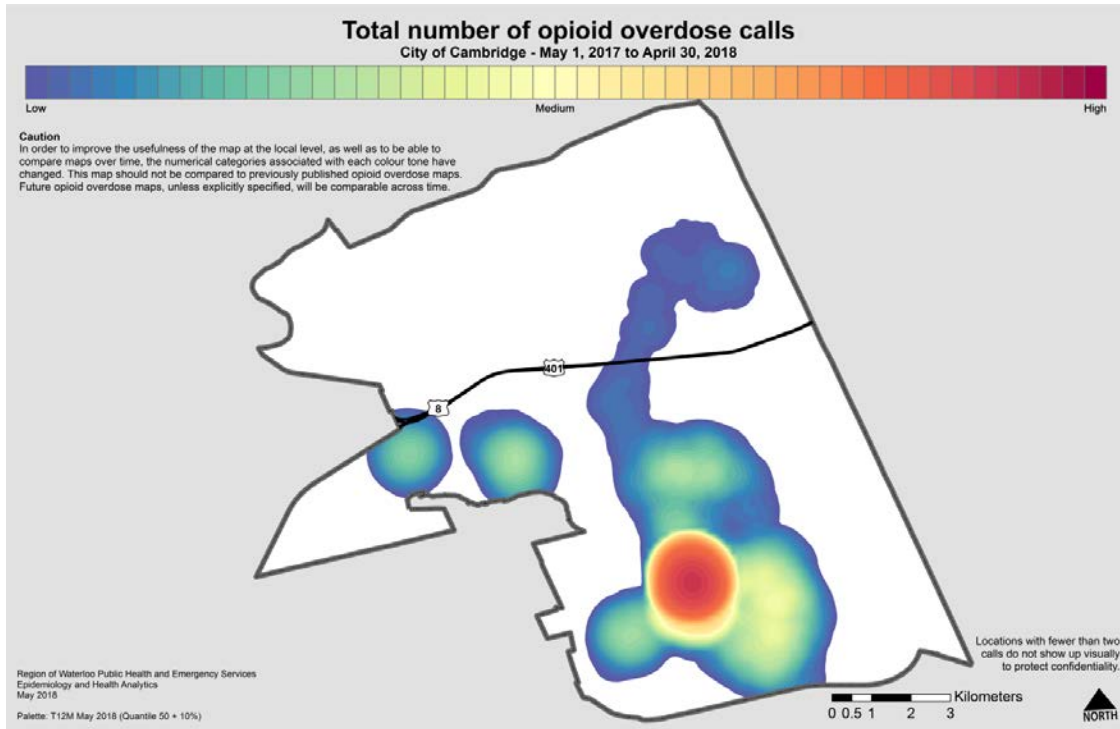
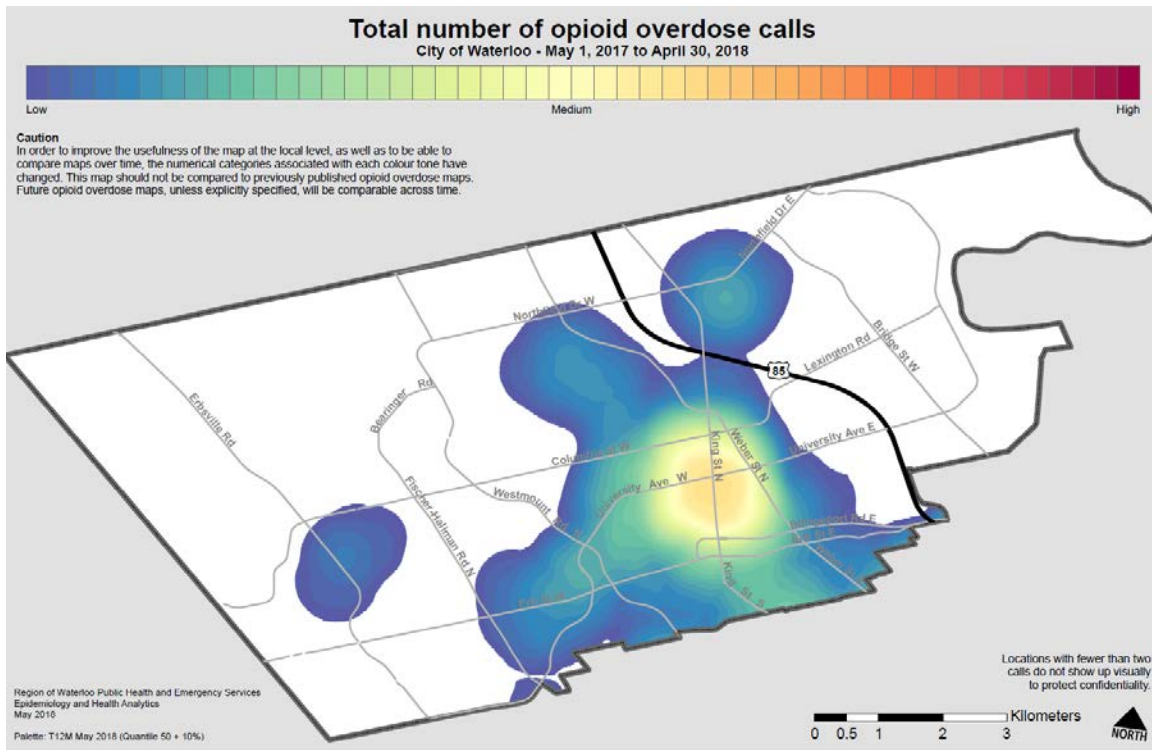


Figure 4. Distribution of Opioid-Related Overdose Paramedic Services Calls, City of Waterloo, May 1, 2017 – April 30, 2018, Waterloo Region



Due to the relatively low volume of calls to Region of Waterloo Paramedic Services in Waterloo, a decision was made to not pursue candidate sites in Waterloo. A candidate site in Waterloo would not meet the federal and provincial criteria for sites to be located in areas of higher opioid use and overdose.

Supervised Consumption Services Implementation Work Group

Upon endorsement to move forward with Phase 2a of the feasibility study, a Supervised Consumption Services Implementation Work Group was formed. The workgroup includes membership from community agencies, municipal governments, community health centres, Police Services, the Local Health Integration Network (LHIN), and community members with lived experience of drug use (see Attachment 1 for membership). The work group played an integral role in the following areas:

- Ensuring community stakeholders were engaged in the development of site criteria;
- Establishing criteria and considerations used to evaluate locations;
- Identifying the best model to support the development and operations of an SCS;
- Recommending candidate locations; and
- Informing the plan for Phase 2b community consultation on the candidate locations.

Process for developing criteria and identifying candidate locations

Criteria for site selection were developed by reviewing what is required by the federal application for exemption to the Controlled Drugs and Substances Act (CDSA), as well as the provincial application for funding to operate supervised consumption services. These criteria represent the minimum requirement needed in order for a site to be feasible from a federal exemption and provincial funding perspective. Public Health staff consulted with Health Canada and the Ministry of Health and Long-Term Care to seek clarification on evaluative criteria where needed. Criteria are divided into four categories:

| Category | Description | Examples of how this is measured: |
|-------------------------------|--|--|
| 1. Need and community support | That SCS are situated in communities where there is a demonstrated need and demand for SCS | <ul style="list-style-type: none"> • high occurrences/rates of fatal and non-fatal overdoses • high occurrences/rates public illicit drug use • Thorough community consultation |
| 2. Capacity | That SCS can be provided effectively and efficiently | <ul style="list-style-type: none"> • Staffing and resources to support the operations can be scaled up if needed • Adequate physical security measures |

| Category | Description | Examples of how this is measured: |
|------------------|--|---|
| | | are in place |
| 3. Integration | That SCS is integrated with other harm reduction and health services | <ul style="list-style-type: none"> Required services are available immediately |
| 4. Accessibility | That SCS are accessible to those who need them and accessible to those with disabilities | <ul style="list-style-type: none"> Located within walking distance of where open drug use is known to occur Easily accessible by public transit In close proximity to complementary services Low barrier access (on main floor, street level) |

In addition to the criteria, a list of additional considerations was used to support site evaluation. Considerations were informed by municipal reports, input from the SCS Implementation Work Group members, and community stakeholder consultations. Two separate consultations were held to gather input for Kitchener-Waterloo and Cambridge. Table 1 lists the most important considerations as identified by the participants in the consultation (See Attachment 2 for list of organization represented at the stakeholder sessions):

Table 1. Most important community considerations for Kitchener-Waterloo and Cambridge, as per community stakeholder sessions

| Consideration | Description |
|--|--|
| Kitchener-Waterloo | |
| 1. Service integration | That the site has adequate space to accommodate the integration of other health and social services within the same building. |
| 2. Proximity to business, youth/families | That proximity to main business areas, schools, youth serving agencies, popular tourist areas, or mainly residential areas be considered. |
| Cambridge | |
| 1. Welcoming and engaging | That the site has natural light, adequate square footage for an appropriately sized waiting room, and curb appeal. That the site be inviting and inclusive, and is discreet for both the |

| Consideration | Description |
|--|--|
| environment | community and people who will use the site. |
| 2. Service Integration | That the site has adequate space to accommodate the integration of other health and social services within the same building. |
| 3. Support for the community around the site | That the operator has a comprehensive plan to mitigate concerns surrounding a site once in operation (e.g. litter clean up, loitering, disruptive behaviours). |
| 4. Clearly defined leadership | That the operator is a reputable organization with the capacity and expertise to ensure success of the service. |

Other considerations, in addition to the ones above include, proximity to places that would discourage clients from coming (e.g. police station), where the location is in relation to the area included in the Interim Control Bylaw in Cambridge, whether the site would concentrate services in one area, and the proximity to parks and libraries. Where possible, considerations were quantified so that potential sites could be scored in a consistent manner. Public Health staff used ARC GIS mapping software to determine the distance from each property to the closest harm reduction service, school, day care, pool or arena, hospital, police station, and the residential footprint of the area under consideration.

Considerations that did not lend themselves to a scoring methodology were included as final discussion questions to guide decision making by the SCS Implementation Work Group. All site criteria and site considerations were reviewed and approved by the SCS Implementation Work Group.

An extensive search and review of 29 potential locations was conducted as part of Phase 2a. Every location that was suggested from any source was included in the evaluation process. A list of potential locations was generated through various paths:

- Ideas for locations were sent to Public Health staff by interested community members
- The SCS Implementation Work Group provided ideas for locations
- Ideas for locations were provided by participants in the stakeholder consultations
- A realtor, hired by the region, conducted searches for potential locations

All suggestions were evaluated by the SCS Implementation Work Group using the criteria. Locations that fit the criteria were then researched by a realtor to determine their availability and suitability. Locations were then evaluated according to the

additional considerations. Table 2 describes the phased process used to identify candidate locations for Kitchener and Cambridge.

Table 2. Phased process to identify candidate locations for SCS

| Step | Activity | Action | Result |
|-----------|---|---|---|
| 1 | Compiled location suggestions from: <ul style="list-style-type: none"> • Community advocacy groups • Community stakeholder consultations • SCS Implementation Work Group members | Grouped location suggestions by city. | Cambridge: 20 Kitchener: 9 |
| 1a | Discussion and decision regarding the Cambridge Interim Control By-law (ICB) preventing establishment of SCS and Overdose Prevention Site in city cores of Galt, Preston and Hespeler | That sites within and outside the ICB area be identified. That the ICB be included as part of site evaluation for Cambridge sites. That ultimate consideration of the ICB should be done in the future, should a recommendation to establish a site be made following Phase 2b. | Locations outside the ICB area and/or buffer were explored as part of the search. All were eventually removed as some did not meet the criteria and those that did meet the criteria, were not available. |
| 2 | Applied federal/provincial site criteria | Eliminated properties that did not meet criteria. | Cambridge: 5 (15 removed) Kitchener: 9 (0 removed) |
| 3 | Hired real estate agent to research properties that met the criteria in step 2 | Eliminated properties that were unavailable for lease/rent/purchase. Agent provided 3 available properties to consider that met the criteria. | Cambridge: 5 (2 removed, 2 added) Kitchener: 2 (8 removed, 1 added) |

| Step | Activity | Action | Result |
|------|--|---|--|
| 4 | Consultation with community agencies | One agency identified a property in Kitchener that could be viable. | Kitchener: 3 (1 added) |
| 5 | Applied community considerations from stakeholder sessions. | Properties were scored and ranked in their perspective city. | Cambridge: 5 ranked Kitchener: 3 ranked |
| 6 | Realtor informed landlords/property managers of space use intentions | Advised that a health care service would be offered in the space that would include supervised consumption services. | Cambridge: 3 (2 removed) Kitchener: 2 (1 removed) |
| 7 | Analysis and identification of best options by SCS Implementation Work Group | Reviewed scoring of community considerations and had further discussions about each location and building specifications. | Cambridge: 2 (1 removed) Kitchener: 2 (0 removed) |

The SCS Implementation working group reviewed the remaining potentially viable locations in Kitchener and Cambridge in great detail. The conversations centred on proposing locations that would be accessible for clients and would have the least impact on the surrounding communities. There was also discussion around the building specifications themselves and whether or not the size would support an integrated health service approach and provide discretion for service users. The group considered concentration of services and discussed flow of clients throughout the community. Nearby schools, day care centres, and other public youth spaces were considered as part of the process as well. There was recognition among group members that due to the stigma associated with the services, no location will be perceived to fully meet the needs of all stakeholders; and that education and community relationship-building will be paramount should a site be established.

Candidate Locations for Health Care Sites that include Supervised Consumption Services

After conducting an extensive search and evaluative process, two locations in Kitchener and two locations in Cambridge were identified as options for SCS by the Implementation Work Group. Staff has received confirmation that three of the locations listed are available for the purpose of providing this service. Confirmation that one location in Central Kitchener is available for the intended use is currently outstanding. Should the location be confirmed as available, it will be included in Phase 2b. Decision-making in this process was consensus based; however, in view of the City of Cambridge undertaking a planning process to determine the appropriate location for supervised consumption sites, the staff lead for the City of Cambridge did not support decisions regarding candidate locations for Cambridge due to the presence of the City’s Interim Control By-law. Staff will continue to work with the City of Cambridge in both processes.

Table 2 describes the locations for consideration by Community Services Committee in Kitchener and Cambridge.

Table 2. Locations for Consideration by Community Services Committee

| Address | City | Description |
|------------------------|-----------|---|
| 115 Water Street North | Kitchener | 115 Water Street North is a two-storey house where The Working Centre will serve as the landlord. The building would be renovated to meet the needs for the integrated service model and would also aim to incorporate supportive transitional housing in partnership with The Working Centre. The building includes a parking lot and is accessible by transit. It is in an area near other services that are used by the target population. |
| TBD | Kitchener | The location is a building located in Central Kitchener in an area that would be accessible for the target population. Confirmation that the unit is available for the intended use is outstanding. Should the property be confirmed as available it will be included as part of phase 2b and impacted community members and businesses will be consulted. |

| Address | City | Description |
|-----------------------|-----------|---|
| 150 Main Street | Cambridge | 150 Main Street is a multi-tenant, multi-floored Regional building providing service anonymity to people accessing services there. The SCS would occupy a unit available on the main floor at the back of the building. The closest entrance and exit is just outside the suite. The building provides other health and social services and is currently being accessed by the target population. There is ample parking available and the appropriate level of security is already in place. |
| 149 Ainslie St. North | Cambridge | 149 Ainslie Street North is a multi-tenant building located in an area that would be accessible for the target population. The unit would be on the main floor and would provide ample space for integrated service delivery. There would also be space for co-location of other supports. There is an adjacent parking lot for staff. |

It is acknowledged that candidate locations for Cambridge are within the area under study as per the Interim Control By-law. Once consultation on the locations are completed, should a recommendation be made to submit an application to Health Canada for an exemption to the Controlled Drugs and Substances Act for one of these sites, Cambridge City Council would need to amend the Interim Control By-law in order for the application to proceed.

Description of the Operating Model

1) Integrated Health Care

Throughout Phase 1 and Phase 2a, the importance of a model that aims to integrate services needed by people who use substances has emerged as being critical to its success. At a minimum, the provincial government requires that sites provide the following services as a condition for funding:

- First aid
- Education on safer injection
- Provision and disposal of sterile injection supplies
- Distribution of naloxone, and;
- Referrals to other health and social services

However, the vision for a service model for Waterloo Region goes far beyond this requirement. Waterloo Region residents and service providers envision a health care model that includes supervised consumption as part of a suite of services that are needed to support people struggling with addiction and at risk for overdose. This would include access to primary care, access to treatment services (including opioid replacement therapies such as suboxone and methadone), access to counselling services, and access to housing supports.

2) Supervised Consumption Site Operators

If endorsed, Region of Waterloo Public Health, in partnership with Sanguen Health Centre, will apply for a federal exemption to operate supervised consumption services in Waterloo Region. Sanguen Health Centre will be responsible for the daily operations of the sites in Waterloo Region and Public Health will provide leadership, administrative support, and community engagement.

Sanguen Health Centre is a not-for-profit community-based health care agency with offices in Waterloo and Guelph, Ontario. They also operate a mobile health van that provides outreach services to some of Waterloo Region's most marginalized residents. Overseen by a Board of Directors, Sanguen's mission is to meet the needs of those in Waterloo Region and Wellington-Dufferin-Guelph living with or at risk for Hepatitis C through the provision of education, outreach, support, and comprehensive, expert medical care.

Sanguen Health Centre has long-standing partnerships in place with Region of Waterloo Public Health and has a demonstrated track record for responsive service delivery. As an agency they have well established positive relationships with members of the community who are using substances, a key factor in ensuring services are accessible to those who need them. Sanguen Health Centre was founded by Dr. Chris Steingart and employs outreach workers, nurses, social workers, and peer support workers. In partnership with the City of Cambridge and Public Health, Sanguen Health Centre is currently operating the WINS (Working to Improve Neighbourhood Safety) pilot project, a program aimed to proactively address improperly discarded drug paraphernalia through employment of people with lived experience of drug use and/or homelessness. They are also Public Health Needle Syringe Program partners and are involved in the provincial Naloxone Distribution Program.

Public Health and Sanguen Health Centre would work in partnership with health and social service agencies in Waterloo Region to ensure that needed support services are integrated into the supervised consumption sites. That is, addiction treatment options, primary care, housing, and addictions counselling would be available onsite at both supervised consumption site locations. To support this model at both locations, the

following agencies have expressed interest in partnership:

- Primary care support provided by Langs Community Health Centre (Cambridge location) and Kitchener Downtown Community Health Centre (Kitchener location)
- Treatment services (counselling, program navigation and access) provided by the House of Friendship
- Opioid Replacement Therapy services intake provided by the Canadian Addiction Treatment Centres (CATC) through their Towards Recovery Clinic and Ontario Addiction Treatment Centre clinics.

Description of Phase 2b Consultation Plan

Should the recommendation to move forward with further exploration of the recommended sites be endorsed, Phase 2b would include two parts:

| | |
|--|--|
| Part 1: In-depth assessment of candidate locations to support operations | <ul style="list-style-type: none"> • Conduct in-depth assessments of each location to confirm viability and investigate how the delivery model can be best implemented (i.e. layout of units can be modified to a floor plan that will support the model and client accessibility); and associated costs. |
| Part 2: Extensive Stakeholder Consultation | <ul style="list-style-type: none"> • Provide an overview of why supervised consumption services are being explored in Waterloo Region; • Provide an opportunity for community stakeholders to learn about supervised consumption services by describing how the services work and through sharing examples from other areas; and • Provide opportunity for community stakeholders to ask questions, raise concerns, and suggest how to mitigate concerns. |

For Part 2, people who live, work, or go to school in a 250m radius of the candidate locations will be invited to attend consultation sessions. Interested attendees will be invited to register for a session of their choice. Sessions will be promoted in the following ways:

- Post-card mail out to residents and business in areas surrounding the site;
- Information displays where appropriate;
- Email invitations to identified stakeholder groups (see Attachment 3); and
- Shared on the Public Health and Waterloo Region Integrated Drugs Strategy websites.

Two sessions are proposed for each of the candidate locations. Sessions for each location will be held on different weeks to support people's ability to attend. Interested

individuals who are unable to attend either session will be sent a link to survey to provide feedback in writing.

Input from the consultation sessions will inform a subsequent recommendation to Community Services Committee whether to proceed with an application to Health Canada for an exemption to the Controlled Drugs and Substances Act and an application to the Ministry of Health and Long-term Care for funding for one of the candidate sites in each city. Input will also inform recommendations regarding mitigation strategies to ensure the site is successful in terms of integration in the community. A report to Community Services Committee is planned for August 14, 2018 or September 11, 2018.

Should a candidate location be removed at a later point in the process for any reason and/or should a potentially viable replacement location become available within the same area (ideally on the same block and street where a location assessment has been done), then the potential replacement location could be considered. A replacement location would need to be discussed and endorsed by the Implementation Work Group (using the same criteria and considerations as described above) and an update would be provided to Region Council.

Recommendations:

Based on the findings from Phase 2a of the Waterloo Region Supervised Consumption Services Feasibility study, there are four potentially viable locations for consideration to implement supervised consumption services. Public Health, in consultation with the Supervised Consumption Services Implementation Work Group, recommends the following:

That the Regional Municipality of Waterloo endorse the plan to undertake Phase 2b of the Waterloo Region Supervised Consumption Services Feasibility Study, as described in Report PHE-IDS-18-07.

Ontario Public Health Standards:

Harm reduction planning, programming, and service provision relates to the following Ontario Public Health Standards (2018):

- Infectious and Communicable Diseases Prevention and Control (Requirements 7, 8, 9 and 10)
- Substance Use and Injury Prevention (Requirements 1 and 2)

Corporate Strategic Plan:

This report relates to strategic objective 4.4 (Promote and support healthy living and

prevent disease and injury) in the Healthy, Safe and Inclusive Communities focus area in the 2015-2018 Strategic Plan.

Financial Implications:

Provincially approved supervised injection services are funded 100% by the Ministry of Health and Long-Term Care.

Other Department Consultations/Concurrence:

Nil

Attachments

Attachment 1 – Supervised Consumption Services Implementation Work Group Membership

Attachment 2 – Organizations Represented at the Community Stakeholder Sessions

Attachment 3 – Location Stakeholder Groups

Prepared By: **Alyshia Cook**, Health Promotion and Research Analyst
 Grace Bermingham, Manager of Information, Planning, and Harm Reduction

Approved By: **Dr. Hsiu-Li Wang**, Acting Medical Officer of Health
 Anne Schlorff, Acting Commissioner

Attachment 1 – Supervised Consumption Services Implementation Work Group Membership

| Member | Role | Organization |
|---------------------|-------------------|--|
| Aaron Fisher | Work group member | Community member |
| Alain Pinard | Work group member | City of Kitchener |
| Alyshia Cook | Project Lead | Public Health |
| Arianne Folkema | Work group member | Public Health |
| Bill Davidson | Work group member | Langs Community Health Centre |
| Elaine Brunn Shaw | Work group member | City of Cambridge |
| Grace Bermingham | Project Manager | Public Health |
| Dr. Hsiu-Li Wang | Chair | Public Health |
| Karen Quigley-Hobbs | Alternate Chair | Public Health |
| Lindsay Klassen | Work group member | House of Friendship |
| Natasha Campbell | Work group member | Community member |
| Rebecca Webb | Work group member | Waterloo Wellington Local Integration Health Network |
| Sarah Farwell | Work group member | Waterloo Wellington Local Integration Health Network |
| Scott Nevin | Work group member | City of Waterloo |
| Shehnaz Fakim | Work group member | Waterloo Wellington Local Integration Health Network |
| Shirley Hilton | Work group member | Waterloo Regional Police Services |
| Stephen Gross | Work group member | Kitchener Downtown Community Health Centre |
| Violet Umanetz | Work group member | Sanguen Health Centre |

Attachment 2 – Organizations Represented at the Community Stakeholder Sessions

1. Ontario Addiction Treatment Centres / Towards Recovery
2. Paramedic Services
3. The Working Centre
4. Ray of Hope
5. Uptown BIA
6. Grand River Hospital
7. Cambridge Self-Help Food Bank
8. Waterloo Region District School Board
9. Cambridge Memorial Hospital
10. Region of Waterloo Housing
11. Preston BIA
12. For a Better Cambridge (community advocacy group)
13. AIDS Committee of Cambridge, Kitchener, Waterloo and Area
14. Alison Neighbourhood Community Centre
15. A former member of A Clean Cambridge (community advocacy group)

Attachment 3 – Location Stakeholder Groups

| Category | Representative Stakeholders |
|---------------------------------------|---|
| Community | <ul style="list-style-type: none"> • Residents • Business improvement associations • Public library • Neighbourhood associations • Local churches • School parent groups • City of Kitchener/Cambridge staff • Cambridge Chamber of Commerce • KW Chamber of Commerce |
| Uniformed Services | <ul style="list-style-type: none"> • Paramedic Services • Kitchener Fire • Waterloo Regional Police • Cambridge Fire |
| Community and Harm Reduction Agencies | <ul style="list-style-type: none"> • Bridges • Argus Residence • Cambridge Self-Help Food Bank • St. John's Kitchen • The Working Centre • KW Counselling • oneROOF • Ray of Hope • Carizon • Anishnabeg Outreach • White Owl • ACCKWA • Sanguen Health Centre • John Howard Society of Waterloo-Wellington • Ontario Addiction Treatment Centres, Towards Recovery • Region of Waterloo Housing Services |
| Health Services | <ul style="list-style-type: none"> • Grand River Hospital • St. Mary's Hospital • Cambridge Memorial Hospital |
| Government | <ul style="list-style-type: none"> • Region of Waterloo Public Health and Emergency Services • Waterloo Region District School Board • Waterloo Catholic District School Board • Regional Council (Board of Health) |



Report: PHE-IDS-18-08

Region of Waterloo

Public Health and Emergency Services

Infectious Diseases, Dental, and Sexual Health

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

Date: June 19, 2018 **File Code:** P25-20

Subject: [Waterloo Region Opioid Response Plan](#)

Recommendation:

That the Regional Municipality of Waterloo/Board of Health endorse the Waterloo Region Opioid Response plan as described in Report PHE-IDS-18-08, dated June 19, 2018.

Summary:

The opioid crisis is a national, provincial and local issue. The burden of opioid use is felt throughout a community by community members, first responders and service providers, including those who use substances or have friends or family members struggling with addiction.

Local statistics on opioid overdose continue to highlight the severity of the issue (Waterloo Region Overdose Bulletin and Police Services data):

- The number of overdose related calls to Paramedic Services continues to increase; as of April 2018, Paramedic Services had responded to 242 overdose related calls, a 6% increase from the same point in time in 2017
- Paramedic Services naloxone administrations are lower as of April 2018, a 64% decrease from the same time point in 2017; likely due of the increased availability of naloxone in the community and the increased use of oxygen by paramedic services as a strategy to reduce the effects of overdose

- For 2018 year-to-date, most opioid overdose related Paramedics Service calls and naloxone administrations were for patients aged 20 to 34 years
- Recent data from the Office of the Chief Coroner for Ontario reveals a 270% increase in opioid overdose related deaths from 2015 to 2017. Preliminary data from the Coroner shows that 85 Waterloo Region residents died from an opioid overdose in 2017. (This is higher than the previously reported 71 deaths, based on the number of suspected deaths as reported by Police. There is a time lag to obtaining coroner death data, which only recently became available.)
- The suspected total overdose deaths for 2018 (up to April 26th) according to the Waterloo Regional Police Service is 13, with 155 total overdoses for the same time period.
- A 136% increase in opioid-related emergency department visits was seen between 2015 (149 visits) to 2017 (351 visits). Emergency department visits for 2016 and 2017 in Waterloo Region are higher than the provincial average for the same period.

On December 5, 2017, a report to Community Services Committee described activities underway to develop a Waterloo Region Opioid Response Plan (refer to PHE-IDS-17-10). Work to develop an opioid response plan relates to an expansion of the Board of Health's role to enhance local opioid response initiatives as directed by the Ministry of Health and Long Term Care in June 2017. Given that coordinated work to address problematic substance use in Waterloo Region has been a function of the Waterloo Region Integrated Drugs Strategy since 2012, council endorsed the recommendation to develop the Opioid Response Plan in partnership with the Integrated Drugs Strategy Steering Committee by striking a Special Committee on Opioid Response. The Special Committee is co-chaired by the Waterloo Region Integrated Drugs Strategy and Public Health and includes decision-makers from across community sectors.

Development of the Waterloo Region Opioid Response Plan was informed by an environmental scan of opioid response plans from other communities, direction from the Special Committee, and input from a cross-sectoral key stakeholder consultation, including people with lived experience of substance use. The plan includes opioid-related strategies that are already being implemented, as well as strategies identified as being needed to address opioid issues in Waterloo Region.

Next steps include working with the Special Committee to identify key actions to focus on in the coming year and develop implementation plans including indicators of success. Semi-annual progress reports on implementation will be provided to Regional Council at future meetings.

Report:**Background**

On December 5, 2017, a report to Community Services Committee described activities underway to develop a Waterloo Region Opioid Response Plan (refer to PHE-IDS-17-10). Development of an opioid response plan relates to an expansion of the Board of Health's role to enhance local opioid response initiatives. Specifically, the Ministry of Health and Long-Term Care provided direction to "expand and maintain local opioid-related programming based on assessment of local data and community need (i.e. through a drug strategy or local opioid response plan)".

This report provides an update on opioid-related data and describes the Waterloo Region Opioid Response Plan.

A Review of the Opioid Crisis

Opioids are a family of drugs which are typically used to treat acute and chronic pain (Canadian Centre on Substance Abuse, 2015) (National Institute on Drug Abuse, 2014). Examples of prescription opioids include, but are not limited to: fentanyl, hydromorphone, methadone, and oxycodone. In a joint statement issued on November 19, 2017, the Federal Minister of Health and Ontario Minister of Health and Long-Term Care reported that Canada was facing a serious and growing opioid crisis marked by rising numbers of addiction, overdoses, and deaths. The following points chronicle key aspects of the opioid issue:

- Over the past several years there has been increasing concern regarding the misuse of prescription opioids, including overprescribing, and the appearance of these medications in the illicit drug market.
- Fentanyl is a potent opioid and largely responsible for an increase in overdose deaths. Fentanyl enters the drug market through either diversion of pharmaceutical fentanyl products or through importation or smuggling of pharmaceutical grade fentanyl from abroad. It is then used to create illicit products or is added to other substances as such as cocaine and heroin.
- Individuals may use fentanyl intentionally or may use it unknowingly as a result of contamination, or it being added to another substance.
- Even in small doses, fentanyl can lead to a fatal overdose.
- Carfentanil is significantly more toxic than fentanyl. Waterloo Region Police Services drug seizures from the past two years have revealed the presence of carfentanil in the local drug supply, including an increase in carfentanil seizures in 2018 (CBC News, 2018).

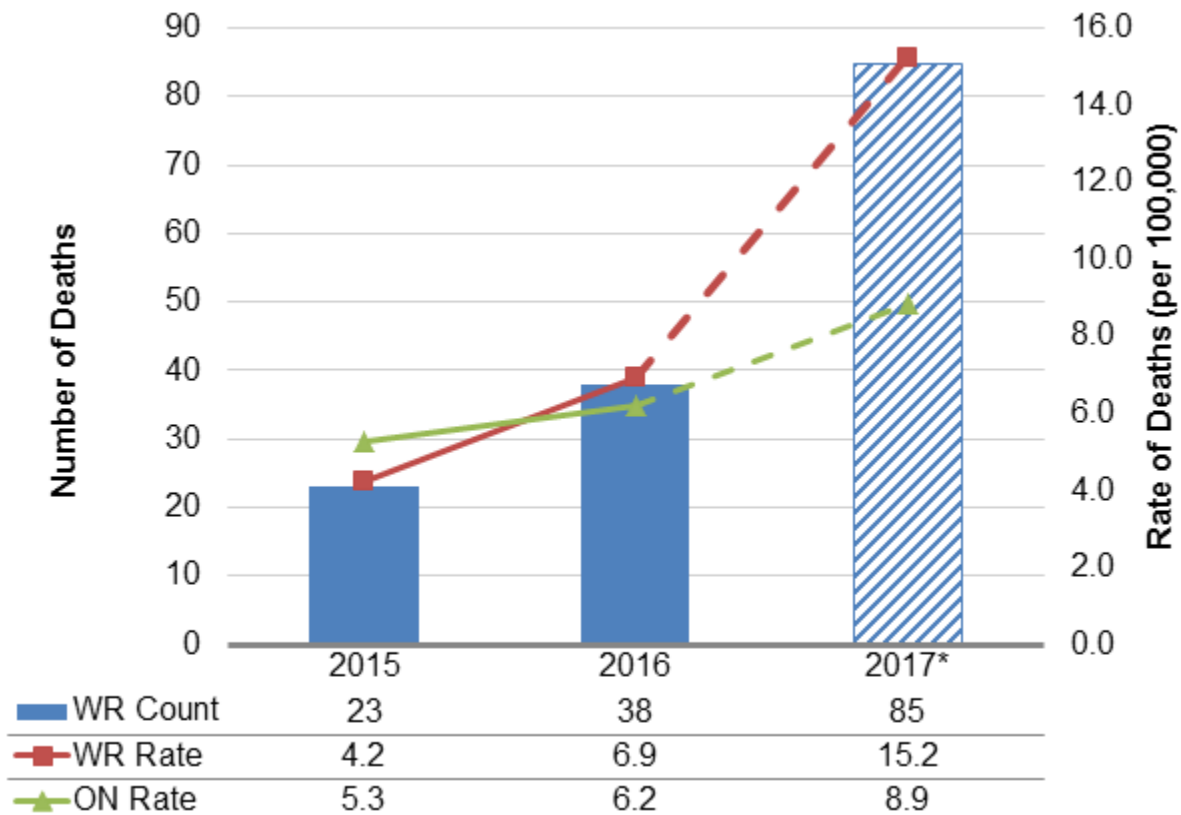
Prescription opioids also contribute to the opioid crisis. People, who become addicted to opioids as a result of an injury or chronic pain, may resort to purchasing opioids on the street when prescriptions are ended. A recent report from Health Quality Ontario, a branch of the provincial government, provides opioid prescribing statistics for Ontario. Data revealed that more than 9 million prescriptions for opioids were filled in 2015/16, up from 450,000 three years earlier. Nearly two million people (or one in seven Ontarians) fill prescriptions for opioids every year (Health Quality Ontario, 2017).

Update on Opioid Data for Waterloo Region

Data shared with Community Services Committee on December 5th, 2017, provided a snapshot of the impact of opioid addiction and overdose on Waterloo Region residents (refer to PHE-IDS-17-10). At that time, it was shared that, of a sample of people who use substances in Waterloo Region (n=388), 1 in 10 had experienced an overdose and 1 in 5 knew someone who had overdosed (Region of Waterloo Public Health and Emergency Services, 2017). More recently, findings from the Waterloo Region Supervised Injection Services Study revealed a higher prevalence of overdose among people surveyed (n=146). Almost 40 per cent had experienced an overdose, with 65 per cent of those occurring in the last year (Region of Waterloo Public Health and Emergency Services, 2018).

The growing severity of opioid use in Waterloo Region is evident in the number of opioid related deaths reported by the Office of the Chief Coroner for Ontario. In 2015, there were 23 opioid related deaths in Waterloo Region and in 2016, this number rose to 38. Preliminary Coroner data for 2017 reveals fatal overdose more than doubled between 2016 and 2017 with 85 opioid-related deaths, even higher than the 71 fatal overdoses originally suspected by Waterloo Regional Police Services (Waterloo Region Integrated Drugs Strategy, 2018). These numbers represent a 270 per cent increase in three years. The overdose death rate in Waterloo Region was higher in 2016 and 2017 when compared to the provincial rate (refer to Figure 1). According to the Waterloo Regional Police Service the suspected total number of overdose deaths for 2018 (Jan-April 26th) is 13, with 155 total overdoses for the same time period.

Figure 1. Opioid-Related Deaths and Death Rates, Waterloo Region and Ontario, by year, 2015-2017



Note: Death data for August to December, 2017 is considered preliminary and subject to change as remaining cases are closed by the Office of the Chief Coroner of Ontario. The data includes both confirmed and probable cases. Probable cases are those for which the investigation to determine cause of death is ongoing.

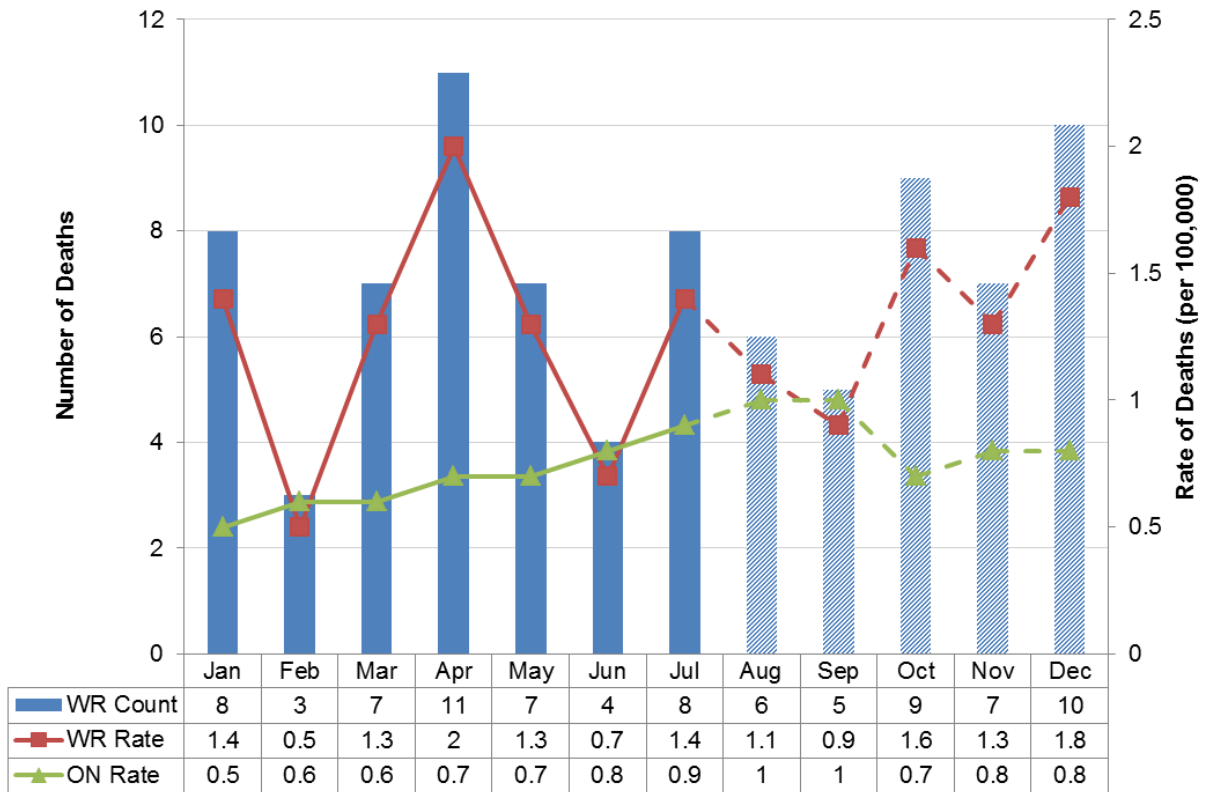
Sources:

Ontario Related Death Database, 2017, Office of the Chief Coroner for Ontario, extracted from [PHO Interactive Opioid Tool](#) on May 28, 2018

Population Projections, 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth ONTARIO, extracted March 8, 2018

In 2017, the number of opioid-related deaths fluctuated month to month with rates remaining above that of the province for most of the year (refer to Figure 2).

Figure 2. Opioid-Related Deaths and Death Rates, Waterloo Region and Ontario, by month, 2017



Note: Death data for August to December, 2017 is considered preliminary and subject to change as remaining cases are closed by the Office of the Chief Coroner of Ontario. The data includes both confirmed and probably cases. Probable cases are those for which the investigation to determine cause of death is ongoing.

Sources:

Ontario Related Death Database, 2017, Office of the Chief Coroner for Ontario, extracted from [PHO Interactive Opioid Tool](#) on May 28, 2018

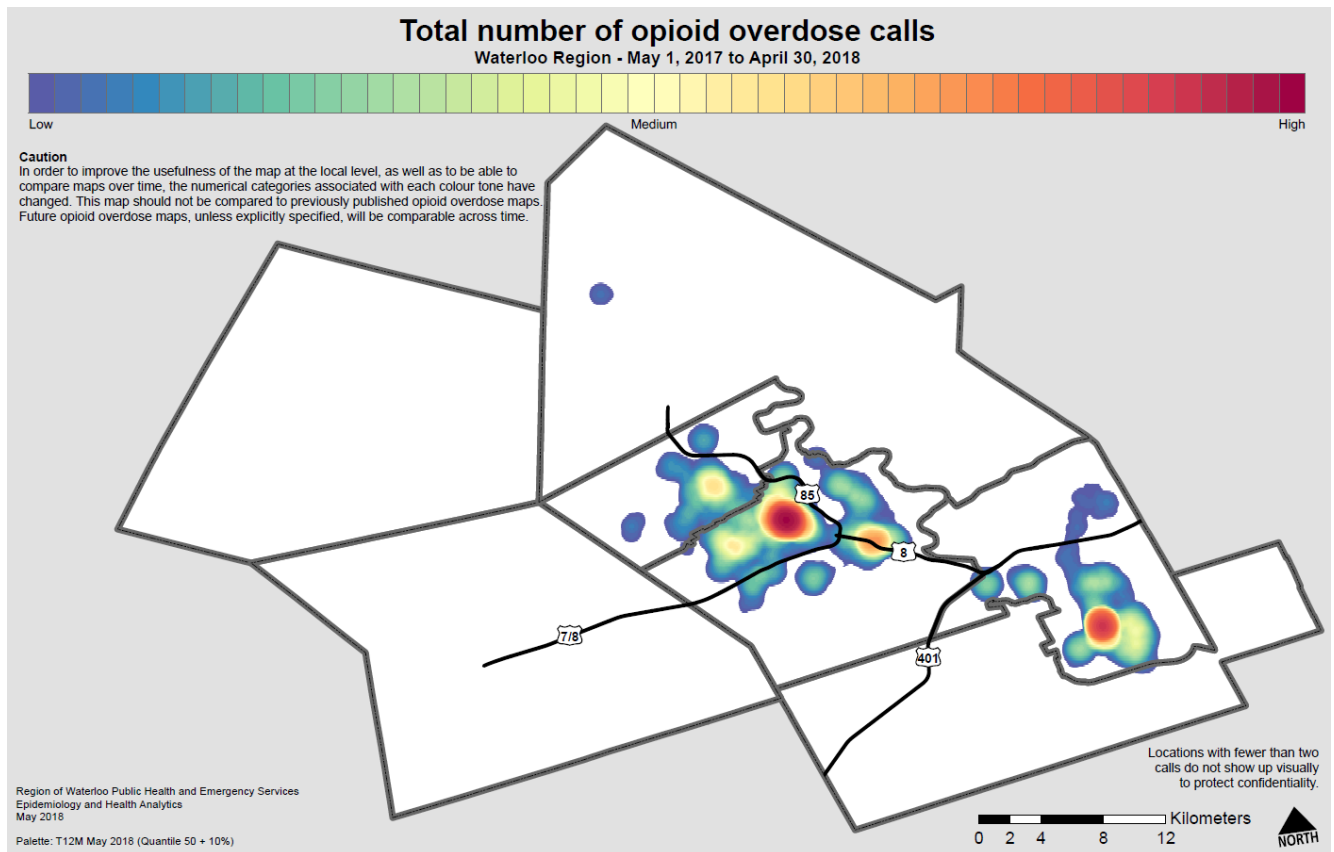
Population Projections, 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth ONTARIO, extracted March 8, 2018

Paramedic Services naloxone administrations are lower for the first four months of 2018 (as of April 2018) with naloxone administered to 24 patients, a 64% decrease from the 67 at the same time point in 2017. According to Paramedic Services, this is likely due of the increased availability of naloxone in the community and the strategy of promoting ventilations over naloxone as a treatment by paramedic services to reduce the effects of overdose. Between January and March 2018, 1,308 naloxone kits were distributed in Waterloo Region. For 2018 year-to-date, most opioid overdose related Paramedics

Service calls and naloxone administrations were for patients aged 20 to 34 years.

The number of overdose related calls to Paramedic Services continues to increase; as of April 2018, Paramedic Services had responded to 242 overdose related calls, a 6% increase from the 229 calls at the same point in time in 2017. Region of Waterloo Paramedic Services opioid related overdose calls in Waterloo Region (May 1, 2017 to April 30, 2018) by location show opioid use and overdose to be a region-wide issue with concentration in Central Kitchener and South Cambridge (refer to Figure 3). (Note: The heat map presented in Figure 1 is not comparable with previously released heat maps as the methodology to produce the map has changed to allow for inclusion of most recent data, comparability to future maps if there are upward trends in calls, and improvement in the gradients of colors used to represent call volumes.) It is also important to note that overdoses occur in a variety of settings as summarized in Table 1. Analysis of Waterloo Region Paramedic Services calls by location type shows an equal split of calls coming from privately-owned residences versus other locations in both Kitchener and Cambridge. Proportions shift for Waterloo and the Townships where more calls are received from private homes.

Figure 3. Distribution of Opioid-Related Overdose Paramedic Services Calls, Waterloo Region, May 1, 2017 – April 30, 2018



Sources:

Region of Waterloo Paramedic Services Electronic Patient Care Record (ePCR), 2017. Extracted: May 2018.

Ambulance Dispatch Reporting System (ADRS), 2017. Extracted: May 2018.

Table 1. Number and per cent of suspected opioid overdose related calls, by location type and municipality, Waterloo Region, 2017

| Municipality | Private home | Other |
|------------------------|--------------|------------|
| Cambridge | 50% | 50% |
| Kitchener | 49% | 51% |
| Waterloo | 68% | 32% |
| Townships | 69% | 31% |
| Waterloo Region | 52% | 48% |

Notes: Classification of call response location type as “private home’ includes house,

townhouse, apartment, condominium

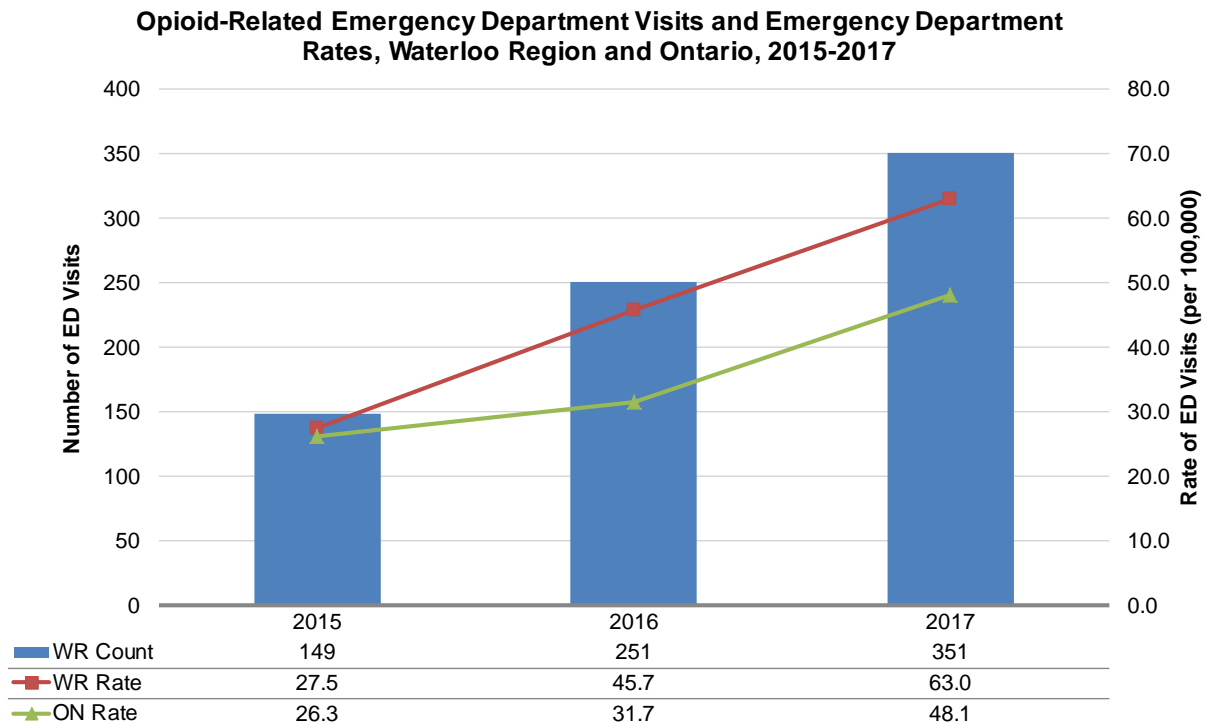
Classification of call response location type as 'other' includes other non-private types of accommodation (i.e. hotel, shelter, nursing home), public buildings (i.e. restaurants, office buildings, shopping malls) and outdoor locations (i.e. park, street).

Source:

Region of Waterloo Paramedic Services Electronic Patient Care Record (ePCR), 2017. Extracted: March 12, 2018.

Local emergency departments have also seen the effects of the opioid crisis. There was a 136 per cent increase in opioid-related emergency department visits in Waterloo Region from 2015 (149 visits) to 2017 (351 visits). The rate of opioid related emergency department visits for 2016 and 2017 in Waterloo Region was higher than the provincial average (refer to Figure 4).

Figure 4. Opioid-related Emergency Department Visits and Rates, Waterloo Region and Ontario, by year, 2015-2017



Sources:

National Ambulatory Care Reporting System (NACRS), 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted March 8, 2018

Preliminary ED Visits (October – December, 2017 extracted from [PHO Interactive Opioid Tool](#) on March 8, 2018)

Population Projections, 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth ONTARIO, extracted March 8, 2018

Waterloo Region’s Integrated Response

Since 2012, the Waterloo Region Integrated Drugs Strategy has been working to address issues of substance use and addiction, including opioid addiction and overdose. While direction from the Ministry of Health and Long-Term Care in 2017 requires public health units to support the development or coordination of opioid response plans, given the existing partnerships and collective approach in the region, creating the plan through the Waterloo Region Integrated Drugs Strategy was both practical and appropriate. It is recognized that problematic substance use is a complex community issue requiring comprehensive social determinants of health solutions, partnership across multiple sectors, integration of services, and the involvement of people directly impacted by substance use and their communities. Recognizing this,

and building on the existing work of the Waterloo Region Integrated Drugs Strategy, a Special Committee on Opioid Response was struck in February 2018, to develop the Waterloo Region Opioid Response Plan.

Special Committee on Opioid Response

The Special Committee is co-chaired by the Waterloo Region Integrated Drugs Strategy and Public Health with cross-sectoral representation that includes key decision makers. For a full membership list, refer to Attachment 1. The Special Committee will initially operate for one year, at which time the need and purpose of the committee will be reassessed. The objectives of the Special Committee are:

- To plan, coordinate, and monitor a comprehensive, integrated, and collaborative community opioid response;
- To facilitate decision making about key strategies to address the opioid situation;
- To identify strategic gaps in the community (current) opioid response;
- To reflect opioid response strategies organized by the four pillars;
- To emphasize an integrated approach (the fifth pillar) aimed to make connections across the four pillars to support strategy implementation; and
- To support strategic and timely communication with community partners and the public, providing common messaging for decision makers and community champions

Opioid Response Plan

The Waterloo Region Opioid Response Plan (refer to Attachment 2) details our community's comprehensive and integrated response to opioid issues. Although the scope of the plan is focused on the community opioid response, it identifies opioids as one family of drugs that are part of the broader issue of problematic substance use, a complex health issue which intersects with the social determinants of health. The plan includes:

- A description of the federal and provincial opioid response to date
- Opioid-related data for Waterloo Region
- A list of existing opioid response strategies currently underway in Waterloo Region
- Proposed strategies for Waterloo Region to further address opioid issues.

The plan is organized by the four pillars of the Waterloo Region Integrated Drugs Strategy and highlights the fifth principle of integration.

The Plan was informed by an environmental scan of opioid response plans from other communities, by direction from the Special Committee, and by input from a cross-sectoral key stakeholder consultation, including people with lived experience of

substance use. Over sixty people participated in the consultation and played a key role to:

- Validate, revise and/or identify existing activities that were happening in Waterloo Region related to opioids but that were absent from the plan;
- Share and discuss gaps in our region's current response to opioid-related issues; and
- Identify strategies that are needed to address the gaps identified.

The input obtained from the consultations was analyzed for common ideas and strategies. Strategies that were deemed in scope (i.e. address opioid-related issues) were added to the Plan. Input deemed outside of scope for the Plan, but still important in the broader context of substance use, was referred to the Waterloo Region Integrated Drugs Strategy for consideration. The following strategies, organized according to the four pillars and the fifth principle of integration, are included in the Waterloo Region Opioid Response Plan, and represent the overarching areas of work to address the current context of opioid use and overdose in our community. The strategies shared in the following section are described at a high level. More detailed descriptions of each strategy are included in the full plan, provided in Attachment 2.

Pillar 1: Prevention

The focus of the prevention pillar is to prevent or delay the onset of substance use and address the root causes of problematic substance use. As such, the breadth of substance (opioid) use prevention work can be very large. Addressing root causes of use begins with children and youth, and fits within a broader context of the social determinants of health. It also may focus on health care policy and practice to prevent addiction from occurring as a result of prescription medication use.

Current Strategies in Waterloo Region:

1. Caregivers and youth substance use education/awareness strategy
2. Curriculum enhancement strategy for elementary and secondary grades
3. Healthcare provider strategy to improve opioid prescribing and dispensing practices
4. Youth engagement strategy (exploration)

Proposed Strategies:

1. Youth engagement strategy for Waterloo Region (i.e. "Youth in Iceland")
2. Further expand caregivers and youth substance use education/awareness strategy

Pillar 2: Harm Reduction

The focus of the harm reduction pillar is to reduce harms to individuals and communities resulting from problematic substance use. Harm reduction uses evidence based approaches to keep people and communities' safe and prevent death, disease, and other harmful consequences of drugs use and higher risk behaviour.

Current Strategies in Waterloo Region:

1. Expansion of the Needle Syringe Program and outreach
2. Expansion of the Naloxone Distribution Program
3. Overdose and response training
4. Hosting Overdose Awareness Day to support people grieving an overdose loss
5. Exploring Supervised Consumption Services
6. Exploring Overdose Prevention Sites
7. Street Outreach and Peer Programs

Proposed Strategies:

1. Implement strategies to prevent overdose deaths by establishing places for people to use substances under the care of trained staff (e.g. supervised consumption services)

Pillar 3: Recovery and Rehabilitation

The focus of the recovery and rehabilitation pillar is to improve the physical and emotional wellbeing of people who use or have used substances. Intake, addiction treatment, mental health support and supportive living represent activities related to this pillar.

Current Strategies in Waterloo Region:

1. Central intake line (HERE247)
2. Rapid Access Addiction Medicine clinics
3. Withdrawal management services
4. Substance use counselling services
5. Substance use day treatment
6. Substance use residential treatment
7. Supportive housing for people with a history of substance use and addiction
8. Continued advocacy for more treatment resources
9. Opioid replacement therapy services
10. Advocacy for integrated housing for people with problematic substance use and mental health issues

Proposed Strategies:

1. Expand Rapid Access Addiction Medicine clinics
2. Opioid Replacement Therapy for residential treatment

Pillar 4: Enforcement and Justice

The focus of the enforcement and justice pillar is to address community safety, crime, and disorder resulting from substance use. It includes partnerships with police, courts, corrections and community reintegration services. Partners working in this pillar play a crucial role in shifting the dialogue from criminalization of addiction to addressing the roots causes of crime, while focusing efforts on drug traffickers.

Current Strategies in Waterloo Region:

1. Good Samaritan Drug Overdose Act implementation strategy
2. Justice system diversion programs
3. Regional Investigative Drug Strategy

Proposed Strategies:

1. Build community capacity to implement Law Enforcement Assisted Diversion (LEAD)

Pillar 5: Integration and Communication

The four pillared approach of the Waterloo Region Integrated Drugs Strategy (WRIDS) is underscored with the principle of integration connecting work across pillars, sectors, and partners. Various strategies work across all pillars. For example, some may involve multi-sectoral partnerships or outcomes of work in one pillar may have dramatic impacts on another. Coordinated communication is central to convey the interconnection between pillars and to integrate the work of partners across the pillars.

Current Strategies in Waterloo Region:

1. Waterloo Region Integrated Drugs Strategy
2. Waterloo Region Integrated Drugs Strategy website and social media strategy
3. Overdose, Monitoring, and Alert Response System (OMARS)
4. Integrated Emergency Response to Multi-Casualty Incident (Opioid Overdoses)
5. Integrated opioid response communications strategy

Proposed Strategies:

1. Seamless care pathway strategy
2. Health care provider education and anti-stigma strategy
3. Community anti-stigma communications strategy
4. Social and corporate impact investment strategy
5. Pain management strategy (knowledge and services)

Next Steps: Priority Setting and Action Plans

Through the stakeholder consultation, an initial set of seven priority strategic actions were identified. Over the summer of 2018, the Special Committee will be reviewing the identified priorities, as well the existing strategies in the plan and engaging in a prioritization process to select a small number of strategies to focus on in coming year. Action plans will be developed for the strategies prioritized by the Special Committee

and will identify leads and partners for implementation, specific activities and associated timelines, as well as indicators of success.

Accountability

As part of Public Health's mandate, the Waterloo Region Opioid Response Plan, if endorsed by Regional Council, will be submitted to the Ministry of Health and Long-Term Care to meet the requirements to improve local opioid response capacity. Other accountability measures include semi-annual reports to Regional Council that will provide updates on the implementation plan.

Long Term Outcomes

The Special Committee will initially operate for one year, at which time the lifespan of the committee will be reassessed and a formal progress report will be generated. Long term outcomes will be monitored as part of the ongoing work of the Waterloo Region Integrated Drugs Strategy.

Ontario Public Health Standards:

Harm reduction planning, program and service provision relates to requirements 11 and 12 in Sexual Health, Sexually Transmitted Infections and Blood-borne Infections (including HIV) Standard.

Ministry of Health and Long-Term Care Harm Reduction Program Enhancement requirement to improve local opioid response capacity and initiatives through the development of a community opioid response plan.

Corporate Strategic Plan:

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

Financial Implications:

In 2017, an additional allocation of \$250,000 in 100 percent base funding was introduced by the Ministry of Health and Long-Term care to support a Harm Reduction Program Enhancement. These funds in part support the department's local opioid response.

Planning and other supports provided by Region of Waterloo Public Health are covered under the department's existing cost shared base budget for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy.

Other Department Consultations/Concurrence:

Members of the Special Committee on Opioid Response and key stakeholders were consulted and provided input to the Waterloo Region Opioid Response Plan (see Attachment 1, pg. 20 for list of membership).

Attachments:

Attachment 1 - Waterloo Region Integrated Drugs Strategy Special Committee on Opioid Response Membership

Attachment 2 - [Waterloo Region Opioid Response Plan](https://www.regionofwaterloo.ca/en/regional-government/resources/Reports-Plans--Data/Public-Health-and-Emergency-Services/Waterloo-Region-Opioid-Response-Plan.pdf)

<https://www.regionofwaterloo.ca/en/regional-government/resources/Reports-Plans--Data/Public-Health-and-Emergency-Services/Waterloo-Region-Opioid-Response-Plan.pdf>

Prepared By: **Eve Nadler**, Health Promotion and Research Analyst
Grace Bermingham, Manager, Information, Planning and Harm Reduction

Approved By: **Dr. Hsiu-Li Wang**, Acting Medical Officer of Health
Anne Schlorff, Acting Commissioner

Attachment 1 - Waterloo Region Integrated Drugs Strategy Special Committee on Opioid Response Membership

| | |
|---|--|
| Tim Anderson/Tanja Curic | City of Waterloo |
| Craig Ambrose | Waterloo Region Police Service, Chair of Enforcement and Justice Coordinating Committee |
| Douglas Bartholomew-Saunders/Deb Schlichter | Region of Waterloo Community Services |
| Dr. Mike Beazely (Co-Chair) | School of Pharmacy, Chair of WRIDS Steering Committee |
| Grace Bermingham | Region of Waterloo Public Health, Co-Chair of Harm Reduction Coordinating Committee |
| Marian Best | Cambridge Shelter Corp., Co-Chair of Rehabilitation and Recovery Coordinating Committee |
| David Brenneman | Woolwich Township |
| Dan Chapman | City of Kitchener |
| Gary Dyke/Dennis Purcell | City of Cambridge |
| Stephen Gross | Kitchener Downtown Community Health Centre, Co-Chair of Harm Reduction Coordinating Committee |
| Bryan Larkin/Craig Ambrose | Waterloo Region Police Services |
| Bruce Lauckner/Rebecca Webb | Waterloo-Wellington Local Health Integration Network |
| Jonathan Mall | Region of Waterloo Public Health, Chair of Prevention Coordinating Committee |
| Pam McIntosh | House of Friendship, Co-Chair of Rehabilitation and Recovery Coordinating Committee |
| Judy Merkel | Waterloo Catholic District School Board |
| Eve Nadler | Region of Waterloo Public Health |
| Dr. Liana Nolan/Dr. Hsiu-Li Wang (co-Chair) | Region of Waterloo Public Health |
| Karen Quigley-Hobbs | Region of Waterloo Public Health |
| Don Roth | Canadian Mental Health Association of Waterloo Wellington |

| | |
|---|---|
| Peter Rubenschuh | Waterloo Region District School Board |
| Christiane Sadeler/Michael Parkinson | Waterloo Region Crime Prevention Council |
| Lindsay Sprague | Waterloo Region Integrated Drugs Strategy Coordinator |
| Chief Stephen VanValkenburg/Rob Crossan | Paramedic Services, Region of Waterloo Public Health |

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Report: PHE-PSV-18-03

Region of Waterloo

Public Health and Emergency Services

Paramedic Services

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

Date: June 19, 2018 **File Code:** P05-80

Subject: **Community Paramedicine Program in Waterloo Region**

Recommendation:

That the Regional Municipality of Waterloo approve the addition of 2.0 full time equivalent staff to implement and operate a community paramedicine program in the region; and

That the 2017 Operating Budget for Public Health and Emergency Services be increased by \$246,000 gross and \$0 net Regional Levy as described in Report PHE-PSV-18-03, dated June 19, 2018.

Summary:

The WWLHIN has announced they will provide \$246,000 in base funding towards the implementation of a Community Paramedicine Program in Waterloo Region. The intent of the funding is to reduce unnecessary emergency department (ED) visits, hospital admissions, and address insufficiencies in timely access to care for high risk, high user and vulnerable populations. Paramedic Services data confirms the need to address such service issues. As an example, Paramedic Services data indicates that 7% of all patients using our services generated 23% of the total calls for the year and were more likely to present with less or non-urgent problems. Implementing a Community Paramedic program is further supported by the goals of Paramedic Services' 2017-2027 Master Plan. In order to start to see patients, a project plan is currently being designed and roll-out will be implemented as soon all steps are in place, including an evaluation component.

Report:**Background**

On March 27, 2018, the WW-LHIN Board approved \$246,000 of base funding to support the development and implementation of a Community Paramedicine (CP) program within the Region; Appendix A is the approval letter from the WW-LHIN. The first year of funding runs from April 1st of 2018 to March 31st of 2019. The original proposal from Region of Waterloo Paramedic Services to the WW-LHIN (see Appendix B) requested \$351,000 but the program was designed to be scalable to the level of funding that would be allocated to the program. The intent of this funding is to reduce unnecessary emergency department (ED) visits, hospital admissions, and long term care placements, while addressing system insufficiencies in timely access to care for high risk, vulnerable populations; insufficient or inequitable access to primary care; and unnecessary ambulance transport to local EDs that add strain on the paramedic system and local hospitals.

Program Scope

In identifying key steps toward implementing an effective Community Paramedicine Program that supports the broader health care system, it would be imperative to have partnerships, collaborations, and resource sharing amongst varied health care providers and community service organizations. Fiscal challenges within health care funding highlights the need to reduce or eliminate duplication of services in achieving the objective of health care for all.

With an overarching goal of optimizing our local health care system's performance, and guided by a systems-based approach, the WW-LHIN approved Paramedic Services' recommendation in consultation with its health system partners that the Region of Waterloo's Community Paramedicine Program focus on the following identified population groups and activities:

Proposed Rollout for First Year of Program Implementation:

- Phase 1a High Users of the Emergency Department
- Phase 1b High Users of 911 Paramedic Services
- Phase 1c Referrals from 911 Paramedic Services
- Phase 1d 911 transports to the Emergency Department that leave against medical advice (AMA)

Future Proposed Rollout

- Phase 2 Specialized Geriatric Services Clinical Outreach Team
- Phase 3 Shelter Referrals

- Phase 4 Supportive Housing Referrals and Other Opportunities

The Community Paramedic's role will be to enhance the delivery of community and health care services to the patients who are enrolled in the program. This will be achieved through scheduled home visits, which will include an overall health appraisal. This assessment will evaluate health risk factors, and provide health and community care referrals along with assistance with system navigation. The Community Paramedic will aim to be an advocate for these patients outside of the hospital environment, and within the patients' familiar surroundings (i.e., residence, shelter, etc.)

Community Paramedicine Program Goals & Objectives

The objective of the Community Paramedicine Program is to provide appropriate support to the target patient populations identified through research or referral. This support may include the following:

- Navigating patients to appropriate community resources
- Ensuring patients connect with their primary care physician
- Referring patients to Home and Community Care Coordinators at the WWLHIN
- Directing patients to Specialized Geriatric Services Clinical Outreach Teams
- Determining whether patients need short term assistance or will require long term support
- Directing patients to the emergency department when needed

The main goals of the Community Paramedicine Program are to:

- Reduce emergency department visits
- Experience fewer requests for Paramedic Services
- Keep the aged population 'healthy at home'
- Improve the knowledge of self-care and available community supports for all patient groups
- Reduce costs at the hospital level
- Reduce costs to Paramedic Services and the Region of Waterloo
- Improve the patient and caregiver experience and outcomes
- Improve the connections between those providing health and social services within the Region

Tracking and Monitoring Key Performance Indicator Metrics

In order to understand and evaluate the function and overall impact of the Community Paramedicine Program, procedures are being established to ensure that collection of data pertinent to the measurement of processes, services, and outcomes is achieved. This includes mechanisms for tracking key performance metrics that reflect the contributions towards improved patient outcomes and continued cost effectiveness

relative to other available service options versus those resulting from Community Paramedic intervention.

In the first twelve months, the key performance metrics based on the relevant indicators that the WWLHIN provides to the Ministry of Health and Long Term Care will be tracked and reported quarterly. This may include:

- Enrolment rate of eligible patients
- Number of Community Paramedic visits per enrolled patient
- Any adverse events per enrolled patient
- Length of enrollment in Community Paramedicine (CP) Program
- Number of community referrals
- Decrease in 9-1-1 calls relative to pre-CP program level – per client
- Number of off-hour CP requests
- Number of avoidable ED visits expressed as decrease to hospital utilization
- Number of residents on waiting list
- Financial reporting – per WWLHIN requirement
- Client satisfaction
- Total visits to the emergency department for enrolled patients
- Total number of hospital admissions for enrolled patients
 - 30-day re-admissions for chronic conditions
- Patient demographics (i.e., Age, gender, etc.)
- Specific interventions provided per patient

Additional qualitative or quantitative measures will be collected and disseminated as directed by the WWLHIN for the purposes of meeting future needs and plans.

Staffing Requirement

The staffing compliment required to initiate and run the proposed program plan will be the equivalent of 2.0 FTE, consisting of a combination of Paramedic Administration (Oversight), Paramedics and co-coordination of resources.

Corporate Strategic Plan:

Strategic Plan Focus Area 4 .4

The Community Paramedicine Program will support the strategic objective to promote and support healthy living, and prevent disease and injury. Further, this program also supports Objective 4.4.2, which is to optimize Paramedic Services to improve service standards as a part of Paramedic Services' 2017-2027 Master Plan.

Strategic Plan Focus Area 5.4

The Community Paramedicine Program is a collaborative approach that will support the

strategic objective to ensure regional programs and services are efficient, effective and provide value for money. The program also supports Objective 5.4.4, which is to strengthen the Region of Waterloo's capacity to innovate and develop new efficient and effective solutions to the changing needs of the diverse community.

Financial Implications:

The Community Paramedicine Program's operational funding will be provided 100% by the WW-LHIN as base funding, as approved by their Board of Directors on March 27, 2018. Internal, in-kind resources to support the program will include use of Paramedic Services' computers, and the physical space to house the community paramedics.

Other Department Consultations/Concurrence:

IT Services

Attachments

Appendix A: Approval Letter from the WW-LHIN

Appendix B: The original proposal from Region of Waterloo Paramedic Services to the WW-LHIN is available at: https://www.regionofwaterloo.ca/en/regional-government/resources/Reports-Plans--Data/Public-Health-and-Emergency-Services/MobileIntegratedHealthCareProgram_Proposal

Prepared By: Stephen Van Valkenburg, Director/Chief Paramedic Services

Approved By: Dr. Hsiu-Li Wang, Acting Medical Officer of Health
Anne Schlorff, Acting Commissioner

Appendix A: Approval Letter from the WW-LHIN

Waterloo Wellington LHIN

141 Weber Street, South
Waterloo, Ontario N2J 2A9
519-748-2222
Toll Free: 1 866 306-5446
www.waterloowellingtonlin.on.ca

May 30, 2018

Ms. Constance Lacy
Director, Seniors' Services
The Regional Municipality of Waterloo
247 Franklin St N
Kitchener, ON N2A 1Y5

Dear Ms. Lacy:

Re: Base Funding to Support Community Paramedicine FY2018-19

The Waterloo Wellington Local Health Integration Network (WWLHIN) is pleased to advise The Regional Municipality of Waterloo (RMoW) that it will receive annualized base funding up to \$246,000 in the 2018-19 fiscal year to be used to support Community Paramedicine (CP) initiatives. These initiatives will provide community-based, non-emergency care by paramedics in specific communities based on service gaps, health outcomes and appropriateness of the model.

This funding is to be used to support CP programming, a model of community-based health care in which paramedics utilize their training and expertise in community-based, non-emergency care roles, outside their customary emergency response and ambulance transport roles. These programs could offer significant improvements in the health of seniors and other vulnerable patients by reducing unnecessary emergency department visits, hospital admissions, and long term care placements.

Waterloo Region EMS will be initiating their programming in 18/19, through a phased approach, beginning with working with the LHIN and local hospitals to identify high users. It is expected that Waterloo Region Emergency Medical Services engage and work closely with the WWLHIN Home and Community Care Division, Primary Care, and other system partners to identify an innovative, responsive and integrated model for service delivery that enhances coordination through defined processes and linkages, developed prior to program implementation.

.../3



The Regional Municipality of Waterloo
Base Funding to Support Community Paramedicine FY2018-19

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Optimization, and consistencies in policy and practice of a Regional CP model across both Waterloo Region and Guelph Wellington EMS systems is essential. Both EMS services will examine opportunities to support inter-agency capacity for the delivery of CP services, shared analytic and coordination resources across the WWLHIN, and opportunities for integration with other system priority areas of investment (opioid strategy, Telehomecare expansion, supportive housing, etc.)

The Community Paramedicine Program, upon identification of priority/targeted residents for the program, will utilize the most appropriate models for care including Remote Patient Monitoring. This will be based on their reasons for eligibility in the program as well as their geographic location, with the objective to maximize the residents benefiting from the program with the limitations in resources.

Annual reporting on community paramedicine activities and remote patient monitoring activities (if applicable) will be through the provincial Community Paramedicine Data Reporting Tool (attached). Submit reports to reports@lhins.on.ca, copying your MRP as noted below.

This funding is to be attributed to the functional centres and service types as follows:

| Functional Centre | Functional Centre Description | Service Type | Current Annual Target | Additional Annual Target | Revised Annual Target |
|-------------------|-------------------------------|----------------------------------|-----------------------|--------------------------|-----------------------|
| 72 5 30 80 05 | Community Paramedicine | Total Cost for Functional Centre | \$0 | \$246,000 | \$246,000 |

Terms and Conditions of Funding:

RMoW acknowledges and agrees that:

The M-SAA is hereby amended by adjusting RMoW's funding in the 2018-19 fiscal year as detailed above effective April 1, 2018.

To the extent that there are any conflicts between what is in the M-SAA and what is added to the M-SAA by this letter in respect of the funding, the Terms and Conditions of this letter will govern. All other terms and conditions in the M-SAA will remain the same.

RMoW is required to maintain financial records for this allocation. Unspent funds, and funds not used for intended and approved purposes are subject to recovery by the WWLHIN.

The Regional Municipality of Waterloo
Base Funding to Support Community Paramedicine FY2018-19

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Please indicate RMoW's acceptance of the funding on the Terms and Conditions by signing below and returning this letter by e-mail (in PDF format) to reports@lhins.on.ca within two weeks from receipt of this letter.

Should you require any further information or clarification, please contact Ms. Shehnaz Fakim at 519-748-2222 or by email at Shehnaz.fakim1@lhins.on.ca.

Sincerely,



Bruce Lauckner
Chief Executive Officer

/s/

- c: Mr. Ken Seiling, Regional Chair, Region of Waterloo
Mr. Mike Murray, CAO, Regional Municipality of Waterloo
Mr. Douglas Bartholomew-Saunders, Commissioner of Community Services, Regional Municipality of Waterloo, Sunnyside Home Long-Term Care
Chief Stephen VanValkenburg, Region of Waterloo Paramedic Services
Mr. Michael Delisle, Chair, Board of Directors, Waterloo Wellington LHIN

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Council Enquiries and Requests for Information
Community Services Committee

| Meeting date | Requestor | Request | Assigned Department | Anticipated Response Date |
|---------------------|------------------|---|--------------------------------------|----------------------------------|
| 07-Mar-17 | B. Vrbanovic | Update on Evening Street Outreach Actions | Community Services | Spring 2018 |
| 09-Jan-18 | CS Committee | Update on the investigation into increased shelter usage and the work being done to move long term shelter residents to transitional housing | Community Services | May-2018 |
| 09-Jan-18 | CS Committee | Summary of the development of the housing first program and future priorities | Community Services | May-2018 |
| 30-Jan-18 | CS Committee | Provide a report looking at the municipal costs for needle disposal and consideration of providing funding to area municipalities to offset these costs; and the options and costs for additional resources to improve needle disposal throughout Waterloo Region | Public Health and Emergency Services | Late 2018 |



Waterloo Region **Opioid Response Plan**



Region of Waterloo
PUBLIC HEALTH AND
EMERGENCY SERVICES



WaterlooRegion
Integrated Drugs Strategy



Acknowledgements

The Waterloo Region Opioid Response Plan was developed in partnership by the Waterloo Region Integrated Drugs Strategy (WRIDS) Special Committee on Opioid Response with support from Region of Waterloo Public Health and Emergency Services.

We would like to extend our sincerest thanks to those who contributed their time and expertise to ensure the plan is informed by key stakeholders within Waterloo Region.

A number of individuals were involved in the development of the Waterloo Region Opioid Response Plan. They include:

Eve Nadler, Health Promotion and Research Analyst

Grace Bermingham, Manager, Information, Planning and Harm Reduction, Harm Reduction Coordinating Committee Co-Chair

Stephen Drew, Health Data Analyst

Arianne Folkema, Epidemiologist

Karen Quigley Hobbs, Director, Infectious Diseases, Dental and Sexual Health

Dr. Hsiu-Li Wang, Associate Medical Officer of Health, WRIDS Special Committee Co-Chair

Dr. Michael Beazely, School of Pharmacy, WRIDS Special Committee Co-Chair, WRIDS Chair

Lindsay Sprague, Waterloo Region Integrated Drugs Strategy Coordinator

Stephen Gross, Kitchener Downtown Community Health Centre, Harm Reduction Coordinating Committee Co-Chair

Marian Best, Cambridge Shelter Corporation, Recovery and Rehabilitation Co-ordinating Committee Co-Chair

Pam MacIntosh, House of Friendship, WRIDS Special Committee, Recovery and Rehabilitation Co-ordinating Committee Co-Chair

Sloden Lackovic, Waterloo Regional Police Services

Special thanks to all other members of the Waterloo Region Integrated Drugs Strategy Special Committee on Opioid Response:

- Tim Anderson/Tanja Curic, City of Waterloo
- Craig Ambrose, Waterloo Region Police Service, Enforcement and Justice Coordinating Committee Chair
- Douglas Bartholomew-Saunders/Deb Schlichter, Region of Waterloo Community Services
- David Brenneman, Woolwich Township

- Dan Chapman, City of Kitchener
- Gary Dyke/Dennis Purcell, City of Cambridge
- Bryan Larkin, Waterloo Region Police Services
- Bruce Lauckner/Rebecca Webb, Waterloo-Wellington Local Health Integration Network
- Jonathan Mall, Region of Waterloo Public Health, Prevention Coordinating Committee Chair
- Judy Merkel, Waterloo Catholic District School Board
- Dr. Liana Nolan, Region of Waterloo Public Health
- Peter Rubenschuh, Waterloo Region District School Board
- Christiane Sadeler/Michael Parkinson, Waterloo Region Crime Prevention Council
- Chief Stephen VanValkenburg/Rob Crossan, Paramedic Services, Region of Waterloo Public Health

Suggested Citation

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1.0 Introduction

1.1 Purpose and Scope

The Waterloo Region Opioid Response Plan details the community's comprehensive and integrated response to opioid issues. The content reflects the current status of Waterloo Region's response to opioid-related issues as of June 2018 and also includes strategies that have been proposed to address the opioid crisis more comprehensively. The plan will have an "evergreen" approach and adjustments will be made in response to community need and the rapidly changing context of the opioid situation.

Although the scope of the plan is focused on the community opioid response, it identifies opioids as one family of drugs that are part of the broader issue of problematic substance use. Problematic substance use is a complex health issue in our community and often intersects with other social determinants of health including poverty, mental health, homelessness, and social exclusion.

The plan includes:

- A description of the federal and provincial opioid response to date
- Opioid-related data for Waterloo Region
- A list of existing opioid response strategies currently underway in Waterloo Region
- Proposed strategies for Waterloo Region to further address opioid issues

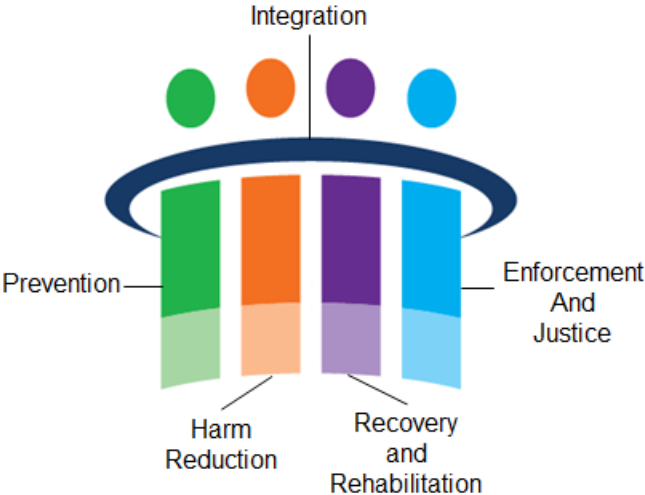
1.2 Waterloo Region Integrated Drugs Strategy Special Committee on Opioid Response

The Waterloo Region Integrated Drugs Strategy (WRIDS) has been working to address issues of problematic substance use and most recently, the opioid crisis. The Steering Committee and Sub-committees use a four pillar approach of prevention, recovery and rehabilitation, harm reduction, and enforcement and justice, with an underlying principle of integration.

Since 2012, the WRIDS has been working to address issues of substance use and addiction, including opioid addiction and overdose. While direction from the Ministry of Health and Long-Term Care in 2017 requires public health units to support the development or coordination of opioid response plans, given the existing partnerships and collective approach in the region, creating the plan through the WRIDS was both practical and appropriate. Problematic substance use is a complex community issue requiring comprehensive social determinants of health solutions, partnership across multiple sectors, integration of services, and the involvement of people directly impacted by substance use and their communities.

The Special Committee was struck in February 2018 to lead Waterloo Region’s opioid response and is co-chaired by the WRIDS and Public Health with cross-sectoral representation that includes key decision makers. For more information on the structure of the WRIDS and the Special Committee, see Appendix A. The Special Committee will initially operate for one year, at which time the need and purpose of the committee will be reassessed. The objectives of the Special Committee are:

- To plan, coordinate, and monitor a comprehensive, integrated, and collaborative community opioid response
- To facilitate decision making about key strategies to address the opioid situation
- To identify strategic gaps in the community (current) opioid response
- To reflect opioid response strategies organized by the four pillars
- To emphasize an integrated approach (the fifth pillar) aimed to make connections across the four pillars to support strategy implementation
- To support strategic and timely communication with community partners and the public, providing common messaging for decision makers and community champions



1.3 Stakeholder Consultation

Development of the Waterloo Region Opioid Response Plan was informed by an environmental scan of opioid response plans from other communities, direction from the Special Committee, and input from a cross-sectoral key stakeholder consultation. Stakeholders included members of the WRIDS Steering Committee, Coordinating Committees, and working groups, including people with lived experience of substance use. They had the opportunity to validate and revise existing strategies happening in Waterloo Region, identify ones that may have been missed, propose enhancements or new strategies to address gaps in our community's opioid response, and suggest

priorities. Stakeholder input was reviewed using a decision making framework developed by the Special Committee for selection and inclusion of strategies within scope for the plan. Input that was important in the broader context of substance use, but outside of the scope of opioid response, was referred to the WRIDS for consideration.

2.0 Problematic Substance Use

2.1 What is Problematic Substance Use?

Alcohol and other drugs are used by many people without encountering problems, despite the risks. Some people can end up drinking or using drugs in ways that create problems for them, their families, and the community. Substance use becomes problematic when it interferes with physical or mental health, schooling or a job, relationships, financial stability, personal safety, and the safety of others (Centre for Addiction and Mental Health, 2012).

Addiction is a health condition characterized by the inability to stop using despite knowing the harmful consequences and wanting to stop. It involves psychological dependence and/or physical dependence on a substance for normal functioning. One simple way of describing addiction is the presence of the 4 Cs: craving, loss of control of amount or frequency of use, compulsion to use, use despite consequences (Centre for Addiction and Mental Health, 2012).

According to the National Institute on Drug Abuse, addiction is a “chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her” (National Institute on Drug Abuse, 2016). Research shows that addictive disorders are health conditions and can be treated (Notarandrea, 2018).

2.2 Problematic Substance Use and the Social Determinants of Health

The causes of problematic substance use and addiction are complex, nobody chooses to be addicted. It is important to look at problematic substance use within the broader context of the social determinants of health. While a person’s individual circumstances may contribute to substance use becoming problematic, there is a complex combination of systemic, psychological, biological, social, economic, and other factors that create conditions of risk (Canadian Mental Health Association, 2018).

The social determinants of health are the social and economic conditions that play a significant role in wellness and therefore impact problematic substance use and addiction. In Canada, the social determinants of health include Aboriginal status, disability, early life, education, employment and working conditions, food insecurity, health services, gender and gender identify, housing, income and income distribution, race, sexual orientation, sexual exclusion, social safety net, unemployment and job security (Canadian Mental Health Association, 2018).

When it comes to problematic substance use, the experience of trauma, social isolation and exclusion, and poverty or lack of access to economic resources are the three social determinants of health that present the greatest risk (Canadian Mental Health Association, 2018). There is no single set of factors that account for the complex causes

of problematic substance use (Centre for Addictions and Mental Health, 2012); however, research has shown that there are things that can contribute to it being less likely. Protective factors include having a childhood with a positive adult role model, being motivated and having personal goals, involvement in meaningful activities, and being connected to a positive and reliable community of support (Canadian Mental Health Association, 2018). According to addiction researcher Johann Hari, “the opposite of addiction is connection” (Hari, 2015).

Social determinants of health also impact health outcomes for people once substance use has become problematic. (Region of Waterloo Public Health and Emergency Services, 2017). People who use substances tend to experience more challenges accessing mainstream health and social services, including being refused service, and report issues related to stigma and discrimination as a significant factor (Region of Waterloo Public Health and Emergency Services, 2017). The impacts of stigma and discrimination can include loss of self esteem, fear of seeking treatment, or feelings of isolation (Canadian Mental Health Association, 2018). Lack of housing options for people who use substances increases their risk of homelessness and further vulnerability (Region of Waterloo Public Health and Emergency Services, 2017).

3.0 The Opioid Crisis

In 2016, Health Canada described the rising numbers of overdose and overdose related deaths as a national public health crisis. The crisis is defined as a complex health and social issue with devastating consequences for individuals, families, and communities and requiring responses that are comprehensive, compassionate, evidence-based, and involve multi-sectoral collaboration (Health Canada, 2016). In a joint statement issued on November 19, 2017, the Federal Minister of Health and Ontario Minister of Health and Long-Term Care reported that Canada was facing a serious and growing opioid crisis marked by rising numbers of addiction, overdoses, and deaths.

Opioids are a family of drugs typically used to treat acute and chronic pain (Canadian Centre on Substance Abuse, 2015) (National Institute on Drug Abuse, 2014). Examples of prescription opioids include, but are not limited to fentanyl, hydromorphone, methadone, and oxycodone. Over the past several years there has been increasing concern regarding the misuse of prescription opioids, including overprescribing, and the appearance of these medications in the illicit drug market. The presence of fentanyl in the illicit drug market is of particular concern at this time.

Across Canada, opioid-related deaths are increasing. In 2016, there were 2,861 apparent opioid-related deaths nation-wide. From January to June 2017, there were 1,460 opioid-related deaths. Of these deaths, 74 per cent involved fentanyl or fentanyl analogues (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2017).

Fentanyl enters the market through diversion of pharmaceutical fentanyl products in pill, powder or patch form, or through importation or smuggling of pharmaceutical grade fentanyl from abroad. In turn, this is used to create illicit products or is added to other substances as such as cocaine and heroin. Individuals may use fentanyl intentionally or may use it unknowingly as a result of contamination, or it being added to another substance. Because fentanyl is potent, it can be fatal even in small doses. Carfentanil is an opioid that is significantly more toxic than fentanyl and has also been found in the local drug supply.

Prescription opioids also contribute to the opioid crisis. People, who become addicted to opioids as a result of medication prescribed to them for an injury or chronic pain, may resort to purchasing opioids on the street when prescriptions are ended. In 2016, more than 40,000 Ontarians were newly started on high doses of prescription opioids (Kudhail, 2018) and 29 per cent of Canadians aged 18 years and older recently reported having used some form of opioids in the last five years (Statistics Canada, 2018). A recent report from Health Quality Ontario, a branch of the provincial government, provides opioid prescribing statistics for Ontario. Data revealed that more than 9 million prescriptions for opioids were filled in 2015/16, up from 450,000 three years earlier. The report also revealed that Ontarians are being prescribed stronger opioids. Over the last three years, prescriptions for hydromorphone, an opioid

approximately five times stronger than morphine, increased by 30 per cent. Nearly two million people (or one in seven Ontarians) fill prescriptions for opioids every year (Health Quality Ontario, 2017).

3.1 Federal Action on Opioids – Health Canada

Under the Joint Statement of Action to Address the Opioid Crisis, Health Canada committed to take new action across the Health Portfolio. Led by the Minister of Health, the “Federal Action on Opioids” is a living body of work that is updated on the Health Canada website through quarterly progress reports (Government of Canada, 2016). Actions are organized by the four pillars as well as through a fifth category called Public Health Emergency Response (a link to the full plan is provided in Appendix B). The plan includes actions to:

- Improve prescribing practices
- Establish systems to monitor opioid prescribing rates
- Reduce access to pharmaceutical opioids
- Support better treatment options
- Delist and improve access to naloxone
- Support applications for exemption to the Controlled Drugs and Substances Act to support supervised injection services
- Support of Good Samaritan Drug Overdose Act
- Change Methadone prescribing guidelines so that physicians no longer require a federal exemption

3.2 Ontario’s Opioid Strategy - Ministry of Health and Long-Term Care

Ontario’s Opioid Strategy aims to prevent opioid addiction and overdose by “enhancing data collection, modernizing prescribing and dispensing practices, and connecting patients with high quality addiction treatment services” (Ministry of Health and Long-Term Care, 2017). Through the Opioid Strategy, the ministry is working to create a system where individuals will receive better and faster care, regardless of where they access services, across the continuum of need (a link to the full plan is provided in Appendix B). Key aspects of the strategy include:

- Improving prescribing practices for opioids (delisting high-strength formulations of long-acting opioids from the Ontario Drug Benefit Formulary, developing evidence-based standards for health care providers on appropriate opioid prescribing, placing stricter controls on the prescribing and dispensing of fentanyl patches)
- Increasing access to opioid substitution treatment (e.g. Suboxone™) through program expansion
- Improving data monitoring and surveillance systems

- Funding the Naloxone Distribution Program which improves access for people who use substances and their families and friends; and provides naloxone kits to first responders at no cost)
- Providing free Naloxone nasal spray along with injectable Naloxone through Ontario pharmacies
- Funding Supervised Injection Services and Overdose Prevention Sites
- Overseeing a pilot for drug testing kits
- Investing in chronic pain clinics across the province to support timely and appropriate care
- Releasing new Quality Standards related to opioids to guide evidence-based care in Ontario

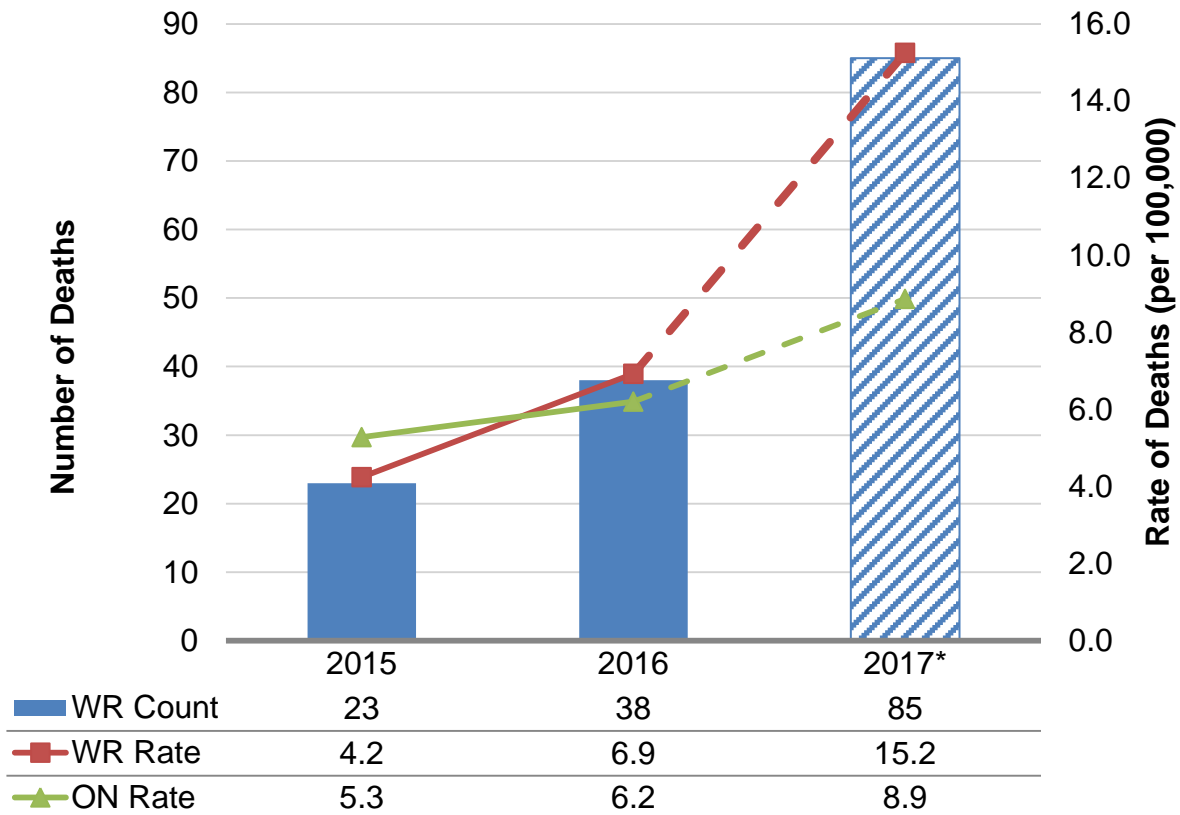
3.3 Opioid Use in Waterloo Region

The burden of opioid use is felt throughout Waterloo Region by community members, first responders and service providers, including those who use substances or have friends or family members struggling with addiction.

Of the 388 people surveyed in 2016 as part of the Waterloo Region Substance Use Study, almost one in ten (9%) had personally experienced an overdose and one in five (19.4%) reported knowing someone who overdosed (Region of Waterloo Public Health and Emergency Services, 2017). In a recent study focused on supervised injection services in Waterloo Region, approximately 40 per cent of 146 participants with lived experience of drug use indicated experiencing accidental overdose, with 65 per cent of those overdoses occurring within the last 6 months (Region of Waterloo Public Health and Emergency Services, 2018). Respondents reported having believed taking one substance but contamination with fentanyl led to overdose.

The growing severity of opioid use in Waterloo Region is evident in the number of opioid related deaths reported by the Office of the Chief Coroner for Ontario. In 2015, there were 23 opioid related deaths in Waterloo Region and in 2016, this number rose to 38. Preliminary Coroner data for 2017 reveals fatal overdose more than doubled between 2016 and 2017 with 85 opioid-related deaths. Based on these statistics, opioid-related deaths have increased by 270 per cent in three years. The overdose death rate in 2016 and 2017 were higher in Waterloo Region than they were in Ontario.

Figure 1. Opioid-Related Deaths and Death Rates, Waterloo Region and Ontario, by year, 2015-2017*



*Note: Death data for August to December, 2017 is considered preliminary and subject to change as remaining cases are closed by the Office of the Chief Coroner of Ontario. The data includes both confirmed and probable cases. Probable cases are those for which the investigation to determine cause of death is ongoing.

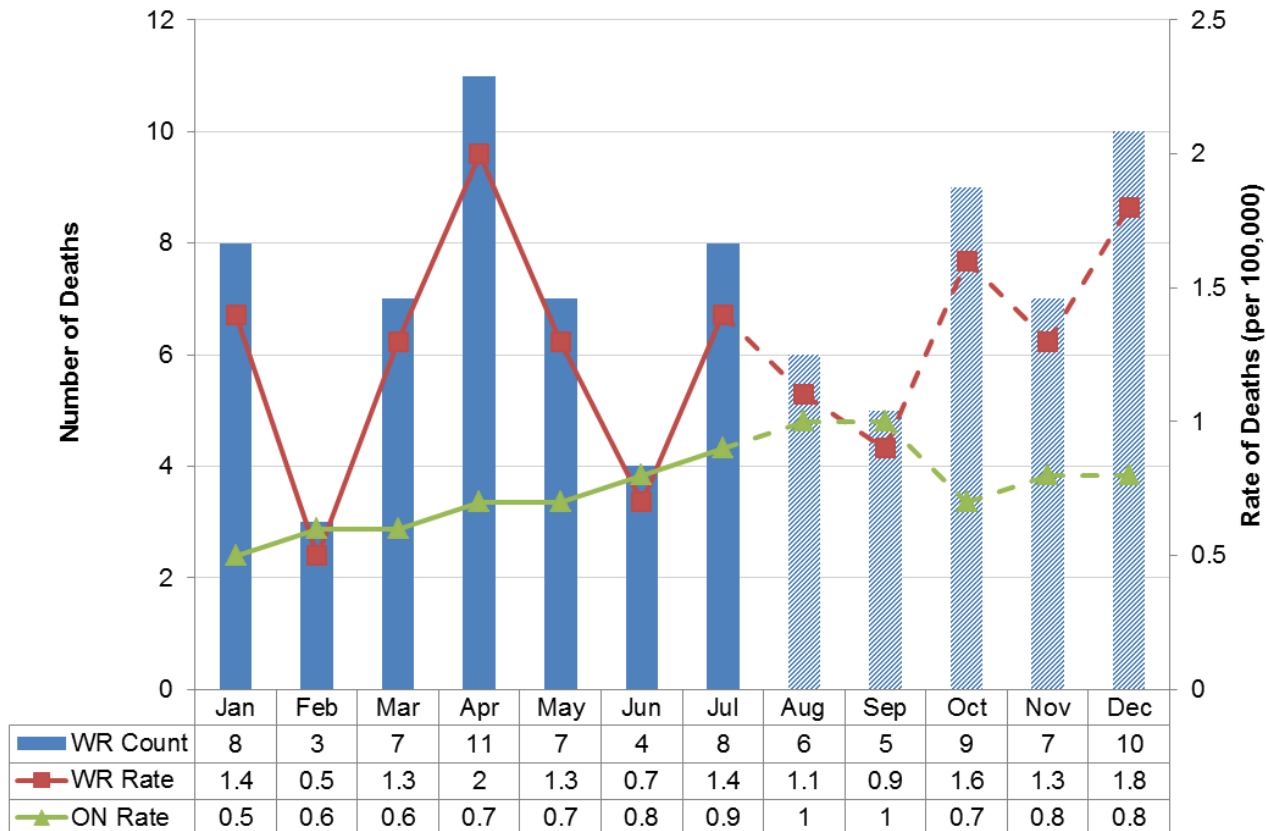
Sources:

Ontario Related Death Database, 2017, Office of the Chief Coroner for Ontario, extracted from [PHO Interactive Opioid Tool](#) on May 28, 2018

Population Projections, 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth ONTARIO, extracted March 8, 2018

In 2017, the number of people who died from opioid-related reasons fluctuated month to month with rates remaining above that of the province for most of the year (see Figure 2).

Figure 2. Opioid-Related Deaths and Death Rates, Waterloo Region and Ontario, by month, 2017*

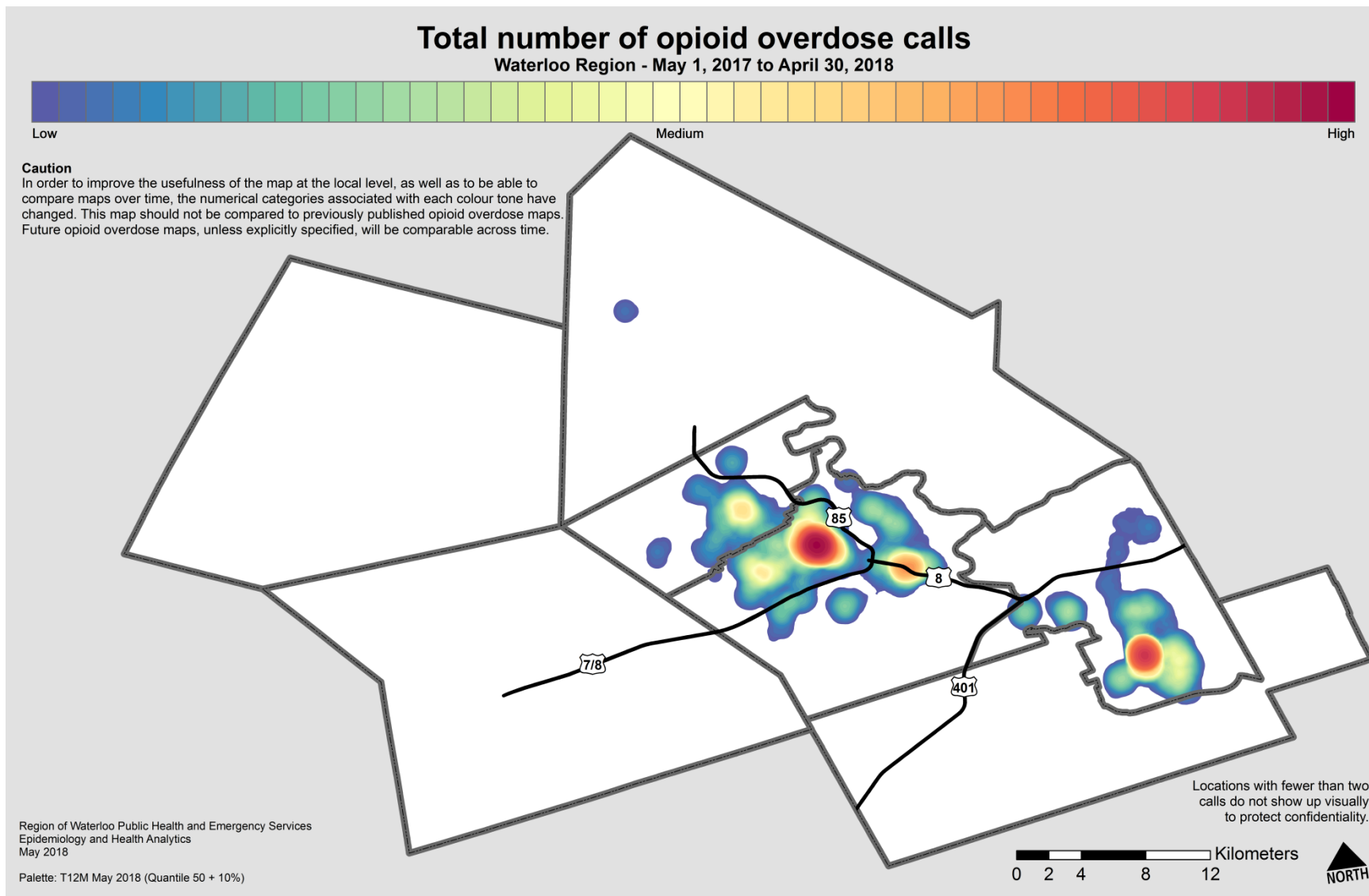


*Note: Death data for August to December, 2017 is considered preliminary and subject to change as remaining cases are closed by the Office of the Chief Coroner of Ontario. The data includes both confirmed and probably cases. Probable cases are those for which the investigation to determine cause of death is ongoing.

Region of Waterloo Paramedic Services saw a 304 per cent increase in the number of opioid related overdose calls in Waterloo Region between 2015 and 2017¹. Calls by location show opioid use and overdose to be a region-wide issue with concentration in Central Kitchener, Central-South Kitchener, and South Cambridge. The heat map presented in Figure 3 is not comparable with previously released heat maps as the methodology to produce the map has changed to allow for inclusion of most recent data, comparability to future maps if there are upward trends in calls, and more refinement in the gradients of color that represent call volumes.

¹ Region of Waterloo Paramedic Services Electronic Patient Care Record (ePCR), 2015-2017. Extracted: January 18, 2018.

Figure 3. Distribution of Opioid-Related Overdose Paramedic Services Calls, Waterloo Region, May 2017 to April 2018*



Sources:

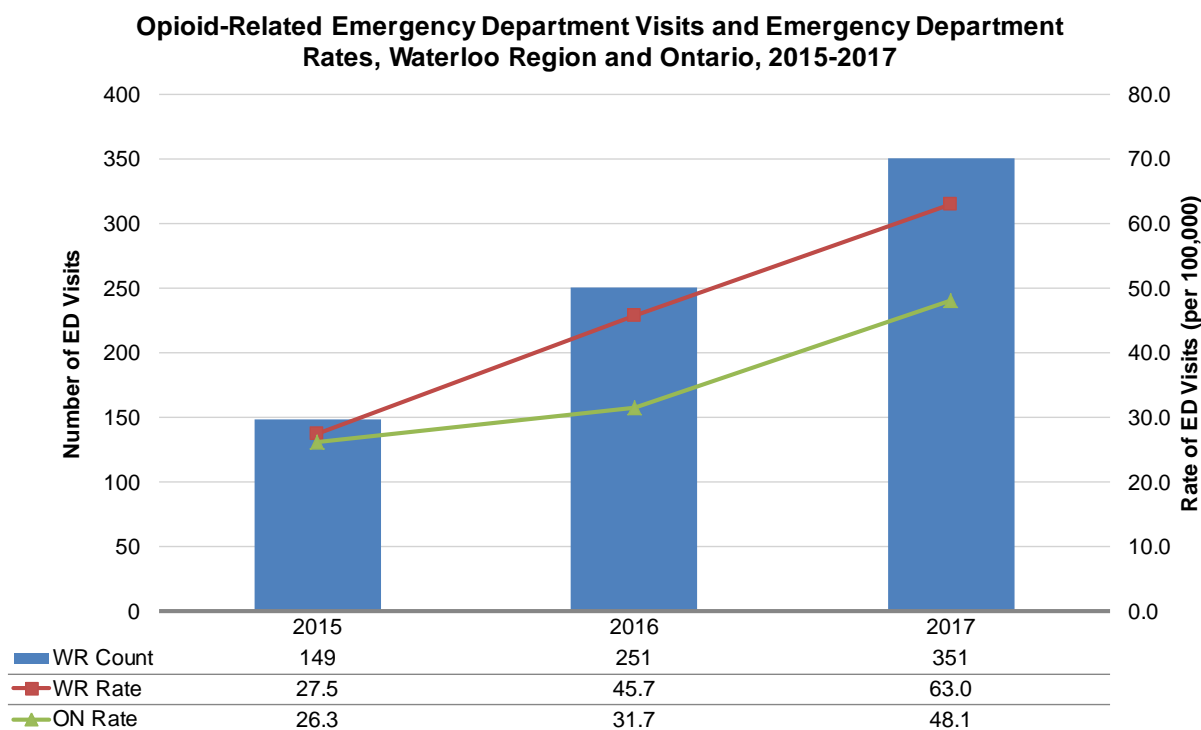
Region of Waterloo Paramedic Services Electronic Patient Care Record (ePCR), 2017-2018. Extracted: May 17, 2018.

Ambulance Dispatch Reporting System (ADRS), 2017-2018. Extracted: May 17, 2018.

*Note: These maps are not comparable to previously released heat maps as the methodology to produce the opioid-related overdose paramedic service calls map has changed

Local emergency departments have also seen the effects of the opioid crisis. There was a 136 per cent increase in opioid-related emergency department visits in Waterloo Region from 2015 (149 visits) to 2017 (351 visits). The rate of opioid related emergency department visits for 2016 and 2017 in Waterloo Region was higher than Ontario.

Figure 4. Opioid-related Emergency Department Visits and Rates, Waterloo Region and Ontario, by year, 2015-2017



Sources:

National Ambulatory Care Reporting System (NACRS), 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted March 8, 2018

Preliminary ED Visits (October – December, 2017 extracted from [PHO Interactive Opioid Tool](#) on March 8, 2018)

Population Projections, 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth ONTARIO, extracted March 8, 2018

4.0 Waterloo Region Opioid Response Plan

4.1 Approach

The Waterloo Region Opioid Response Plan is dynamic, in that it is a living document that can be responsive to community need and will be revisited, reviewed, and refined. It is strategic and seeks opportunities that leverage experience, resources, and partnerships so that collective actions can achieve the greatest impact. It uses an integrated approach that focuses on the intersection of partners, approaches, interventions, and policies that work across the four pillars.

4.2 Goal and Objectives

The goal of the Waterloo Region Opioid Response Plan is to prevent, reduce, or eliminate problematic opioid use and associated harms using a four pillar approach, and has the following objectives:

- To plan, coordinate, and monitor a comprehensive, integrated, and collaborative community opioid response
- To facilitate decision making about key strategies to address the opioid situation
- To identify strategic gaps in the community opioid response
- To reflect opioid response strategies organized by the four pillars
- To emphasize an integrated approach (the fifth principle) aimed to make connections across the four pillars to support strategy implementation
- To support strategic and timely communication with community partners and the public, providing common messaging for decision makers and community champions

4.3 Plan Overview

The Special Committee chose a four pillared approach for the plan, to align with the existing work of the WRIDS with a strong focus on integration. An overview of existing and proposed opioid response strategies within each pillar is presented in Figure 5, followed by a more detailed description of the response strategies.

Figure 5. Overview of Existing and Proposed Opioid Response Plan Strategies

| Prevention | Harm Reduction | Recovery & Rehabilitation | Enforcement & Justice |
|--|---|---|---|
| <p>Existing Strategies</p> <ol style="list-style-type: none"> Caregivers and youth substance use education/awareness strategy Curriculum enhancement strategy for elementary and secondary grades Healthcare provider strategy to improve opioid prescribing and dispensing practices Youth engagement strategy (exploration) | <p>Existing Strategies</p> <ol style="list-style-type: none"> Expansion of the needle syringe program and outreach Expansion of naloxone distribution program Overdose and response training Hosting overdose awareness day to support people grieving an overdose loss Exploring supervised consumption services Exploring overdose prevention sites Street outreach and peer programs | <p>Existing Strategies</p> <ol style="list-style-type: none"> Central intake line (HERE247) Rapid Access Addiction Medicine clinics Withdrawal management services Substance use counselling services Substance use day treatment Substance use residential treatment Supportive housing for people with a history of substance use and addiction Continued advocacy for more treatment resources Opioid replacement therapy services Advocacy for integrated housing for people with problematic substance use and mental health issues | <p>Existing Strategies</p> <ol style="list-style-type: none"> Good Samaritan Drug Overdose Act implementation strategy Justice system diversion programs Regional investigative drug strategy |
| <p>Proposed Strategies</p> <ol style="list-style-type: none"> Youth engagement strategy for Waterloo Region (i.e. “youth in Iceland”) Further expand caregiver and youth substance use education/awareness strategy | <p>Proposed Strategies</p> <ol style="list-style-type: none"> Implement strategies to prevent overdose deaths by establishing places for people to use substances under the care of trained staff | <p>Proposed Strategies</p> <ol style="list-style-type: none"> Expand Rapid Access Addiction Medicine clinics Opioid replacement therapy for residential treatment | <p>Proposed Strategies</p> <ol style="list-style-type: none"> Build community capacity to implement Law Enforcement Assisted Diversion |

Integration and Communication

| | |
|---|--|
| <p>Existing Strategies</p> <ol style="list-style-type: none"> Waterloo Region Integrated Drugs Strategy Waterloo Region Integrated Drugs Strategy website and social media strategy Overdose, Monitoring, and Alert Response System Integrated emergency response to multi-casualty incident Integrated opioid response communications strategy | <p>Proposed Strategies</p> <ol style="list-style-type: none"> Seamless care pathway strategy Health care provider education and anti-stigma strategy Community anti-stigma communications strategy Social and corporate impact investment strategy Pain management strategy (knowledge and services) |
|---|--|

4.4 Response Strategies

4.4.1 Prevention

The prevention pillar focuses on preventing or delaying the onset of substance use and address root causes of use.

The breadth of prevention with respect to substance use and opioids is very large. Understanding the scope of substance use prevention, what works and what doesn't work and how to improve, build on, and coordinate existing prevention work is key to the work in this pillar. The focus on preventing or delaying the onset of substance use and addressing root causes of use begins with children and youth and fits within a broader context of the social determinants of health. Partners within this pillar span early years through to post-secondary education.

Existing Strategies

1. Caregivers and Youth Substance Use Education/Awareness Strategy

Health education and communication strategies are evidence informed ways to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes. Various resources have been created and/or shared to provide parents and youth with information and skills to discuss and prevent or delay the onset of substance use and prevent overdose. Interactive games and apps on the WRIDS Strategy website, letters to parents shared through the Waterloo Region District School Board and the Waterloo Catholic District School Board; and a poster campaign encouraging households to return prescription medicines to pharmacies are some examples.

2. Curriculum Enhancement Strategy for Elementary and Secondary Grades

A comprehensive approach to health education includes consistent messaging provided at an early age through various mediums provided; parents, schools, community partners, etc. School curriculum development supports substance use prevention in particular, because it reinforces messages from other mediums, provides evidence based information to address myths, and for some youth it may be the only way they receive the information. Curriculum supports have been developed and are being expanded to ensure youth are provided with important information to keep themselves and their peers safe. Information is tailored to be age-appropriate and provide practical information for youth who may be in a position to prevent a fatal overdose. Information about fentanyl contamination of other substances as well as the importance of calling 911 in an overdose situation is included.

3. Healthcare Provider Strategy to Improve Opioid Prescribing and Dispensing Practices

Healthcare providers can often be the first point of contact for people at entry to the health care system and provide a broad spectrum of supportive care including health promotion and disease prevention, education, and treatment. Current professional development activities for health care providers have aimed to discourage and prevent extensive opioid use in patients through post-operation kits and to support and enhance pharmacists' understanding of opioids, optimal prescribing practices, and naloxone distribution.

4. Youth Engagement Strategy (exploration)

A comprehensive youth engagement strategy is being explored by Waterloo Region Crime Prevention Council in community partnership with municipal and school board involvement. As part of this broader strategy, work is underway to determine readiness and feasibility for the development and implementation of the Iceland youth engagement approach tailored to the needs of Waterloo Region. "Youth in Iceland" is an evidence and community based approach to youth substance use prevention among that takes into account individual and societal factors in Iceland that influence substance use. The approach includes building a network of support for youth with parent and school involvement, and engage youth in opportunities that positively impact their development. In particular it provides opportunities for youth and removes barriers to participation. It is a grass roots model informed by national and local evidence for a continuous approach to improvement.

Proposed Strategies

1. Youth Engagement Strategy for Waterloo Region (i.e. "Youth in Iceland")

Currently the "Youth in Iceland" approach to youth substance use prevention is being explored. It was identified that a youth engagement strategy should be implemented using the same community and evidence based approach in order to tailor to youth and families in Waterloo Region, removing participation barriers and creating engagement opportunities.

2. Further Expand Caregiver and Youth Substance Use Education/Awareness Strategy

Further expansion of the substance use awareness/education to have a comprehensive strategy that cuts across ages and mediums and focuses on empowerment is needed. This type of strategy would empower children, youth, and young adults to make healthy choices for themselves not only in the face of peer pressure, but in the face of the rapidly changing context and culture of substance use. It would do so by equipping parents, families, and schools for early prevention and safety conversations that include individual empowerment. Multiple mediums

would be used to ensure consistent and repeated messaging across the age groups; educating parents and families, embedding in elementary and high school curriculum, sharing stories, using social media and community based social marketing, delivering key messages to post-secondary in college, university, community arenas, public places, and bar settings. Having the curriculum developed and delivered by people knowledgeable about opioids was felt to be important; trusted adults, service providers, public health, parents, people with lived experience. Taking advantage of our high-tech community was suggested to enhance and coordinate communication.

4.4.2 Harm Reduction

The Harm Reduction pillar aims to reduce harms to individuals and communities resulting from problematic substance use.

Harm reduction is an evidence based approach keeping people and communities' safe and minimizing death, disease, and harmful consequences of drugs use and higher risk behaviour. It focuses on the harm from drug use rather than the use itself. The numerous community partners and community members working in this pillar have prioritized the expansion of harm reduction programming, increasing public awareness of topics related to opioids and substance use, and increasing access to safe disposal. There are three working groups within this pillar, the Overdose Prevention Workgroup, the Disposal Workgroup, and the Supervised Injection Services Feasibility Workgroup.

Existing Strategies

1. Expansion of the Needle Syringe Program and Outreach

Ensuring access to harm reduction supplies is a mandate of Public Health to prevent the spread of blood borne diseases such as hepatitis C and HIV/AIDS. The program provides sterile needles and supplies to people who inject or smoke substances. Findings from the Waterloo Region Substance Use Study (Region of Waterloo Public Health and Emergency Services, 2017), show that of the people who use substances frequently (every day or more than one per week), crystal methamphetamine and opioids are the most commonly used drugs (excluding cannabis). Needle Syringe Programs provide access to sterile equipment and also provide opportunities for people to receive other supports including referrals and health counselling, and access to safe sharps disposal. The Region of Waterloo Needle Syringe Program is offered in Public Health clinics in Waterloo and Cambridge. Additional Needle Syringe Program partners, including Sanguen Health Centre and their distribution at several locations (e.g. Community Housing, St. John's Kitchen, The Cambridge Self-Help Foodbank), the Aids Committee of Cambridge, Kitchener, Waterloo and Area, The Bridges shelter, and OneROOF Youth Services, help make the program accessible to people across Waterloo Region. The Sanguen Community Health Van is a mobile outreach strategy that further extends the reach of the Needle Syringe Program to people who may not access sterile supplies or other health supports from anywhere else, serving some of the most marginalized and isolated people in Waterloo Region. Recent expansion of the Needle Syringe Program to the four Opioid Replacement Therapy clinics (Ontario Addiction Treatment Centres and Towards Recovery Clinic) has provided people with a place to access to sterile supplies 365 days a year.

2. Expansion of the Naloxone Distribution Program

Naloxone temporarily reverses the effects of an opioid overdose. Through the Naloxone Distribution Program, naloxone training and kits are available to people who use substances and friends and family members of people who use substances. Changes to provincial regulations in 2017 allowed naloxone to be distributed through shelters, Community Health Centres and AIDS organizations, withdrawal management centres, and Outreach organizations, greatly improving distribution of naloxone in Waterloo Region. In 2018, further Naloxone Program expansion has made the life-saving medication available to first responders free of charge, and to hospitals to distribute to patients who might be at risk for an overdose. Naloxone is also available through pharmacies without prescription. A provincially managed online naloxone locator tool (for which a link is provided in Appendix B)) helps people to find a naloxone distributor within Waterloo Region.

3. Overdose and Response Training

Public Health and other community agencies have been responding to a number of requests for overdose and response training from businesses or organizations with staff who may witness an overdose within their work day. Upon request, training has been provided to restaurant and bar staff, music festival staff, security staff (parking garages), and municipal outdoor staff.

4. Hosting Overdose Awareness Day to support people grieving an overdose loss

Stigma and blame associated with substance use and addiction can make losing a loved one to an overdose death even more difficult. International Overdose Awareness Day is an annual event held in August in Kitchener and Cambridge that provides an opportunity for people who have lost someone to overdose to gather and commemorate their loss in a supportive environment. Individuals in attendance can access naloxone training and a kit at the events.

5. Exploring Supervised Consumption Services

A supervised consumption service is a health care intervention that provides a safe and hygienic environment where people can use pre-obtained drugs under the supervision of trained staff. The goal of these services is to address the immediate concern of overdose deaths by closely monitoring an individual while they use their drug of choice. Services can also be an entryway into other health care supports including acute care and treatment for people when they are ready. Other benefits include a reduction in public drug use, a reduction in the number of needles found in the community, and a reduction in the transmission of Hepatitis C and HIV. A study to explore the need for supervised consumption services (excluding inhalation) in Waterloo region is currently underway and is expected to conclude in Autumn 2018.

6. Exploring Overdose Prevention Sites

Overdose Prevention Sites aim to provide an expedited and immediate response to address overdose fatalities for communities with greatest need. They are intended to be temporary measures (approvals are for three or six months) that are focused on supervised drug consumption and are not funded to provide additional supports or services beyond naloxone training and distribution. Applications to operate overdose prevention sites are reviewed expeditiously (within 14 days), and do not require community consultation or municipal support as a condition for funding. Based on findings from the Supervised Consumption Serviced Feasibility Study, Overdose Prevention Sites have identified by some local services being needed in Waterloo Region; however, issues with finding a suitable location to provide the services has prevented submission of an application at this time.

7. Street Outreach and Peer Programs

Outreach provides services people who, for various reasons, may not be able access services in fixed locations. A key component of outreach is that the groups providing it are mobile and bring services to those who need them. Various programs in Waterloo Region utilize this approach and aim to address some aspect of substance use and addiction. Outreach workers may not have personally experienced substance use issues, but are trained to support to people who may be in crisis and who are often street involved. One example is the Street Outreach Program which aims to engage people in the urban centres of Cambridge, Kitchener, and Waterloo who are street involved. Outreach workers seek to develop relationships, build trust, meet immediate needs, and ultimately connect people who are street involved with the supports and services of their choosing that may assist in maintaining and/or improve their health and/or quality of life.

Peer Programs are based on the philosophy that people with personal experience of substance use have credibility with the people they are aiming to support and are therefore well-positioned to provide help and connections to services. There are a number of peer programs in Waterloo Region that address some aspect of substance use and addiction. Some examples include the Discovery Team in Kitchener that aims to support people dealing with addiction and mental health issues and require support but not a police response, and the WINS (Working to Improve Neighborhood Safety) pilot project in Cambridge that includes proactive needle pick-up and outreach to people to support safe sharps disposal and promote access to local health services.

Proposed Strategies

1. Implement Strategies to Prevent Overdose Deaths by Establishing Places for People to Use Substances Under the Care of Trained Staff

Stakeholders identified the urgent need to keep people alive now. This would involve implementation of strategies to prevent overdoses in Waterloo Region by establishing places for people to use substances under the care of trained staff (e.g. supervised consumption services). The implementation of services that are easily accessible, in locations informed by data as being higher need, with wrap around supports would help achieve this.

4.4.3 Recovery and Rehabilitation

The Recovery and Rehabilitation pillar focuses on improving the physical and emotional wellbeing of people who use or have used substances

Recovery and rehabilitation focuses on service provision to improve the physical and emotional health of people who use or have used substances. Agencies who provide service to those with problematic substance use work in this pillar to understand the current issues and challenges with provision of addiction related services and engaging the community in the strategy. Service care pathways and incorporation of harm reduction approaches to treatment continue to be critical in moving forward the work of this pillar.

Existing Strategies

1. Central Intake Line (HERE247)

HERE247 is a central access point to addictions, mental health and crisis services provided by agencies across the Waterloo-Wellington area. People in crisis, or calling for help on behalf of someone in crisis, can speak with a person who will provide intake, assessment, referral, crisis, waitlist and appointment booking support. Short term needs will be explored, as well as long term service options. The person's needs are matched with the service options available within the addictions and mental health service continuum, or a link will be provided to services and supports in the community. HERE247 staff are available 24 hours a day, seven days a week.

2. Rapid Access Addiction Medicine Clinics

Rapid Access Addiction Medicine clinic provide low barrier access for patients seeking treatment for any substance use disorder. Patients do not need an appointment and are seen on a walk-in basis. They provide access to a physician, substance use counsellor, and peer outreach worker for people of an age, gender or income level who are experiencing health issues as a result of their substance use. Individuals can access brief counselling, be prescribed medications (including anti-craving medications for alcohol and buprenorphine/naloxone for opiate use disorder) and connect patients with community treatment programs. Support is provided for primary care in ongoing management of patients with opioid and other addictions. The first Rapid Access Addiction Medicine Clinic in Waterloo Region has opened by the House of Friendship and Stonehenge at Grand River Hospital Withdrawal Management Services and plans to open a second clinic in Cambridge are underway.

3. Withdrawal Management Services

Withdrawal refers to the physical and mental symptoms that occur when a person suddenly stops the intake of a substance that they are dependent on, such as alcohol, drugs, or prescription medicines. Withdrawal is an inevitable part of receiving treatment for drug or alcohol addiction and withdrawal from opioids can be particularly severe and excruciating. Inpatient (residential) withdrawal management care is provided at Grand River Hospital by withdrawal management attendants for people who need monitoring and support throughout withdrawal. This is 24-hour monitoring and care for people who need a structured and/or protected setting in order to abstain. A program by Community Withdrawal Support Services initiates Support at GRH patient bedsides. Community-based withdrawal support is also available through a toll-free line provided in partnership by House of Friendship and Stonehenge. Through the line, people experiencing withdrawal and their significant others can receive information and referral to supports.

4. Substance Use Counselling Services

Assessment and group counselling are available to people experiencing problems regarding their use of alcohol or drugs, including prescription medication misuse through House of Friendship. Counselling includes education on substance use effects and harmful levels and developing awareness of one's own substance use, learning coping strategies to cut back and/or abstain from alcohol or drugs, identifying triggers leading to relapse, and making lifestyle changes. Counsellors assist individuals to choose and achieve their goals, which may include community supports or referrals to residential treatment programs.

5. Substance Use Day Treatment

Substance use day treatment programs are available in Waterloo Region offered by the House of Friendship. Programs are abstinence-based, full or half-day programs and provide individuals with supports to manage cravings, receive mental health counselling, and develop skills for healthier relationships and self-care. Separate day treatment programs for men and women are available. House of Friendship also provides individual and group counselling for family members or significant others. Day treatment programs for youth are available through the Ray of Hope and incorporate on-site access to school. Youth receive support to deal with cravings and triggers, and develop life skills including emotion management and self-care.

6. Substance Use Residential Treatment

Residential treatment for youth and adults provides highly intensive longer term treatment supports. Youth treatment is provided through the Ray of Hope and adult treatment is provided by the House of Friendship. An abstinence-based 4-6 month program is available for men and an abstinence-based 4-10 week residential treatment program for women including women who are pregnant.

7. Supportive Housing for People with a History of Substance Use and Addiction

Abstinence-focused, supportive housing for people with a history of addiction and mental health issues provide longer-term supportive housing that includes access to a counsellor to assist with recovery goals and other needs, group counselling sessions, as well as house meetings in the transitional settings. Within the setting, a client-centered, flexible and responsive approach that values the unique strengths and needs of each individual is used. Transitional supportive housing units are also available for men and women leaving residential addiction treatment programs.

8. Continued Advocacy for More Treatment Resources

An adequate supply of options across the continuum of treatment services continue to be needed in Waterloo Region. Advocacy for more and ongoing provincial funding to meet the full spectrum of treatment needs is ongoing. Additional work with the Waterloo-Wellington Local Health Integration Network is underway to secure funding to meet community demand and address the long wait times that continue to be experienced for people wanting treatment.

9. Opioid Replacement Therapy Services

Under medical supervision, opioid replacement therapy (Methadone or Suboxone) replaces illicit or off-label opioid use with medications that are longer lasting. When administered, Methadone or Suboxone eliminates withdrawal symptoms and cravings in an individual and blocks the effects of other opioids. Overtime, medication levels are reduced. There are four opioid replacement therapy clinics in Waterloo Region. Recent changes to legislation also allows for family physicians to prescribe opioid replacement therapy to their patients.

10. Advocacy for Integrated Housing for People with Problematic Substance Use and Mental Health issues

Advocacy work is underway to address the need for housing supports for people living with substance use issues. This includes advocacy to fund and establish a stabilization space that provides short-term support for people in crisis and using substances to go to access support (shelter, withdrawal management). Additional advocacy efforts include the submission of a proposal to establish a managed alcohol supportive housing program.

Proposed Strategies

1. Expand Rapid Access Addiction Medicine Clinics

Rapid Access Addiction Medicine clinic implementation is underway in Waterloo Region. Enhancement and expansion of these services is needed to increase access with additional hours and locations and to further integrate these services with the overall continuum of care. Better flow of information regarding evidence

informed and responsive practices and outcomes of Rapid Access Addiction Medicine Clinics to primary care and pharmaceuticals is needed.

2. Opioid Replacement Therapy for Residential Treatment

Currently there is no opioid replacement therapy as part of residential treatment. This harm reduction approach to treatment that replaces illicit or off-label opioid use with longer lasting medication under medical supervision was identified for implementation within residential treatment programs. Recent changes to legislation that allow for family physicians to prescribe opioid replacement therapy could facilitate this option being offered in residential treatment.

4.4.4 Enforcement and Justice

The Enforcement and Justice pillar addresses community safety, crime, and disorder resulting from substance use. It includes partnerships with police, courts, corrections and community reintegration services

Partners working in this pillar play a crucial role in shifting the dialogue and focus of enforcement and justice from focusing on individuals using substances who are encountering the justice system to a broader social determinants of health lens. Concentration on drug trafficking, diversion programs, and supporting community understanding of legal rights when helping someone who has overdosed continue to be critical within this pillar. Police, court, corrections, and community agencies involved in supporting justice programs drive the work of this pillar and support related work across the pillars.

Existing Strategies

1. Good Samaritan Drug Overdose Act Implementation Strategy

The Good Samaritan Drug Overdose Act became law in May 2017 to reduce the number of fatal overdoses. The act provides some legal protection for people who experience or witness an overdose and seek help. To support implementation, training was provided to Waterloo Regional Police Services. Community awareness campaigns regarding the Good Samaritan Drug Overdose Act were launched to provide information to youth and people who use substances about the importance of calling 911 in an overdose situation and reassurance that they would be protected from simple possession charges.

2. Justice System Diversion Strategy

Diversion programs acknowledge the social conditions that can lead to drug addiction and crime. This includes the Waterloo Region Drug Treatment Courts which were established to address the root causes of crime as it relates to addiction and in so doing, change the lives of the people caught in the cycle of drug addiction and crime. The court provides access to drug, alcohol and other treatment and rehabilitation services as well as supporting services including mental health treatment, trauma, family therapy and job skills training. Other diversion programs being explored include the Law Enforcement Assisted Diversion (LEAD) program which also aims to address low-level drug and other crimes. It allows police officers to redirect low-level offenders to community-based services instead of jail.

3. Regional Investigative Drug Strategy

The Regional Investigative Drug Strategy focuses policing resources on drug traffickers to ensure individuals who pose the greatest risk to community safety are apprehended and charged. Dedicated crime analysts and collaboration with Federal Prosecutors has supported understanding about the impact of fentanyl on Waterloo Region and led to more fentanyl seizures and more severe sentencing for fentanyl trafficking convictions.

Proposed Strategies

1. Build Community Capacity to Implement Law Enforcement Assisted Diversion (LEAD)

The LEAD strategy out of Seattle has been identified as a promising practice and approach for Waterloo Region. However, there is a lack of resources to build community capacity for all of the elements that would need to be in place for program implementation. Redirection with low level offenses requires community capacity for alternatives to incarceration.

4.4.5 Integration and Communication

A fifth principle, integration, is a foundational element, connecting the work across pillars, sectors, and partners. Communication is a key part of this pillar as it is through communication that the interconnection between pillars is conveyed.

The four pillared approach of the WRIDS is underscored with the principle of integration connecting work across pillars, sectors, and partners. Various strategies work across all pillars of the WRIDS; they may involve multi-sectoral partnerships or outcomes of work in one pillar may have dramatic impacts on another. The WRIDS Special Committee on Opioid Response has highlighted the importance of communication to convey the interconnection between pillars and to integrate the work of partners across the pillars.

Existing Strategies

1. Waterloo Region Integrated Drugs Strategy

The Waterloo Region Integrated Drugs Strategy (WRIDS) was developed in 2011 by Waterloo Region agencies to develop a comprehensive community response to address problematic substance use and its effects. The strategy contains 99 recommendations which have been the focus of four coordinating committees focusing on substance use prevention, harm reduction, recovery and rehabilitation, and justice and enforcement, also called the four pillars.

2. Waterloo Region Integrated Drug Strategy Website and Social Media Strategy

The WRIDS website was developed in 2015 as a central repository of information about, and strategies to address, problematic substance use in Waterloo Region. Associated social media activities communicate and highlight local information, upcoming events and updates in Waterloo Region regarding substance use including Overdose Alerts (warnings) for the public.

3. Overdose, Monitoring, and Alert Response System (OMARS)

The Overdose, Monitoring, and Alert Response System is a project of the WRIDS to alert the community to urgent overdose information, and monitor fatal and non-fatal overdose trends over time. The system represents a data-sharing partnership between Waterloo Region Police Services, Region of Waterloo Paramedic Services and Region of Waterloo Public Health. Community agencies also provide data on behalf of clients who have experienced or witnessed an overdose through a public online survey.

4. Integrated Emergency Response to Multi-Casualty Incident (Opioid Overdoses)

Region of Waterloo Paramedic Services has an established Incident Management System in place to effectively deal with any type of multi-casualty incident, defined as an incident producing multiple casualties that overwhelms the available EMS resources. In the case of a multi-casualty incident related to multiple cases of drug poisoning in one area, such as a festival, the first Paramedic crew on the scene will become the triage crew and declare an MCI. Paramedic Services supervisors will be dispatched to the scene as well as allied agencies such as police and fire services to assist with managing and moving patients. Ambulances will be dispatched as needed to deal with the situation, including ambulances from surrounding municipalities, and local hospitals get notified to prepare to accept multiple casualties, which is referred to as a code orange. All patients are triaged by paramedic crews and treatment and transport priority is assigned to those patients to ensure the sickest patients are treated and transported first.

5. Integrated Opioid Response Communications Strategy

The integrated opioid response communications strategy aims to further enhance coordination of opioid-related communications, highlight activities from across the four pillars, and address cross-cutting issues that can lead to higher numbers of fatal and non-fatal opioid overdoses, such as stigma and fentanyl contamination. The “New F Word” campaign which aims to educate youth that fentanyl can be found in many forms including counterfeit pills that resemble OxyContin, Xanax and Percocet, is one example. Another is the development of public service announcements that address the stigma of substance use.

Proposed Strategies

1. Seamless Care Pathway Strategy

In important strategy that has implications across pillars is a seamless care pathway and continuum of care across the non-linear path of substance use right from entry to service through to care after treatment and include incarceration. The emphasis is on increasing capacity through additional resources to meet the current needs of the community. This includes reduced wait times across all stages of entry, peer involvement in support, dedicated system navigation support, treatment and counseling access, and further resourcing to recovery and rehabilitation. This would require system integration across partners and pillars and a coordinated approach that includes advocacy and seeking funding and resources.

2. Health Care Provider Education and Anti-Stigma Strategy

Healthcare providers can often be the first point of contact for people at entry to the health care system and provide a broad spectrum of supportive care including health

promotion and disease prevention, education, and treatment. Client experience with first point of contact care is critical to future health care access for clients with a history of substance use. Whether from a prevention, harm reduction, or recovery and rehabilitation perspective, there is a need for a culture shift to reduce stigma so that barriers are removed to access support when needed and create a culture that is welcoming to people (and family and friends) who are using opioids. Primary care providers need support to better understand this issue and how they can contribute to solutions. An exploration of what can be done by partner agencies within and across pillars to support this work is needed. Development of best practices to talk about pain management preventatively, as well as opioid use, and approaches to rehabilitation and recovery are needed. Focus should be placed on resource development to support this work as well as a development of a comprehensive education strategy to support shifting culture. Introduction of an approach where a simple set of intervention questions are asked by primary care providers at every contact with clients would support strategy implementation.

3. Community Anti-Stigma Communications Strategy

There is a need to enhance and supplement existing communications strategies with comprehensive anti-stigma communications. The involvement of local celebrities, modelling after campaigns such as Bell's "Let's Talk" related to substance misuse and opioids would support normalizing and de-stigmatizing the topic. Coordination with messaging locally, provincially and federally was felt to be important for consistency. The need for inclusion of broad community conversations beyond people and organizations who are already informed, bring people along and share stories, was identified.

4. Social and Corporate Impact Investment Strategy

Collective impact approaches to solving complex problems often involve a social and corporate impact investment strategy. This type of strategy supports the need for funding by resourcing solutions to complex community problems, such as the opioid response, and also helps to underline the benefits to corporations and the community that such an investment can have. Improving social inclusion, as an example, has benefits related to the opioid situation, and has community benefits that positively impact corporations. From this lens, a social and corporate investment strategy could be an innovative way to resource the community opioid response.

5. Pain Management Strategy (Knowledge and Services)

Better approaches to pain management across pillars are needed. Development of best practices to talk about pain management preventatively, a better understanding of pain management by health care providers, and better alternative options for the spectrum of pain management are needed. This strategy would include healthcare provider education and continuing medical education. It could focus on broader

interconnection between disciplines of health care providers (traditional and alternative medicine practitioners) including doctors, nurses, pharmacists, dentists, naturopaths, osteopaths, acupuncturists, etc. Advocacy efforts could include coverage of alternative chronic pain management and strategies that include diversion from opioids. A clear understanding of pain management and addictions is needed by service providers.

5.0 Implementation Planning and Progress Measurement

5.1 Next Steps, Priority Setting and Action Plans

Through the stakeholder consultation, an initial set of seven priority strategies were identified. Priorities did not emerge from all pillars.

| Pillar | Strategy |
|--------------------------------------|---|
| Prevention | 1. Youth Engagement Strategy for Waterloo Region (i.e. “Youth in Iceland”) 2. Further Expand Caregivers and Youth Substance Use Education/Awareness Strategy |
| Harm Reduction | 3. Implement Strategies to Prevent Overdose Deaths by Establishing Places for People to Use Substances Under the Care of Trained Staff |
| Rehabilitation and Recovery | 4. Expand Rapid Access Addiction Medicine Clinics |
| Integration and Communication | 5. Seamless Care Pathway Strategy 6. Health Care Provider Education and Anti-Stigma Strategy 7. Community Anti-Stigma Communications Strategy |

Over the summer of 2018, the Special Committee will be reviewing the identified priorities, as well the existing strategies in the plan and engaging in a prioritization process to select a small number of strategies to focus on in coming year. Action plans will be developed for the strategies prioritized by the Special Committee and will identify leads and partners for implementation, specific activities and associated timelines, as well as indicators of success.

5.2 Reporting on Progress

The Waterloo Region Opioid Response Plan is intended to be a living document that can change and be updated in response to community need and the rapidly changing context of the opioid situation. The Special Committee, through progress reporting and developmental evaluation at monthly meetings, will be monitoring and reviewing the plan. Progress will be measured on priority strategies identified. The progress report will be a measure of implementation relative to identified timelines for each strategy action plan, with indicators such as “in development”, “in progress”, “implemented and ongoing”, and “complete”.

Semi-annual progress reports on implementation will be provided to Regional Council and will support partner agencies of the Special Committee with accountability to their respective provincial ministries and boards for relevant components of the plan. As part of Public Health’s mandate, the Waterloo Region Opioid Response Plan will be submitted to the Ministry of Health and Long-Term Care to meet the requirements to improve local opioid response capacity.

5.3 Long Term Outcomes

The work of the Special Committee fits within the broader context of the work of the WRIDS. The Special Committee will initially operate for one year, at which time the lifespan of the committee will be reassessed and a formal progress report will be generated. At the time that the Special Committee itself is no longer in operation, implementation of Waterloo Region Opioid Response Plan strategies that may still be in progress will continue within the pillars of the WRIDS and partner agencies. Long term outcomes and evaluation, related to the plan will be demonstrated through the ongoing work of the WRIDS and relevant local measures through existing data sources.

6.0 Summary/Conclusion

Opioid addiction and overdose can have devastating consequences on individuals, families and communities. Ongoing dialogue at the local, federal and provincial level is needed to continue to understand the changing landscape of drug use in our society specific to the current opioid crisis, including how to prevent opioid addiction and overdose, how to support people who are struggling with addiction. Having access to timely data about overdose, overdose deaths, and risk factors continues to be critical so that interventions being considered and implemented at all levels are appropriate and effective for the people they need to serve.

In Waterloo Region, strategies to address problematic substance use have been underway for some time and are always evolving. The partners involved with WRIDS have been integral in our community's opioid response and through the Special Committee, the number of partners and their respective roles have expanded. There is recognition that no one agency can address the complex issue of problematic substance use and that it is through partnership, integration, and collaboration across all four pillars, that these issues may be reduced or eliminated.

Moving forward, the role of the Special Committee will be to prioritize strategies to implement over the coming year and beyond. Strategies selected will address gaps in our current community's response and aim to affect outcomes associated with problematic opioid use over the long term.

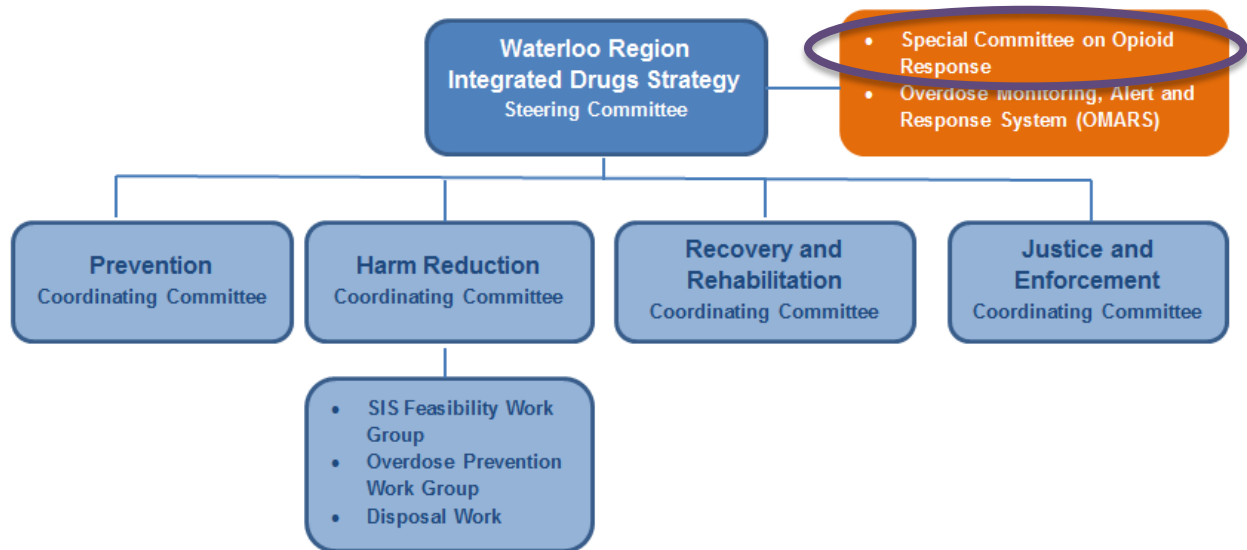
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8.0 Appendix A - Waterloo Region Integrated Drugs Strategy Special Committee on opioid Response

Across Canada, boards of health and other organizations are planning and implementing comprehensive harm reduction strategies to address rising numbers of overdose and overdose-related deaths nationwide. In Waterloo Region, there is commitment to address issues of problematic substance use and most recently, the opioid crisis, using a four pillared approach which includes prevention, recovery and rehabilitation, harm reduction, and enforcement and justice and the underlying principle of integration. The Waterloo Region Integrated Drugs Strategy, or WRIDS, (see Appendix B for the link to the WRIDS website for more information) has been responding to the opioid crisis through the Steering Committee and the four pillared sub-committees.



This has included overdose education and awareness, overdose data monitoring and reporting, overdose prevention campaigns, planning related to expanding access to “just in time” treatment (i.e. rapid access addiction medicine clinics), and supporting planning related to harm reduction program enhancements.

In February of 2018, in order to build on existing work and further advance strategies to address the complex nature of the opioid situation, the WRIDS, in partnership with Public Health, struck a Special Committee on Opioid Response. The Special Committee on Opioid Response is an extension of the WRIDS Steering Committee dedicated to leading Waterloo Region’s Opioid Response Strategy and overseeing the Opioid Response Plan for Waterloo Region in consultation with key stakeholders. Membership is cross-sectoral to support comprehensively addressing the complex health and social issue of opioids with a strategic, dynamic, and integrated approach.

Strategic - The Special Committee will seek opportunities that leverage experience, resources, and partnerships, so that collective actions can achieve the greatest impact.

Dynamic - The Waterloo Region Opioid Response Plan and is a living document that can be responsive to community need and will be revisited, reviewed, and refined.

Integrated - The Special Committee and the Waterloo Region Opioid Response Plan focus on the intersection of partners, approaches, interventions, and policies that work across the four pillars.

The goal of the Waterloo Region Opioid Response Plan and the Special Committee is to prevent, reduce, or eliminate problematic opioid use and associated harms using a four pillar approach.

Objectives

- To plan, coordinate, and monitor a comprehensive, integrated, and collaborative community opioid response
- To facilitate decision making about key strategies to address the opioid situation
- To identify strategic gaps in the community opioid response
- To reflect opioid response strategies organized by the four pillars
- To emphasize an integrated approach (the fifth pillar) aimed to make connections across the four pillars to support strategy implementation
- To support strategic and timely communication with community partners and the public, providing common messaging for decision makers and community champions

Individual partner agencies of this Committee maintain responsibility within their mandates for components of the plan they are accountable for to their respective provincial ministries (e.g. the Waterloo-Wellington Local Health Integration Network for addictions treatment; Police for community safety). Public Health has a mandate from the Ministry of Health and Long-Term Care to meet specific requirements related to harm reduction (e.g. needle syringe program) and to improve local opioid response capacity through the development and implementation of a community opioid response plan. Public Health is co-chairing and providing secretariat support to the Special Committee, and is responsible for updating the Ministry of Health and Long-Term Care on progress of the plan. The Opioid Response Plan will be developed and approved by the Special Committee of the WRIDS. Public Health will provide the plan to Regional Council (as its Board of Health) for their information prior to its submission to the Ministry of Health and Long-Term Care. The Special Committee is co-chaired by the WRIDS and Public Health and supported by Public Health as requested by the Ministry of Health and Long-Term Care.

Membership as of June 2018:

| | |
|---|--|
| Tim Anderson/Tanja Curic | City of Waterloo |
| Craig Ambrose | Waterloo Region Police Service, Chair of Enforcement and Justice Coordinating Committee |
| Douglas Bartholomew-Saunders/Deb Schlichter | Region of Waterloo Community Services |
| Dr. Mike Beazely (Co-Chair) | School of Pharmacy, Chair of WRIDS Steering Committee |
| Grace Bermingham | Region of Waterloo Public Health, Co-Chair of Harm Reduction Coordinating Committee |
| Marian Best | Cambridge Shelter Corp., Co-Chair of Rehabilitation and Recovery Coordinating Committee |
| David Brenneman | Woolwich Township |
| Dan Chapman | City of Kitchener |
| Gary Dyke/Dennis Purcell | City of Cambridge |
| Stephen Gross | Kitchener Downtown Community Health Centre, Co-Chair of Harm Reduction Coordinating Committee |
| Bryan Larkin/Craig Ambrose | Waterloo Region Police Services |
| Bruce Lauckner/Rebecca Webb | Waterloo-Wellington Local Health Integration Network |
| Jonathan Mall | Region of Waterloo Public Health, Chair of Prevention Coordinating Committee |
| Pam McIntosh | House of Friendship, Co-Chair of Rehabilitation and Recovery Coordinating Committee |
| Judy Merkel | Waterloo Catholic District School Board |
| Eve Nadler | Region of Waterloo Public Health |
| Dr. Liana Nolan/Dr. Hsiu-Li Wang (co-Chair) | Region of Waterloo Public Health |
| Karen Quigley-Hobbs | Region of Waterloo Public Health |
| Don Roth | Canadian Mental Health Association of Waterloo Wellington |
| Peter Rubenschuh | Waterloo Region District School Board |
| Christiane Sadeler/Michael Parkinson | Waterloo Region Crime Prevention Council |
| Lindsay Sprague | Waterloo Region Integrated Drugs Strategy Coordinator |
| Chief Stephen VanValkenburg/Rob Crossan | Paramedic Services, Region of Waterloo Public Health |

9.0 Appendix B - Relevant Links

Federal Action on Opioids – Health Canada

<https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/federal-actions.html>

Ontario's Opioid Response Strategy – Ministry of Health and Long-Term Care

<https://news.ontario.ca/mohltc/en/2017/12/taking-action-to-prevent-opioid-addiction-and-overdose-1.html>

Waterloo Region Integrated Drugs Strategy Website

<http://www.waterlooregiondrugstrategy.ca/en/home/>

Ministry of Health and Long-Term Care's Naloxone Locator Tool

<https://www.ontario.ca/page/get-naloxone-kits-free>