



Media Release: Friday, December 7, 2018, 4:30 p.m.

Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, December 11, 2018

9:00 a.m.

Regional Council Chamber

150 Frederick Street, Kitchener, Ontario

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

2. Delegations

2.1 Beverly Ritchie, Office and Program Assistant, Kingsdale Community Centre re: **PHE-HLV-18-10**, Completion of the Healthy Kids Community Challenge (Information)

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2.2 Jim McLean re: Homelessness and Supervised Injection Sites

Consent Agenda Items

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

3. Request to Remove Items from Consent Agenda

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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4. Motion to Approve Items or Receive for Information

4.1 **PHE-HLV-18-09**, Public Health Breastfeeding Services Update (Information)
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4.2 **CSD-EIS-18-04**, Ontario Works Caseload July – September 2018 (Information)
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| Regular Agenda Resumes |
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5. Reports – Public Health and Emergency Services

5.1 **PHE-IDS-18-12**, Waterloo Region Opioid Response Plan Update (Information)
(Presentation)
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5.2 **PHE-IDS-18-13**, Update Regarding Consumption and Treatment Services (CTS)
(Information)
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Reports – Community Services

5.3 **CSD-SEN-18-07**, A Person-Centred Approach to Care in Seniors' Services
(Presentation)
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6. Information/Correspondence

6.1 **Council Enquiries and Requests for Information Tracking List** **Page 64**

7. Other Business

8. Next Meeting – Tuesday, January 8, 2019

9. Adjourn



Report: PHE-HLV-18-10

Region of Waterloo
Public Health and Emergency Services
Healthy Living

To: Chair Elizabeth Clarke and Members of the Community Services Committee

Date: December 11, 2018 **File Code:** P13-80

Subject: Completion of the Healthy Kids Community Challenge

Recommendation:

For information

Summary:

The Healthy Kids Community Challenge (the Challenge) came to an end in October, 2018. The Challenge was a four-year provincial initiative that promoted wellbeing and healthy weights in children between the ages of 0-12.¹ The local Challenge began in March, 2014, when 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 children in Waterloo Region.

Throughout the funding period, the Ministry has launched four successive themes related to achieving healthy weights in children. These themes included: “Run. Jump. Play. Every Day.”, “Water Does Wonders”, “Choose to Boost Veggies and Fruit”, and “Power Off and Play!”. During these themes, it is estimated that over 70,000 local children, parents/caregivers, educators, and other community members have been reached with more than 90 initiatives that promote and support physical activity, healthy eating, and other healthy behaviours for children. This report highlights some of the successes from each of the four themes and provides a summary of the next steps for

the local Challenge now that it has ended.

Report:

Background of the Healthy Kids Community Challenge

The Healthy Kids Community Challenge (the Challenge) came to an end in October, 2018. 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. In 2013, Ontario's Healthy Kids Panel (an expert childhood obesity panel) submitted the *No Time to Wait: The Healthy Kids Strategy*, which reported that one in every three children in Ontario is an unhealthy weight.² The Challenge emerged as one recommendation from this document, a cross-government initiative that promoted wellbeing and healthy weights in children between the ages of 0-12.¹

The Waterloo Region Healthy Kids Community Challenge

Waterloo Region was one of 45 communities across Ontario to benefit from the Challenge between 2014 and 2018. The local Challenge began in March of 2014, when the Region of Waterloo Public Health and Emergency Services (Public Health) submitted a proposal to the Ministry on behalf of each 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.

Local Governance Structure and Themes

Throughout the funding period, the Ministry has launched four successive themes related to achieving healthy weights in children. These themes included: "Run. Jump. Play. Every Day.", "Water Does Wonders", "Choose to Boost Veggies and Fruit", and "Power Off and Play!". Local planning and implementation of the themes has been guided by a Steering Committee made up of representatives from of each of the seven area municipalities in Waterloo Region, the Waterloo Catholic District School Board, and Public Health. A Community Needs Assessment conducted by Public Health in 2015, which outlined community needs and assets, along with priority populations in Waterloo Region, has been used to inform the planning of each theme.³ In addition, engagement processes have been led with local organizations and groups working with children and families during the planning phases to identify priorities and opportunities.

As result, more than 90 initiatives have been planned and implemented during the four themes, reaching over 70,000 local children, parents/caregivers, educators, and other community members with messaging and supports that empower them to be physically active, reach for water when thirsty instead of sugary drinks, give veggies and fruit a leading role in their diets, and build a balanced day that is not filled with screen time.

The remainder of this report highlights some of the successes from each of the themes and provides a summary of the next steps for the local Challenge now that it has ended. More detailed summaries of the themes can be found in the following reports submitted to the Community Services Committee over the course of the Challenge: PHE-HLV-15-03, PHE-HLV-17-04, PHE-HLV-18-02, and PHE-HLV-18-05.

Highlights from the Waterloo Region Healthy Kids Community Challenge

Theme One: “Run. Jump. Play. Every Day.”

Theme One took place from September, 2015 to June, 2016. The theme encouraged physical activity through a mix of active play, active transportation, sports, and structured physical activity. Only 35 per cent of five-to-17-year olds are reaching their recommended physical activity levels as outlined in the Canadian 24-Hour Movement Guidelines for Children and Youth.⁴ During Theme One, a total of 20 initiatives promoting healthy physical activity were implemented in partnership with over 40 organizations and community groups across Waterloo Region. One of the most successful activities carried-out during the theme was the expansion of the Active and Safe Routes to School initiative. Eight local elementary schools were supported in encouraging active transportation and making walking to and from school fun and easy. Signs were installed along the walking routes to each of the schools telling children the direction and distance to their school. Nearby sidewalks were also painted with various images, such as paw prints and hopscotch ladders, to encourage spontaneous play. The signage and sidewalk paintings will continue to promote active transportation among future students attending the schools.

Theme Two: “Water Does Wonders”

Theme Two ran from July, 2016 until May, 2017. The theme encouraged children and families to reach for water when thirsty, instead of sugar-sweetened drinks. Sugar-sweetened drinks are the single largest source of sugar in children’s diets.⁵ During Theme Two, a total of seven initiatives promoting water as the natural choice for children to stay hydrated were implemented in partnership with over 70 schools, community organizations and groups across Waterloo Region. One of the key activities from this theme was the installation of 109 hydration stations (water fountains with water dispenser for refillable water bottles) at recreation centres, child care centres, elementary schools, neighbourhood associations, and various other community sites in Waterloo Region. These permanent hydration stations will allow children and families to more easily access tap water in the community, enabling them to choose water over sugar-sweetened beverages.

Theme Three: “Choose to Boost Veggies and Fruit”

Theme Three took place between April, 2017 and March, 2018. It encouraged children and families to eat healthier and to make vegetables and fruits part of their everyday lives. More than one-half of Canadian children (aged two-to-17) eat less than the recommended five servings per day of vegetables and fruit.⁶ During the theme, 19 initiatives promoting the consumption of vegetables and fruit were implemented in partnership with almost 40 community organizations and groups across Waterloo Region. One of the most successful activities was the School Food Garden Project. As part of the project, seven school food gardens were installed at elementary schools across Waterloo Region, resulting in approximately 2,958 square feet of new food gardening space. The project reached an estimated 2,270 elementary students to promote community connectedness and hands-on learning about food gardening. Given the positive response in the community surrounding the gardens, an additional school food garden, with four accessible garden beds, was installed as part of a Theme Four initiative. With the support of Public Health staff, the School Food Garden Project lead has since gone on to successfully secure a \$200,000 grant from the Ontario Trillium Foundation to continue moving school food gardens forward in Waterloo Region.

Theme Four: “Power Off and Play!”

Theme Four ran from January, 2018 until October, 2018, and was all about helping children and families build a balanced day that is not filled with screen time. Less than one-half of five-to-17-year-olds meet the Canadian screen time guidelines of no more than two hours of recreational screen time per day.⁴ During Theme Four, a total of 47 initiatives were implemented in partnership with 63 community organizations and groups across Waterloo Region. One of the most successful projects from Theme Four was the Live Theatre Performances. For the third consecutive year, a local live theatre group toured elementary schools across Waterloo Region. A total of 71 performances were delivered in a fun and interactive format to inspire children to build a balanced day that is not filled with screen time. The performances reached 3,832 elementary students and over 100 educators with screen time reduction key messages. Interest and demand for the performances has grown since they were first introduced in Theme Two, when 41 performances took place.

Conclusions and Next Steps

The success of the local Challenge would not be possible without the many dedicated partners that worked collectively to implement effective and sustainable strategies that promote healthy weights among current and future generations of children living in Waterloo Region. The partnerships made have enabled the Challenge to leverage an immeasurable amount of in-kind time, expertise, resources and supports and, ultimately, expand reach and impact to local families. Now that the Challenge has ended, the Steering Committee is leaving its legacy through one final project, which will

include the creation of a Digital Toolkit. The Digital Toolkit will contain the various evidence-informed resources that were shared during each of the themes, along with an educational video designed for children in grades two-to-four. The video has been modeled after the popular Live Theatre Performances that have been enjoyed by many throughout the local Challenge. The Digital Toolkit will be launched by the end of the year, through the leadership of the Live Theatre Performance coordinator. It is intended to be used by parents/caregivers, educators, camp leaders, recreation professionals, and any other individuals working with children and families to help promote and support physical activity, healthy eating, and other healthy behaviours among children each and every day.

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).⁷ They are also aligned with Requirement Four of the School Health Program Standard (2018).⁷

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 was funded 100 per cent by the Ministry of Health and Long-Term Care; initially, 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 Transfer Payment Agreement, additional funding in the amount of \$187,500 was provided to extend the Challenge to September 30, 2018. The total funding for the period of April 1, 2015 to September 30, 2018 was \$1,312,500. 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

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Katherine Pigott, Manager, Healthy Living Division
Sharlene Sedgwick Walsh, Director, Healthy Living Division

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

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7. 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-HLV-18-09

Region of Waterloo
Public Health and Emergency Services
Healthy Living

To: Chair Elizabeth Clarke and Members of the Community Services Committee

Date: December 11, 2018 **File Code:** P09-80

Subject: **Public Health Breastfeeding Services Update**

Recommendation:

For Information

Summary:

The Pregnancy and Breastfeeding Services team within Public Health and Emergency Services has undertaken several projects over the past year to improve breastfeeding services in Waterloo Region and increase public awareness of the benefits of breastfeeding.

Key accomplishments that occurred in 2018 include:

- Increasing the number of clinic appointments in areas with higher needs;
- Enhancing the skills of Public Health Nurses to provide care to clients with more complex needs;
- Ensuring health care providers and families have access to reliable, current resources that are evidence-based; and
- Normalizing and promoting the benefits of breastfeeding through awareness-raising campaigns.

Report:

The World Health Organization affirms that “Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information and the support of their family, the health care system and society at

large” (World Health Organization, 2018).

Public Health and Emergency Services is committed to supporting families to breastfeed through the provision of evidence-based breastfeeding services and supportive resources. Services and resources are reviewed on an ongoing basis to ensure they reflect current best practices. In addition, the team continues to explore innovative service and resource delivery approaches to meet the needs of the community and reach priority populations.

Direct Service Improvements

Using a “Lean” approach, a review of current clinical processes was completed in spring 2018. The purpose of the review was to ensure appropriate capacity to deal with variations in demand, as well as manage a consistent rise in service needs, while still maintaining a no more than four-day wait time for appointments. After implementing various process changes, clinics now have increased available appointments at the clinic located in Waterloo where there is a higher demand for services. These improvements were afforded by creating efficiencies in the current process such as:

- Securing a permanent and dedicated clinic room space;
- Reducing waste (e.g. discontinuation of chart movement through inter-office mail, clinic set-up and take-down); and
- Eliminating the nurse backup role which redistributed nursing hours into direct service time

The table below illustrates clinic appointment bookings before and after Lean Review recommendations were implemented. In total, 77 more appointments were booked in quarter three (after Lean Review recommendations were implemented) than were booked in quarter two (before Lean Review recommendations were implemented).

| | Cambridge clinic (# of appointments booked) | Waterloo clinic (# of appointments booked) |
|---------|--|---|
| Q2 2018 | 58 | 207 |
| Q3 2018 | 64 | 278 |

Skill Enhancements

Over the past year, with support from the Chief Nursing Officer and the Manager, the Pregnancy and Breastfeeding Services program expanded the scope of practice for Public Health Nurses from the team to increase service and support for complex breastfeeding clients. Public Health Nurses, with additional training, provided cross-

training and resources to all Public Health Nurses working in the breastfeeding clinics regarding initiation and support for lactation aids and nipple shields. This training and knowledge exchange has helped ensure service excellence for clients requiring these often temporary, but essential supportive devices.

The skills of staff were further enhanced after two Public Health Nurses received train-the-trainer designation for the “Breastfeeding for Healthcare Providers Level One” course. This training is a recommendation from the Baby Friendly Initiative Ontario policy and has increased Public Health and Emergency Services’ capacity to provide breastfeeding counselling to new mothers and families. Moreover, it has led to one hundred per cent compliance on the newly established program policy that all clinic nurses must have taken the Level One course. Incidentally, all permanent full-time nurses on the team also have taken the Level Two course as well.

Resource Development

The Pregnancy and Breastfeeding Services team also work to ensure health care providers and families have access to reliable, current resources that are evidence-based. This includes:

- Creating breastfeeding videos to compliment written resources and visually illustrate various breastfeeding techniques;
- Participating as an expert peer reviewer for the updated Nexus/Best Start guidelines, which are considered to be the best practice resource by Health Care Professionals who deal with breastfeeding across the province; and
- Creating the Standards of Assessment for Public Health Breastfeeding Support. This document was created to provide Public Health Nurses with the information and instruction required for the completion of a breastfeeding assessment. Use of this document will also assist nurses in the documentation of their care and has been shared with other health units and external partners.

Breastfeeding Promotion

During Canada’s World Breastfeeding Week (the first week in October) the Pregnancy and Breastfeeding Services team organized local events to raise awareness about the benefits of breastfeeding and promote local breastfeeding services. One event included a free family movie viewing and latch-on event where mothers in the audience were invited to breastfeed and the entire audience was presented with information about the benefits of breastfeeding and local services available. Other events were in collaboration with EarlyOn Centres located in the region. Overall, approximately 70 families participated in World Breastfeeding Week events.

Internally, as an accredited Baby-Friendly Initiative Ontario organization, all staff in
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Public Health and Emergency Services receive information about breastfeeding friendly policies. This ensures that they use consistent approaches and messaging for breastfeeding and that people who visit Public Health and Emergency Services buildings feel welcome and supported to breastfeed anytime, anywhere.

Public Health and Emergency Services continues to support families to breastfeed by providing funding and support to the Breastfeeding Buddies program that is hosted at the Kitchener Downtown Community Health Centre. This program provides one-to-one peer support for breastfeeding mothers to increase breastfeeding initiation and duration as well as a free two-hour prenatal breastfeeding course (Me? Breastfeed?). Through prenatal classes, the Pregnancy and Breastfeeding Services team also provides breastfeeding information to new and expectant parents.

Conclusions and Next Steps

Moving forward, the Pregnancy and Breastfeeding Services team will continue to assess programs and services with attention to efficient and effective use of resources and commitment to service excellence. In 2019 results from a recent “Rural Townships Study” and upcoming “Breastfeeding Needs Assessment and Service Enhancement Project” will be analyzed to identify local gaps in breastfeeding support and determine ways in which we can improve breastfeeding services even more.

Lastly, with support from the Epidemiology and Health Analytics Team, a draft statistical dashboard has been created to provide an efficient means for analyzing service metrics. This tool will be an asset to guiding future service improvements.

Ontario Public Health Standards:

The successful outcomes described in this report are in accordance with the Healthy Growth and Development Standard requirement 2 specifically in relation to breastfeeding which states that “the board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to support healthy growth and development in the health unit population.

- a1) The program of public health interventions shall be informed by:
 - ii) An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication; and
 - iv) Consideration of [breastfeeding] based on an assessment of the local needs”²

Corporate Strategic Plan:

These outcomes also support the Corporate Strategic Plan (2014-2018) Focus area #4: Healthy Safe and Inclusive Communities (4.1 Support early learning and child development)

Financial Implications:

Funding for Public Health and Emergency Services' work in breastfeeding clinic and education programming is provided within the department's 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 of Ontario with the remaining 25% funded by the local tax levy.

Other Department Consultations/Concurrence:

Nil

Attachments

Nil

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 Sharlene Sedgwick Walsh, Director Healthy Living

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

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Report: CSD-EIS-18-04

Region of Waterloo
Community Services
Employment & Income Support

To: Chair Elizabeth Clarke and Members of the Community Services Committee

Date: December 11, 2018

File Code: S09-80

Subject: Ontario Works Caseload: July – September 2018

Recommendation:

For Information.

Report:

This report provides an update on the Ontario Works (OW) caseload for the third quarter of 2018 (July - September). Employment & Income Support (EIS) caseload activity is monitored by Community Services, along with Treasury Services/Corporate Services on a monthly basis and reported to Council quarterly.

OW is an employment-focused program that provides citizens of Waterloo Region with employment, financial, and social supports for improved quality of life by:

- Working with the clients to create an employment or self-sufficiency plan in order to assist them to achieve their potential and an improved quality of life;
- Engaging with employers and the labour market to ensure there are jobs to which to refer clients; and
- Collaborating with internal partners and community to support client needs across service sectors, such as health, housing and education.

Caseload numbers are influenced by external factors such as education levels and the local economy. Table 1 is the total OW caseload for the third quarter (July - September) with comparisons to the second quarter (April - June) and the third quarter in the previous year (July – September 2017).

Table 1: Caseload Size

| Caseload Size* | Third Quarter 2018 | Second Quarter 2018 | Third Quarter 2017 | % of Change Second to Third Quarter 2018 | % of Change Third Quarter 2017 to Third Quarter 2018 |
|-----------------------|---------------------------|----------------------------|---------------------------|---|---|
| ROW – OW Caseload | 9,226 | 9,440 | 9,253 | - 2.7% | -0.29 % |
| Ontario - OW Caseload | 251,575 | 255,040 | 257,644 | - 1.36 % | -2.36 % |

*As reported in September 2018 Social Assistance Operations Performance Reports. Numbers are an average of the three months in the quarter.

To understand the broader economic context within which OW functions, Table 2 shows the unemployment rates for Waterloo Region and the Province.

Table 2: Unemployment Rates – Seasonally Adjusted*

| Area | Third Quarter 2018 | Second Quarter 2018 | Third Quarter 2017 |
|-----------------|---------------------------|----------------------------|---------------------------|
| Waterloo Region | 5.4% | 5.7% | 4.8% |
| Ontario | 5.7% | 5.6% | 6% |

*As revised by Statistics Canada. Numbers are an average of the three months in the quarter.

Table 3 provides information on the indicators that show how many clients were employed and compares the Region to the Province. Over twelve per cent of clients in both the Region and the Province continue to receive OW supports while earning money from employment because their earnings have not reached the threshold level for ineligibility (see rows #3 and #5). Low earnings from employment are not enough to live on but can indicate a positive connection to the community and more job experience which may lead to a better quality of life and better job opportunities.

Table 3: OW and Employment

| OW and Employment* | Third Quarter 2018 | Third Quarter 2017 |
|---|---------------------------|---------------------------|
| 1. ROW - Number of cases with Employment Earnings | 1,252 | 1,281 |
| 2. Ontario - Number of cases with Employment Earnings | 30,207 | 30,992 |
| 3. ROW - % of caseload with employment earnings | 13.64% | 13.30% |

| OW and Employment* | Third Quarter 2018 | Third Quarter 2017 |
|---|---------------------------|---------------------------|
| 4. Ontario - % of caseload with employment earnings | 12.95% | 13.06% |
| 5. ROW - Average monthly employment earnings per case | \$854 | \$791 |
| 6. Ontario - Average monthly employment earnings per case | \$874 | \$806 |
| 7. ROW - % of terminations exiting to employment ¹ | 14.31% | 16.77% |
| 8. Ontario - % of terminations exiting to employment | 17.72% | 15.82% |
| 9. ROW - % of caseload exiting to employment ² | 0.72% | 0.97% |
| 10. Ontario - % of caseload exiting to employment | .88% | 0.91% |
| 11. ROW – Number of exits to employment ³ | 67 | 89 |
| 12. Ontario – Number of exits to employment | 2,073 | 2,197 |

*As reported in the September 2018 Social Assistance Operations Performance Reports. Numbers are an average of the three months in the quarter.

Finally, a brief update on the Ontario Disability Supports Program (ODSP) is provided in table 4. ODSP is provincially funded and operated; however, there is inter-dependence between these programs. OW is often the intake point for clients who are then referred to ODSP once they are deemed eligible as a result of a disability. ODSP clients may be referred to OW employment programs and are eligible for supports through the OW Discretionary Benefits program.

Table 4: Ontario Disability Supports Program Caseload*

| Area | Third Quarter 2018 | Second Quarter 2018 | Third Quarter 2017 | % Change Second Quarter 2018 to Third Quarter 2018 | % Change Third Quarter 2017 to Third Quarter 2018 |
|-----------------|---------------------------|----------------------------|---------------------------|---|--|
| Waterloo Region | 12,568 | 12,419 | 11,954 | + 1.2% | + 5.14% |

1 “% of terminations to employment” means the per cent of OW cases that left OW because they were beginning to earn enough employment income that they were no longer eligible for the program or clients who have asked to have their OW case closed as a result of beginning employment.

2 The percent of cases exiting to employment from the total current caseload.

3 The total number of cases that exited either due to employment income making them ineligible or as a request to exit because they have achieved employment.

*As reported in the September 2018 Social Assistance Operations Performance Reports. Numbers are an average of the three months in the quarter.

In summary, the table demonstrate that for Waterloo Region the caseload numbers for ODSP have risen over the last year and have increased slightly from the second to the third quarter of 2018. The Waterloo Region caseload numbers for OW have decreased slightly between the second and third quarters of 2018 as well as from the third quarter of 2017.

Relation to Quality of Life Indicators:

OW is an employment-focused program that provides citizens of Waterloo Region with employment, financial, and social supports which improve quality of life by increasing Economic Well-Being, Social Inclusion and Equity, Physical and Emotional Well-Being, Skills Development, and Relationships.

Corporate Strategic Plan:

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

Financial Implications:

Eligible costs related to the Ontario Works program are cost shared with the Province. In 2017, the cost sharing ratio was 97.2%/2.8%. The cost sharing upload was completed in January 2018 at which time the Region's obligation to contribute to eligible program costs terminated. The Region continues to pay 50% of the OW cost of administration. Costs related to the ODSP caseload are the sole responsibility of the Province.

Other Department Consultations/Concurrence:

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

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Carolyn Schoenfeldt, Director, Employment and Income Support

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



Report: PHE-IDS-18-12

Region of Waterloo

Public Health and Emergency Services

Infectious Diseases, Dental, and Sexual Health

To: Chair Elizabeth Clarke and Members of the Community Services Committee

Date: December 11, 2018 **File Code:** P25-20

Subject: **Waterloo Region Opioid Response Plan Update**

Recommendation:

For Information

Summary:

The opioid crisis is a national, provincial, and local issue. The burden of opioid use is felt throughout our community by its residents, first responders and service providers, but most especially by 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. According to preliminary data from the Coroner which is available until June 2018, the rate of death due to opioids in our community is decreased in comparison to 2017. However, the rate of opioid related emergency department visits and the rate of Paramedic Services opioid overdose related calls continue to trend upwards. Paramedic Services naloxone administrations in 2018 are lower compared to 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.

On June 19th, 2018, a report to Community Services Committee presented the Waterloo Region Opioid Response Plan for endorsement. The plan builds on existing work of community partners and details the community's comprehensive and integrated response to opioid issues. Coordination and creation of the 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 integrated work to address problematic substance use in Waterloo Region has been led by the Waterloo Region Integrated Drugs Strategy (WRIDS) since 2012, direction for the plan is provided by the Special Committee (of the Waterloo Region Integrated Drug Strategy) on Opioid Response. As part of Public Health's mandate, the Waterloo Region Opioid Response Plan has been submitted to the Ministry of Health and Long-Term Care to meet the requirements to improve local opioid response capacity.

Through cross-sectoral stakeholder consultation, and with direction from the Special Committee, nine strategies from the Waterloo Region Opioid Response Plan were prioritized for initiation or enhancement and further prioritized to three for initiation in 2019. The prioritized strategies are built and dependent upon continuation of existing community strategies. The three prioritized strategies for initiation and enhancement in 2019 are:

1. Supportive Housing for People Who Use Substances
2. Appropriate, Connected, Caring, Engaged, Sufficient, and Supportive (ACCESS to) Care for People Who Use Substances
3. Waterloo Region – Youth Engagement Strategy

The next steps for the three strategies include identification and establishment of stakeholder working groups, development of action plans, timelines, and indicators of success. A critical step is the identification of strategic elements for coordination and alignment with existing opportunities in our community, such as Wellbeing Waterloo Region and Smart Cities Waterloo Region. The stakeholder working groups will then begin implementing the prioritized strategies, which in some cases will involve multiple phases of work.

Progress will be measured on identified strategies and regular reports will be provided to Regional Council. Long term outcomes will be monitored as part of the ongoing work of the Waterloo Region Integrated Drugs Strategy.

Report:

Background

On June 19th, 2018, a report to Community Services Committee presented the Waterloo Region Opioid Response Plan for endorsement by Community Services Committee. This report provides an update on opioid-related data and identifies the Waterloo Region Opioid Response Plan strategies prioritized by the community and the Special Committee on Opioid Response for initiation and/or enhancement in 2019.

A Review of the Opioid Crisis

Problematic substance use interferes with physical or mental health, schooling or employment, relationships, financial stability, personal safety, and the safety of others. The causes of problematic substance use are complex and fit within the broader context of the social determinants of health; nobody chooses to develop an addiction.

Opioids are a family of drugs which are typically used to treat acute and chronic pain. 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
- People, who become addicted to prescription opioids as a result of an injury or chronic pain, may resort to purchasing opioids on the street when prescriptions are ended. In Ontario, more than 9 million prescriptions for opioids were filled in 2015/16, up from 450,000 three years earlier and nearly two million people fill prescriptions for opioids every year (Health Quality Ontario, 2017)
- 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 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
- There has been an increased presence of carfentanil (significantly more toxic than fentanyl) in our local drug supply in the last two years
- While overdose and overdose deaths have been seen in all socio-economic groups, data indicates that people who die from overdose are more likely to be: male, between the ages 25 and 44, unemployed, and live in a private dwelling (Office of the Chief Coroner for Ontario, 2018)
- There are ongoing anecdotal reports of overdoses in public spaces and local agencies such as shelters, public washrooms, and parking garages, and while these overdoses may not result in death, they are reported as having significant mental health impacts on the staff who find themselves in a position to respond

Federal and past Provincial governments' action plans on opioids have been bolstered and include focus on prescribing practices, access to naloxone, enabling the provision of supervised consumption and treatment services, promotion of the Good Samaritan Drug Overdose Act, enhancing surveillance and monitoring efforts, and guiding evidence based care.

Update on Opioid Data for Waterloo Region

Data shared with Community Services Committee on June 19th, 2018, provided a snapshot of the impact of opioid addiction and overdose on Waterloo Region residents (refer to PHE-IDS-18-08).

Local statistics on opioid overdose continue to highlight the severity of the issue. Findings from the 2018 Supervised Injection Services Feasibility Study in Waterloo Region found that almost 40 per cent of people with lived experience of injection drug use in the last six months 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 2018 rate of death due to opioids in our community is decreased compared to 2017 according to preliminary Coroner data, but still higher than the provincial rate. The rate of opioid related emergency department visits in 2018, however, is increasing compared to the previous three years. Further, 2017 opioid-related emergency visit data by municipality indicated that of Ontario municipalities with populations over 100,000, Cambridge and Kitchener place in the top ten cities with the highest rates. Paramedic Services opioid overdose related calls continue to increase in 2018. Paramedic Services naloxone administrations in 2018 are lower compared to 2017, likely due to the availability of naloxone in the community through Public Health and its partners and distribution by pharmacies and the increased use of oxygen by paramedic services as a strategy to reduce the effects of overdose.

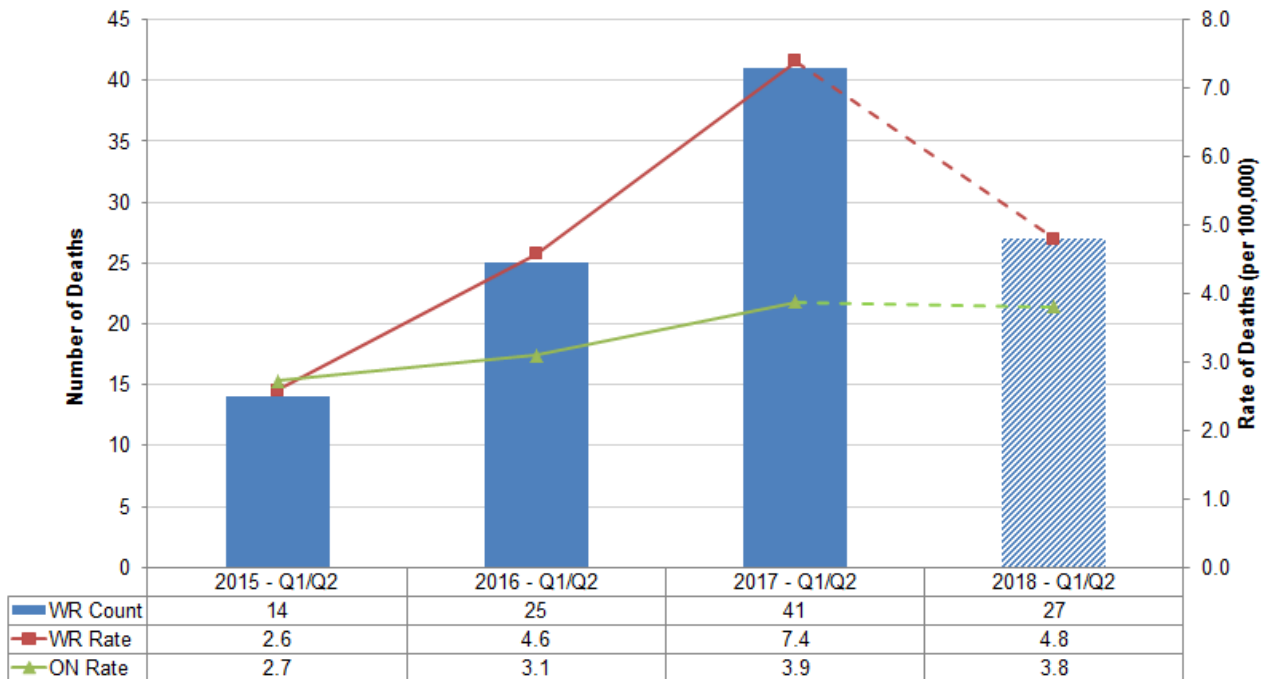
The burden of opioid use is felt throughout Waterloo Region by community members, first responders and service providers, but most especially by those who use substances or have friends or family members struggling with addiction.

Opioid-Related Deaths

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 Waterloo Region there was a 274% increase in opioid overdose related deaths from 2015 to 2017. Confirmed data from the Coroner shows that 86 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. Due to a time lag in receiving Coroner data, Waterloo Region Police Service data has been used in the past to help estimate the number of overdose fatalities until data from the Coroner is

available. Waterloo Region Police Service has reported 43 suspected total overdose deaths up to November 27, 2018 (Waterloo Region Integrated Drugs Strategy, 2018). Coroner data, once fully available, is the measure used to accurately report deaths. Preliminary Coroner data, which is available up until June 2018, indicates that there have been 27 opioid related deaths and shows the death rate to be decreased compared to 2017 (Refer to Figure 1). Even with the decreased rate of opioid related deaths to June 2018 in Waterloo Region, the rate continues to be higher than the Ontario. Figure 1 depicts opioid related deaths and death rates by year from 2015 to 2018 for January to June of each year for consistent comparison.

Figure 1. Opioid related deaths and death rates, January to June, Waterloo Region and Ontario, 2015-2018



Sources:

Coroner’s Opioid Investigative Aid, Deaths for May 2018-June 2018, Office of the Chief Coroner for Ontario, extracted October 29, 2018

Ontario Related Death Database, 2018, Office of the Chief Coroner for Ontario, extracted from [PHO Interactive Opioid Tool](#) on December 4, 2018

Population Projections, 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth ONTARIO, extracted November 27, 2018

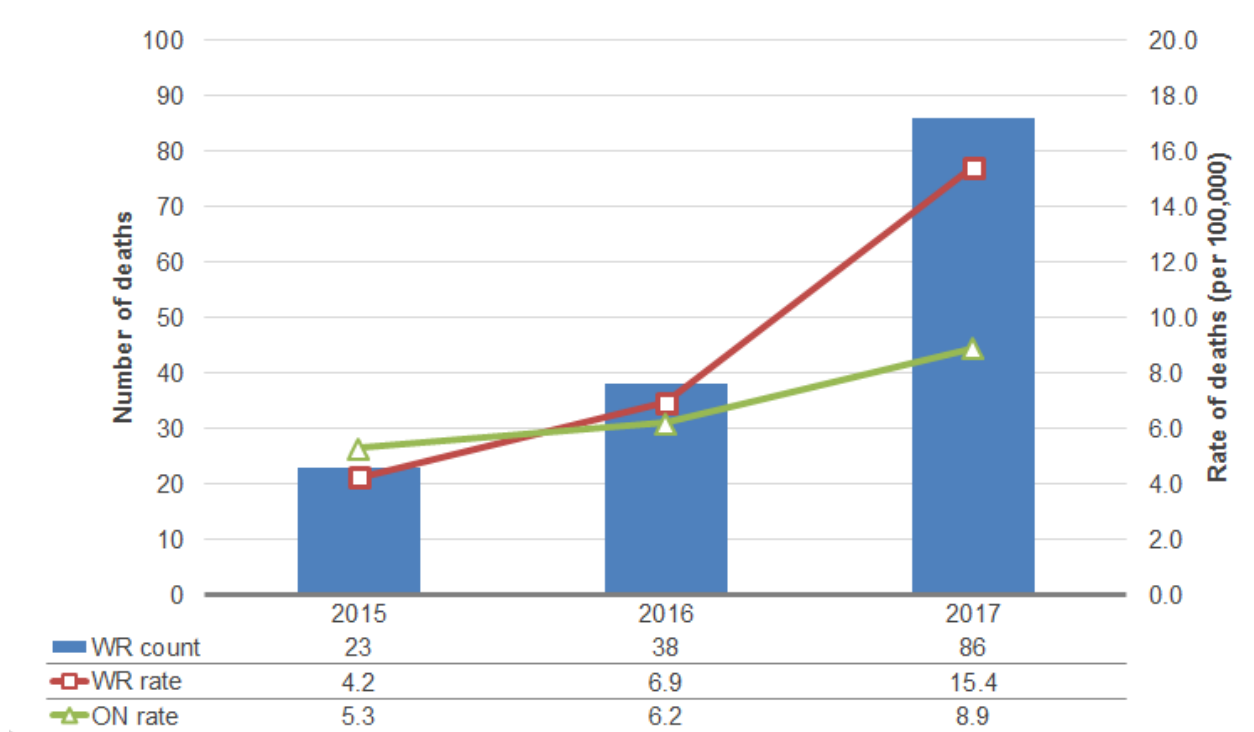
Notes:

Death data is for January 1 to June 30 for each year. Death data for 2018 is preliminary and is subject to change

Death data from the Office of the Chief Coroner for Ontario is not yet available beyond June 2018

The overdose death rate in Waterloo Region was higher in 2016 and 2017 when compared to the provincial rate (refer to Figure 2).

Figure 2. Opioid-Related Deaths and Death Rates, Waterloo Region and Ontario, by year, 2015-2017



Sources:

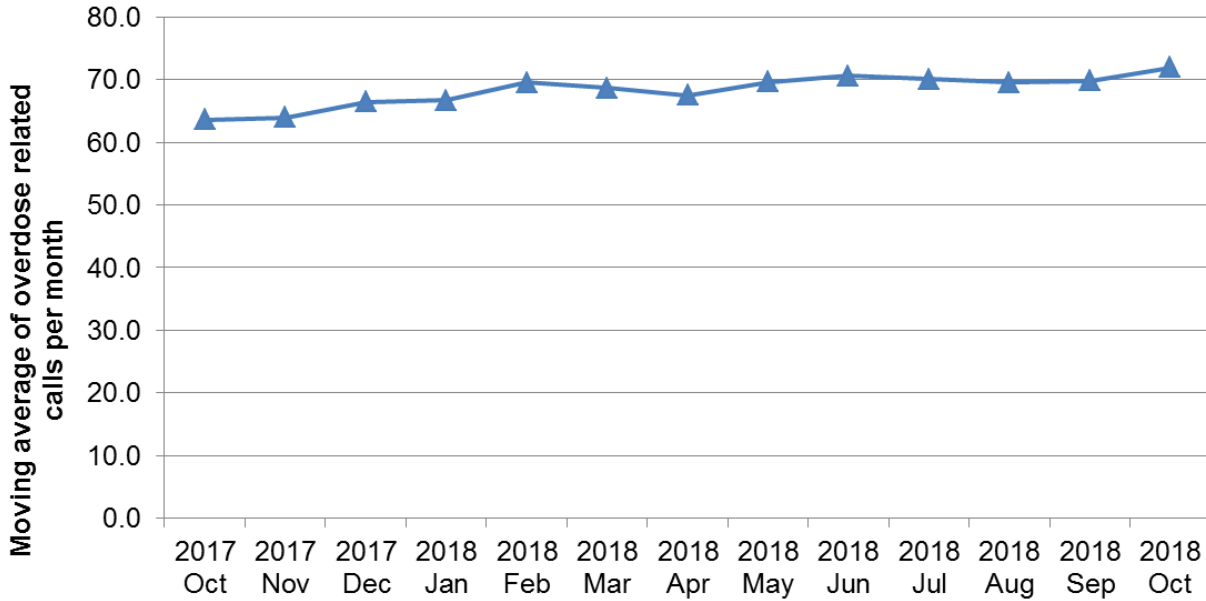
Ontario Related Death Database, 2018, Office of the Chief Coroner for Ontario, extracted from [PHO Interactive Opioid Tool](#) on September 13, 2018

Population Projections, 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth ONTARIO, extracted September 13, 2018

Paramedic Service Calls

The number of overdose related calls to Paramedic Services continues to increase; as of November 17, 2018, Paramedic Services had responded to 740 overdose related calls, a 7% increase from the same point in time in 2017.

Figure 3. Twelve month moving average of opioid related overdose calls, Waterloo Region, November 2016 – September 2018



Sources:

Region of Waterloo Paramedic Services Electronic Patient Care Record (ePCR), 2016-2018. Extracted: November 27, 2018

Notes:

The moving 12 month average reduces the often large changes seen from month to month allowing for trends to be seen clearly

Paramedic Services naloxone administrations are lower as of November 17, 2018, a 35% decrease from the same time point in 2017; likely due to the increased availability of naloxone in the community and increased distribution by pharmacies and the strategy of promoting ventilations over naloxone as a treatment by paramedic services 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. Between January and September 2018, 4,864 naloxone kits were distributed in Waterloo Region.

It is also important to note that overdoses occur in a variety of settings as summarized in Table 1.

Table 1. Number and per cent of opioid overdose related calls, by location type and municipality, Waterloo Region, 2018

| Municipality | Private home | Other |
|------------------------|---------------------|--------------|
| Cambridge | 39% | 61% |
| Kitchener | 50% | 50% |
| Waterloo | 58% | 41% |
| Townships | 65% | 35% |
| Waterloo Region | 52% | 48% |

Source:

Region of Waterloo Paramedic Services Electronic Patient Care Record (ePCR), 2018. Extracted: November 27, 2018

Notes:

January – October 2018. The counts for Waterloo Region will not always sum to the counts of the break downs for municipalities as some calls could not be assigned to a municipality

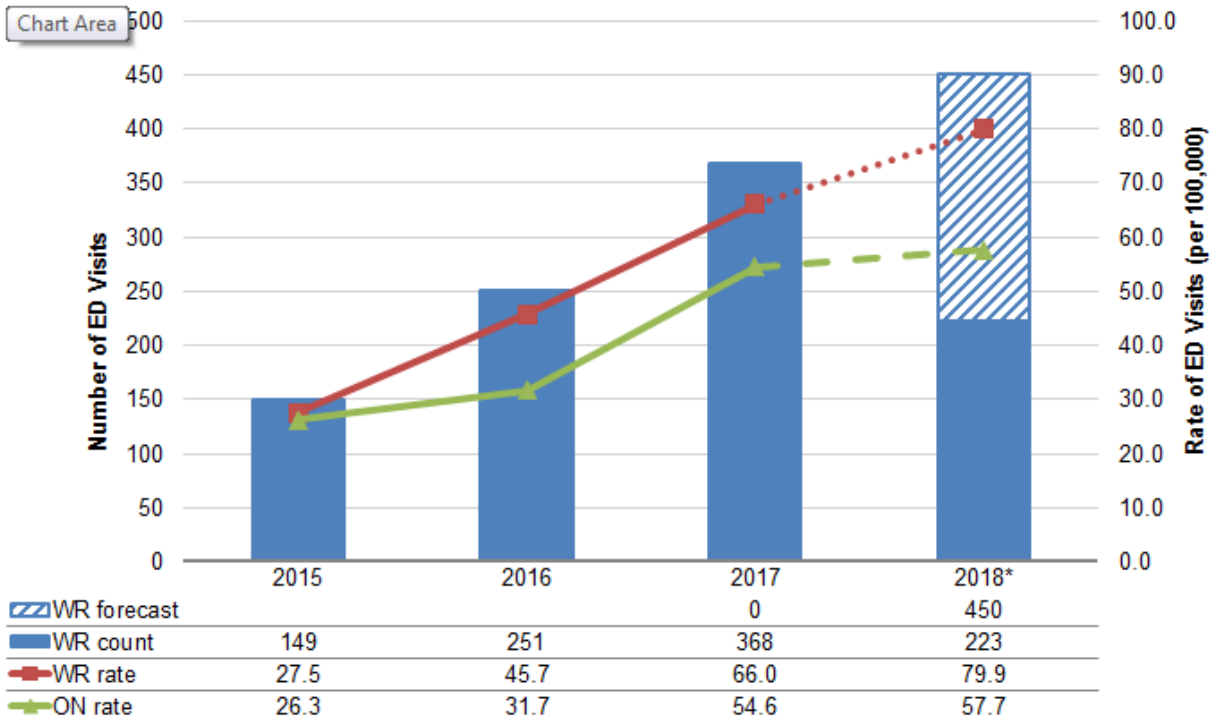
Private home includes apartment/condo building and house/town house

Other includes non-private accommodation (e.g. hotel, shelter, nursing home), public buildings (e.g. restaurants, office buildings, shopping malls), outdoor locations (e.g. park street), and reported as unknown

Emergency Department Visits

Local emergency departments have also seen the effects of the opioid crisis. A 147 per cent increase in opioid-related emergency department visits was seen between 2015 (149 visits) to 2017 (368 visits). From 2015-2018, rates of emergency department visits in Waterloo Region have been higher than provincial rates. From January to June 2018 there were 189 emergency department visits in Waterloo Region, a rate of 33.6 per 100,000 and higher than the provincial rate of 25.6. Further, 2017 opioid-related emergency visit data by municipality indicated that of Ontario municipalities with populations over 100,000, Cambridge had the 6th highest rate and Kitchener had the 9th highest rate (National Ambulatory Care Reporting System, extracted April 2018). Figure 4 depicts emergency department visits by year from 2015 to 2018 for January to August of each year for consistent comparison.

Figure 4. Opioid-related Emergency Department Visits and Rates per 100,000, Waterloo Region and Ontario, January to August 2015-2018



Sources:

National Ambulatory Care Reporting System (NACRS), 2017 - 2018, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted November 27, 2018

Population Estimates, 2017-2018, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted: May 15, 2018

Population Projections, 2017-2018, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted: May 15, 2018

Note:

Numbers include ED visits from January 1 to August 31 of each year. July and August numbers for 2018 are still considered preliminary so actual counts may be underreported

Waterloo Region's Integrated Response

The Special Committee on Opioid 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, through a four-pillared approach that includes Prevention, Harm Reduction, Recovery and Rehabilitation, Enforcement and Justice, with an underlying principle of Integration (Refer to Figure 5).

Figure 5. Waterloo Region Integrated Drugs Strategy four-pillared approach



In 2017, the Ministry of Health and Long-Term Care directed public health units to support development of community 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. 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.

An extension of the Waterloo Region Integrated Drugs Strategy Steering Committee in partnership with Public Health, the Special Committee brings together community leaders to build on existing work and further advance strategies to address the complex nature of the opioid situation through a Community Opioid Response Plan. Membership on the Special Committee includes municipalities, crime prevention and emergency response, school boards, public health and community services, the Waterloo Wellington Local Health Integration Network, and the Waterloo Integrated Drugs

Strategy committee chairs (refer to Attachment 2 for a list of all Special Committee members).

Waterloo Region Opioid Response Plan

The Waterloo Region Opioid Response Plan builds on the existing work of community partners and details the community's comprehensive and integrated response to opioid issues, the full plan is available at www.regionofwaterloo.ca/opioidresponse.

The plan provides federal, provincial, and local context, and describes strategies that are currently happening in Waterloo Region to address the opioid crisis and strategies that are needed. Through stakeholder consultation, strategic priorities to address opioid-related issues in Waterloo Region were identified and included in the plan, which is organized by the pillars of the Waterloo Region Integrated Drugs Strategy. Strategies were selected for inclusion in the plan using a decision making framework to ensure they could impact problematic opioid use in a coordinated and integrated way across the Region.

Prioritization of Strategies for Initiation

Compared to many other communities in Ontario, Waterloo Region is well positioned with its opioid response because of the broader related work of the Waterloo Region Integrated Drug Strategy and community partners. For example, strategies related to overdose prevention, overdose monitoring, and work to explore consumption and treatment services was already underway to address the opioid situation through existing work groups. Priority-setting for the Opioid Response Plan was done in consideration of this work underway.

As such, priority setting took place with the understanding that existing work will continue to move forward. Further, the need to enhance this work, or initiate new strategies to address the opioid crisis could be identified through prioritization. It is important to note that the final list of prioritized strategies is both built and dependent upon continuation of existing strategies.

In May of 2018, over 60 people, including those with lived experience of substance use, participated in a cross-sectoral stakeholder consultation to validate and further inform the Waterloo Region Opioid Response Plan. With direction from the Special Committee on Opioid Response, the consultation resulted in a set of nine prioritized strategies from the plan:

| Pillar | Strategy |
|--|--|
| Prevention | 1. Waterloo Region - Youth Engagement Strategy 2. Further Expansion of Caregivers and Youth Substance Use Education/Awareness Strategy |
| Harm Reduction | 3. Implementation of Strategies to Prevent Overdose Deaths |
| Recovery & Rehabilitation | 4. Expansion of Rapid Access Addiction Medicine Clinics 5. Supportive Housing for People Who Use Substances |
| Enforcement & Justice | 6. Justice System Diversion |
| Integration & Communication | 7. Seamless Care Pathway Strategy 8. Healthcare Provider Education and Anti-Stigma Strategy 9. Community Anti-Stigma Communications Strategy |

Given the strategic role of the Special Committee, the group engaged in a process to identify the order in which the nine identified strategies would be prioritized for initiation and enhancement, and further scoped to focus on three in 2019. The Special Committee identified and weighted criteria against which to examine the strategies to support decision making:

- Community Impact (3)
- Timeliness and Community Context (2)
- Return on Investment (3)
- Flexibility (1)
- Risk (2)

This process and the subsequent discussion to validate the results identified three prioritized strategies for initiation and enhancement in 2019:

1. Supportive Housing for People Who Use Substances
2. ACCESS to Care for People Who Use Substances (renamed from Seamless Care Pathway)
3. Waterloo Region – Youth Engagement Strategy

Waterloo Region Opioid Response Plan Priority Strategies for 2019

The Special Committee worked to develop descriptions of the three identified priority strategies, referring back to the detailed input from the stakeholder consultations, consulting with members working in the topic areas, and capturing activities identified in the plan that may fit within one of the prioritized strategies.

1. Supportive Housing for People Who Use Substances

Supportive housing for people who use substances has been identified as a need in Waterloo Region. These programs provide housing and support for people with various substance use issues.

The strategy would increase the range of housing options for people who use substances, from those that are abstinence-based to those who are not, and anything in-between (dry, wet, and “damp”). The options would vary in terms of length of stay from short-term stabilization spaces, to transitional (i.e. for those leaving residential treatment programs) and longer term housing options.

This type of housing would increase access to responsive, flexible, person-centred services that value the unique strengths of each individual and meet client specific needs depending on their substance use. This would be achieved through the housing program itself or through community partnerships. Housing can be a stabilizing factor in a person’s life that supports their ability to engage in decision-making to positively impact their health.

2. ACCESS (Appropriate, Connected, Caring, Engaged, Sufficient, and Supportive) to Care for People Who Use Substances

ACCESS to care for substance use refers to care that is person-centred and continuous across caregivers and environments regardless of stage of entry to the healthcare system. It is help available for people who need it, when they need it, and how they need it. Person-centred care focuses on the addressing the needs of the person, as opposed to the parameters of the service, and on treating a person receiving health care with dignity and respect and involving them in the decisions about their health. Creation of a supportive environment for person-centred care includes health care provider anti-stigma and trauma informed education, peer involvement in service and support provision, and system navigation.

ACCESS to care would emphasize increasing capacity to meet the current needs of the community; acknowledging the non linear nature of substance use care pathways, increasing service access, and addressing gaps that exist in the continuum of services. This would include reducing wait times across all stages of entry, increasing service access including withdrawal management, day treatment, residential treatment,

counseling, and further resourcing to recovery and rehabilitation. Addressing system gaps includes ensuring availability of health care services to prevent overdose deaths – including consumption and treatment services, a focus on the role and importance of pain management in the service continuum, expansion of existing services such as the Rapid Access Addiction Medicine Clinics, and efforts to support justice system diversion.

This approach requires system integration across partners and pillars and a coordinated approach that includes advocacy and seeking funding and resources.

3. Waterloo Region – Youth Engagement Strategy (WR-YES)

Waterloo Region Crime Prevention Council has begun exploring a comprehensive youth engagement strategy in community partnership with municipal and school board involvement. In a previous report to Regional Council (refer to CPC-18-02) a model for the youth engagement strategy was outlined that uses the same community and evidence based approach to youth substance use prevention as Iceland, removing participation barriers and creating engagement opportunities. The approach includes building a network of support for youth with parent and school involvement, and engaging youth in opportunities that positively impact their development. It is a grass roots model informed by national and local evidence for a continuous approach to improvement.

Waterloo Region - Youth Engagement Strategy Model

| Element | Description |
|--------------------------------|---|
| Youth Reference Group | Youth at risk will act as key partners throughout the development and implementation of the YES. |
| Rapid Service Access | Youth need timely and easy access to community supports and services for themselves and their families in the areas of mental health, problematic substance use, criminal justice, and employment. For this to be possible, communities need a team of service-providers that deliver immediate assistance for youth who struggle and/or provide easy connections to partner services. |
| Research and Evaluation | Evidence will need to guide the design and implementation of this upstream prevention strategy and progression of the strategy will be monitored and evaluated throughout to allow for timely adjustments. |
| Recreation and | Design and implement universal access to programs (guided by |

| Element | Description |
|----------------|---|
| Leisure | youth) in sports and arts to increase engagement. Such efforts have been shown to provide a significant return on investments within a short time, have the potential to boost civic engagement, allow the voices of youth to be heard, and ultimately decrease experiences of marginalization and their resulting social ills. |

Next Steps

The next steps with the strategies prioritized for initiation include:

- Identification and establishment of stakeholder working groups, capitalizing on current work in the community, avoiding duplication, and ensuring community partner buy-in
- Development of strategy action plans, along with timelines and indicators of success
- Development of common tools to support the stakeholder working groups and facilitate reporting back to the Special Committee
- Identification of strategic elements for coordination and alignment with existing opportunities in our community, such as Wellbeing Waterloo Region and Smart Cities Waterloo Region
- Implementation of the prioritized strategies by the stakeholder working groups

Progress will be measured on identified strategies and progress reports will be provided to Regional Council. Long term outcomes will be monitored as part of the ongoing work of the Waterloo Region Integrated Drugs Strategy.

Accountability

As part of Public Health's mandate, the Waterloo Region Opioid Response Plan has been 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 continue to guide implementation of prioritized strategies through 2019, 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 7, 8, 9, and 10 in the Infectious and Communicable Diseases Prevention and Control Standard as well as requirements 1 and 2 in the Substance Use and Injury Prevention 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.

Attachments:

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

Attachment 2 - Waterloo Region Opioid Response Plan [link only]

<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/ Brenna Bonn | Waterloo Region Police Service, Chair of Enforcement and Justice Coordinating Committee |
| Douglas Bartholomew-Saunders/ Deb Schlichter | Region of Waterloo Community Services |
| 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 |
| Dennis Purcell | City of Cambridge |
| Stephen Gross (Co-Chair) | Kitchener Downtown Community Health Centre, Co-Chair of Harm Reduction Coordinating Committee and Co-Chair of Waterloo Region Integrated Drugs Strategy Steering Committee |
| Bryan Larkin/ Craig Ambrose | Waterloo Region Police Services |
| Bruce Lauckner/ Jennifer Kaytar/ Blair Philippi | Waterloo-Wellington Local Health Integration Network |
| Jonathan Mall | Region of Waterloo Public Health, Chair of Prevention Coordinating Committee |
| Pam McIntosh (Co-Chair) | House of Friendship, Co-Chair of Rehabilitation and Recovery Coordinating Committee and Co-Chair of Waterloo Region Integrated Drugs Strategy Steering 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 |

| | |
|--|---|
| Angela Mercier/ James Bond | Waterloo Region District School Board |
| Christiane Sadeler/ Rohan Thompson | 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 |

References

Region of Waterloo Public Health and Emergency Services. (2018). *Waterloo Region Supervised Injection Services Feasibility Study*. ON.

Waterloo Region Integrated Drugs Strategy. (2018). *Waterloo Region Integrated Drugs Strategy Overdose, Monitoring, and Alert Response System*. Retrieved 11 30, 2018, from Waterloo Region Integrated Drugs Strategy:
<http://www.waterlooregiondrugstrategy.ca/en/omars/>



Report: PHE-IDS-18-13

Region of Waterloo

Public Health and Emergency Services

Infectious Diseases, Dental and Sexual Health

To: Chair Elizabeth Clarke and Members of the Community Services Committee

Date: December 11, 2018 **File Code:** P25-30

Subject: Update Regarding Consumption and Treatment Services (CTS)

Recommendation:

For Information

Summary:

Consumption and Treatment Services are an important measure within the Waterloo Region Opioid Response Plan to address the opioid crisis impacting Waterloo Region. Since June 2017, Public Health has worked with community partners to explore the need for consumption and treatment services in Waterloo Region, where sites could be located in relation to the areas of greatest need, and what model is needed to support the community's vision.

In October, the new provincial government shared revised criteria that would need to be met in order for Consumption and Treatment Services to be funded. There are several new requirements compared to the previous Supervised Consumption Services program, including:

- Onsite or defined pathways to treatment and other social services;
- Operations that are available seven days a week;
- A minimum of 600m distance between CTS sites;
- Requirement of local municipal council support as well as submissions of other letters of support, including the Board of Health resolution;
- Requirement that the area surrounding CTS sites is monitored for improper needle disposal; and
- An established and ongoing process to hear and address community concerns.

The Ministry of Health and Long-Term Care have also indicated that there will be a cap
2867794

of 21 sites for the province. Existing sites in the province have been directed to reapply under the new criteria by the end of the year and communities without sites have been further advised by the Minister of Health that, “while there is no deadline for submitting an application, the ministry is working to establish all [consumption and treatment services] by April 2019”, and further, that “organizations that plan to submit an application are encouraged to submit well in advance of that timeframe”.

Since August, Public Health has been working closely with partners, to develop the specific details of Consumption and Treatment Services for the five candidate locations. Based on the new provincial criteria, work has been underway with Region of Waterloo facilities and operating partners to more fully develop floor plans and related operational and capital costs. This will provide a more detailed analysis of the suitability of each of the candidate locations as an operating Consumption and Treatment Services site.

This work is near completion and will provide the foundation for a January report to Community Services Committee. The remaining work required locally to support an application for funding for sites will include endorsement from Community Services Committee to proceed to public consultations, followed by Board of Health (Regional Council) and City Council endorsements on site location(s).

While the province was reviewing the program now called Consumption and Treatment Services, Community Service Committee directed Public Health Staff for continue work to develop a “Made in Waterloo Region” model. This work has been completed and has resulted in the development of a conceptual model that includes services and operational components in support of a practical vision to address opioid and substance use related issues in Waterloo Region (refer to Attachment 6). The results of the visioning session are being used to guide the ongoing planning for Consumption and Treatment Services in Waterloo Region.

Community Services Committee as the Board of Health have guided all aspects of this work to date through a phased review and decision-making process. Public Health will be returning to Community Services Committee in January 2019 with recommendations regarding next steps in the process.

Report:

Consumption and Treatment Services are an important measure within the Waterloo Region Opioid Response Plan to address the opioid crisis impacting Waterloo Region. The Waterloo Region Opioid Response Plan was approved by Community Services Committee in June 2018.

The Opioid Response Plan, directed by the Special Committee on Opioid Response, builds on existing work of community partners and details the community’s comprehensive and integrated response to opioid issues according to the four pillars of the Waterloo Region Integrated Drugs Strategy (WRIDS): Prevention, Harm Reduction,

Recovery and Rehabilitation, Enforcement and Justice, with an underlying principle of Integration. Three strategies from the plan have been prioritized for initiation through stakeholder consultation and the Special Committee on opioid response. One of these strategies is Appropriate, Connected, Caring, Engaged, Sufficient, and Supportive (ACCESS to) Care for People Who Use Substances, which includes person-centred care that addresses system gaps. Consumption and Treatment Services is one activity within the ACCESS to Care strategy that fits within the Harm Reduction and Recovery and Rehabilitation pillars of the WRIDS.

Local statistics on opioid overdose continue to highlight the severity of the issue. According to preliminary data from the Coroner which is available until June 2018, the rate of death due to opioids in our community has decreased in comparison to 2017. However, the rate of opioid related emergency department visits and the rate of Paramedic Services opioid overdose related calls continue to trend upwards. Paramedic Services naloxone administrations in 2018 are lower compared to 2017, likely due to 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 more information on local opioid related statistics, refer to PHE-IDS-18-12.

Process to establish supervised consumption services in Waterloo Region

On June 6, 2017, Community Services Committee approved the recommendation to work with community partners to enhance harm reduction services in Waterloo Region which included exploring the feasibility of supervised consumption services. The recommendation was made in response to the rising number of overdose deaths in Waterloo Region (refer to Report PHE-IDS-17-04). Public Health has provided subsequent reports since that time to support the phased decision-making process to investigate supervised consumption services as one component of a broader response to support people struggling with addiction and at risk for overdose in Waterloo Region:

- In October 2017, Community Services Committee endorsed the methodology and implementation of the Supervised Injection Services Feasibility Study (PHE-IDS-17-09)
- In February 2018, Community Services Committee received the Supervised Injection Services Feasibility Study Phase 1 report for information, and endorsed scheduling special council meetings for public input on recommendations from Phase 1, and arrangement of Supervised Injection Services tours for Regional Councillors (PHE-IDS-18-04)
- In April 2018, Community Services Committee provided endorsement to move forward with Phase 2a of the Supervised Consumption Services Feasibility Study including identification of candidate locations (PHE-IDS-18-06)
- In June 2018, Community Services Committee endorsed 150 Main St. Cambridge, 149 Ainslie St. N Cambridge, and 115 Water St. N Kitchener as candidate locations and further endorsed moving forward with Phase 2b of the

Supervised Consumption Services Feasibility Study. Community Services Committee further directed staff to provide community members the opportunity to suggest additional candidate location options for consideration (PHE-IDS-18-07)

The most recent report to Community Services Committee on August 14th, 2018 (PHE-IDS-18-09) shared findings of an extensive community engagement process to identify additional candidate locations for supervised consumption services in Kitchener and Cambridge. Through the online survey platform, “Engage Waterloo Region”, or by email or phone, residents of Waterloo Region suggested 310 locations. After every unique location was evaluated using the provincial criteria for funding and the federal criteria for exemption under Section 56 of the Controlled Drugs and Substances Act, one location was added as a candidate site. An additional site was endorsed during committee proceedings bringing the list of candidate sites to five, two in Cambridge and three in Kitchener:

- 115 Water Street North, Kitchener
- 150 Duke Street West, Kitchener
- 105 Victoria Street North, Kitchener
- 150 Main Street, Cambridge
- 149 Ainslie Street North, Cambridge

Further, Community Services Committee directed Public Health to pause public consultation until more information was received from the provincial government regarding the status of the provincial Supervised Consumption Services program. Regional Council further directed staff to continue work to explore what a “Made in Waterloo Region” Supervised Consumption Services model would include and how it would operate.

Updates to the provincial program have since been released and work to explore a “Made in Waterloo Region” model has been undertaken. This report provides an update on this work and outlines next steps for Waterloo Region in pursuit of establishing a health care model that includes consumption and treatment services.

Government of Ontario Consumption and Treatment Services (CTS) program

On October 31st, 2018, the new provincial application form for Consumption and Treatment Services (previously call Supervised Consumption Services) funding was posted on the Province of Ontario website (refer to Attachment 2 for all requirements related to Consumption and Treatment Services). There are several new requirements compared to the previous Supervised Consumption Services program, including:

- Onsite or defined pathways to treatment and other social services,
- Operations that are available seven days a week;
- A minimum of 600m distance between Consumption and Treatment Services sites;

- Requirement of local municipal council support as well as submissions of other letters of support, including the Board of Health resolution;
- Requirement that the area surrounding Consumption and Treatment Services sites is monitored for improper needle disposal; and
- An established and ongoing process to hear and address community concerns.

The revised provincial program is well aligned with the model envisioned and shared in previous reports to Community Services Committee (see PHE-IDS-18-07) and was further confirmed through a recent stakeholder engagement visioning exercise.

The Ministry of Health and Long-Term Care have also indicated that there will be a cap of 21 sites for the province. Currently in Ontario, there are 21 organizations with existing operations or operations on hold. Upon release of the new revised funding application, all 21 sites were advised of the application and directed to submit an application by December 31, 2018. Under the new requirements, it is possible that some existing Supervised Consumption Sites (fixed sites) and Overdose Prevention Sites (temporary sites) may no longer be eligible to receive funding. Although there is a limit of 21 sites provincially, the Ministry of Health and Long-Term Care has further indicated that any organization that wishes to apply to become a Consumption and Treatment Service, and meets the criteria/requirements, should do so.

Current Overdose Prevention and Supervised Consumption Services sites that are approved as Consumption and Treatment Services are expected to transition in January 2019 with all approved Consumption and Treatment Services expected to be operational by April 2019. Attachment 1 outlines all existing Supervised Consumption Services and Overdose Prevention Site operations in Ontario. Recent information shared by the Ministry of Health and Long-Term Care has further indicated that communities who intend to submit an application for funding should aim to do so “well in advance of April 2019” (refer to Attachment 3 for full correspondence).

Since August, Public Health has been working closely with partners, to develop the specific details of Consumption and Treatment Services for the five candidate locations. Based on the new provincial criteria, work has been underway with Region of Waterloo facilities and operating partners to more fully develop floor plans and related operational and capital costs. This will provide a more detailed analysis of the suitability of each of the candidate locations as an operating Consumption and Treatment Services site.

This work is near completion and will provide the foundation for a January report to Community Services Committee. The remaining work required locally to support an application for funding for sites will include endorsement from Community Services Committee to proceed to public consultations, followed by Board of Health (Regional Council) and City Council endorsements on site location(s).

Made in Waterloo Region Model

Over the last few months Public Health and their partners continued to explore what a “Made in Waterloo Region” Supervised Consumption Services model would include and how it would operate. To support this work, Public Health enlisted the services of ICA Associates to facilitate a visioning session with community leaders, key service providers and community members to think about how these important services could be provided in a way that is innovative, supports the needs of people who use substances, and builds on ideas and addresses potential challenges raised to date.

A two-part session was planned and held on Wednesday October 24th, 2018 and Monday November 5th, 2018, The sessions aimed to bring together various sectors, including those that had been engaged in previous consultation processes, in addition to sectors that had been less engaged to date. The list of invitees was informed by the recognition that substance use and overdose is occurring in a number of locations in our community and that involvement of additional sectors may lead to creative solutions that are unique to Waterloo Region. Specifically, the following sectors were represented:

- people who use or have used substances
- family members of people who have struggled with addiction or have died from an opioid overdose
- staff of agencies who provide harm reduction services
- staff and faculty from libraries, universities and colleges (e.g. Idea Exchange, Kitchener Public Library, University of Waterloo School of Public Health)
- Business Improvement Areas
- the technology sector (e.g. Communitech)
- community interest groups (e.g. For a Better Cambridge, Cambridge Harm Reduction Alliance)
- Neighbourhood Associations (e.g. Olde Berlin Neighbourhood, Allison Neighbourhood)
- staff from Region of Waterloo including Public Health, Paramedic Services, Planning, and Crime Prevention Council
- Waterloo Region Police Service
- hospitals and primary care clinics (e.g. Cambridge Memorial Hospital, Grand River Hospital)
- local municipalities (e.g. City of Cambridge)
- agencies who provide mental health, treatment and addiction services (e.g. Grand River Hospital Withdrawal Management, House of Friendship)

Attachment 4 provides the list of agencies, organizations and sectors who attended one or both of the visioning sessions.

Over the course of the two sessions, attendees discussed the following issues:

1. Identify and describe a practical vision for Consumption and Treatment Services in Waterloo
2. Identify and prioritize the types of services, supports, and partnerships they felt are required in order to make the practical vision a reality
3. Develop a model for Consumption and Treatment Services

Practical Vision

Attendees identified a number of changes they hoped to see as a result of establishing Consumption and Treatment Services sites in Waterloo Region. These elements were combined into the following five key themes (see Attachment 5 for full description of the practical vision elements):

- Safe and Inclusive Community for Everyone
- Safe Places to Live and Sleep
- Accessible and Appropriate Services
- Reduce Overdose and Overdose Deaths
- Problematic Substance Use is Seen as a Health Issue

Services, Supports, and Partnerships

Many services, supports and partnership were identified as being needed as part of the site operations to help realize the practical vision and the following ideas were prioritized:

- Having onsite or defined and accessible referral pathways to addiction and trauma counselling;
- Having needle recovery teams in place to ensure neighbourhoods surrounding a CTS site are safe for community members;
- Having onsite access or nearby access to primary care that can provide health care to complexly marginalized populations;
- Having a site that is well-designed and inviting for clients where they can feel a sense of belonging;
- Having access to housing supports including day-time rest spaces and onsite access or referral to supportive housing beds;
- Having consumption services;
- Providing services 7 days a week to increase accessibility for clients;
- Staffing the site with trained personnel to assist with overdoses; and
- Establishing a Community Advisory Group to allow community members and services providers to guide how the site operates.

Developing a model

In groups, attendees created example models of Consumption and Treatment Service sites that would incorporate the prioritized services, supports and partnerships, and further describe how the site would function. Various models were created and through facilitated discussion, the following common elements across the different models were identified:

- Welcoming design - the philosophy of Consumption and Treatment Services should be friendly, inclusive, and non-judgemental to help clients and potential clients feel welcome. To achieve this, people with lived experience should be engaged and involved in the approach, design, and ongoing operations of a site.
- Safety for clients and community - all community members, including those accessing and not accessing Consumption and Treatment Services as well as service providers, feel safe in their community. The site would contribute to this vision by being a safe place for people to use substances leading to a reduction in public drug use and incidents of “unsupervised” consumption sites, for example, use in public washrooms. Processes would be in place to ensure community member’s concerns are heard and addressed in a timely manner such as improper needle disposal, or other safety concerns.
- Community support – public support that is informed by transparent operations and ongoing public education was identified as being significant to the success of Consumption and Treatment Services. The site operations should aim to forge new and sustained relationships between site staff, clients, community members, partners, and other stakeholders. This would lead to a reduction in stigma related to addiction and support of the site in the community.
- Client-centred - Consumption and Treatment Services should utilize a client-centered approach which focuses on the needs of the person as opposed to the needs of a service, treats a person with dignity and respect, and involves the person in decisions about their health.
- Access to services – the site should include all of the mandatory components for Consumption and Treatment Services and support access to other services that are needed through referral.

A conceptual model (refer to Attachment 6) was created summarizing all components of the “Made in Waterloo Region” model for Consumption and Treatment Services.

The results of the vision session are being used to guide the ongoing planning for Consumption and Treatment Services in Waterloo Region. Region of Waterloo Public Health will also connect with the agencies that expressed interest in being involved with Consumption and Treatment Services in varying capacities moving forward. See Attachment 7 (link only) for a full summary report of the visioning sessions.

Next steps

Community Services Committee as the Board of Health has guided all aspects of this work by using a phased decision making approach. Public Health will be returning to Community Services Committee in January 2019 with recommendations regarding next steps in the process. Table 2 summarizes the decision making history and upcoming decisions to be made by Community Services Committee in 2019.

Table 2 – Phases and status of work, and next steps

| Phase | Purpose | Status/timeline | Role of Community Services Committee in next steps |
|--|--|---|---|
| Phase 1: Feasibility Study | <ul style="list-style-type: none"> Are Supervised Consumption Services (Consumption and Treatment Services) needed? What does the community think are the benefits of Supervised Consumption Services and what are the concerns? | Complete | N/A |
| Phase 2a: Identification of candidate sites and development of the “Made in Waterloo Region” model | <ul style="list-style-type: none"> Where might Supervised Consumption Services be located? What will the service model include? | Complete | N/A |
| Phase 2b: Public Consultation on candidate sites | <ul style="list-style-type: none"> What concerns does the public (including residents and business owners in the surrounding community of each site location) have and how might they be mitigated? | Upcoming; consultation plan to be re-tabled on January 8, 2019. | <ul style="list-style-type: none"> Provide direction on recommendation to begin public consultations |

| Phase | Purpose | Status/timeline | Role of Community Services Committee in next steps |
|--|--|--|--|
| Phase 3: Final site selection and application submission | <ul style="list-style-type: none"> • What site(s) best meet(s) the needs for a Consumption and Treatment Services site from a community and client perspective? • How will provincial requirements be met? | Upcoming; results from public consultation will inform recommendation for site | <ul style="list-style-type: none"> • Provide direction on recommendation for Consumption and Treatment Services site location • With the approval of the relevant City Council(s), provide direction to submit application to the Government of Canada for exemption to the Controlled Drugs and Substances Act and to the Government of Ontario for funding |

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 Consumption and Treatment Services are partially funded by the Ministry of Health and Long-Term Care. Capital and operating costs associated with the consumption component of the model are funded 100% by the province. The MOHLTC will not cover direct costs of wrap-around services (treatment component).

Other Department Consultations/Concurrence:

Nil

Attachments

Attachment 1 – Existing Supervised Consumption Sites and Overdose Prevention Sites in Ontario

Attachment 2 – New Criteria to Operate Consumption and Treatment Services in Ontario

Attachment 3 – Correspondence from Chief Medical Officer of Health regarding Consumption and Treatment Services

Attachment 4 – List of agencies, organizations and sectors who attended one or both of the visioning sessions

Attachment 5 – Practical Vision for Consumption and Treatment Services in Waterloo Region

Attachment 6 – Conceptual Model of Consumption and Treatment Services

Attachment 7 – Consumption and Treatment Services - Made in Waterloo Region Visioning Session Summary Report [link only]

https://www.regionofwaterloo.ca/en/regional-government/resources/Reports-Plans--Data/Public-Health-and-Emergency-Services/CTS_WR_SummaryReport.pdf

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

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

Attachment 1 – Existing Supervised Consumption Sites and Overdose Prevention Sites in Ontario

| Name | Type of Service | Location |
|--|---------------------------------|-----------------|
| 1. Guelph Community Health Centre | Overdose Prevention Site | Guelph |
| 2. Hamilton Community Health Centre | Overdose Prevention Site | Hamilton |
| 3. Kingston Community Health Centre | Overdose Prevention Site | Kingston |
| 4. London (186 King Street) | Overdose Prevention Site | London |
| 5. London (Approved 446 York St, not yet open) | Supervised Consumption Services | London |
| 6. London (Approved 241 Simcoe Street, not yet open) | Supervised Consumption Services | London |
| 7. Positive Living Niagara | Overdose Prevention Site | Niagara |
| 8. Sandy Hill Community Health Centre | Supervised Consumption Services | Ottawa |
| 9. Somerset West Community Health Centre | Supervised Consumption Services | Ottawa |
| 10. Inner City Health | Supervised Consumption Services | Ottawa |
| 11. Ottawa Public Health | Supervised Consumption Services | Ottawa |
| 12. NorWest Community Health Centre (on hold) | Overdose Prevention Site | Thunder Bay |
| 13. Regent Park Community Health Centre | Supervised Consumption Services | Toronto |
| 14. South Riverdale Community Health Centre | Supervised Consumption Services | Toronto |
| 15. Queen West Community Health Centre | Supervised Consumption Services | Toronto |
| 16. Sherbourne Site | Overdose Prevention Site | Toronto |
| 17. Fred Victor | Supervised Consumption Services | Toronto |
| 18. St. Stephen's Community House | Overdose Prevention Site | Toronto |
| 19. Street Health | Overdose Prevention Site | Toronto |
| 20. Toronto Public Health, The Works | Supervised Consumption Services | Toronto |
| 21. Parkdale Community Health Centre | Overdose Prevention Site | Toronto |


Attachment 2 – New Criteria to Operate Consumption and Treatment Services (CTS) in Ontario

| | |
|---|---|
| <p>1. Local conditions</p> | <p>The ministry will identify communities demonstrating need for CTS based on the following:</p> <ul style="list-style-type: none"> • Mortality data: <ul style="list-style-type: none"> ○ Number of opioid-related deaths (i.e. cases) ○ Rate of opioid-related deaths • Morbidity data: <ul style="list-style-type: none"> ○ Rate of opioid-related emergency department visits ○ Rate of opioid-related hospitalizations • Proxy measures for drug use: <ul style="list-style-type: none"> ○ Needle distribution ○ Naloxone distribution and oxygen • Consider the local context. Include, if applicable: <ul style="list-style-type: none"> ○ Any local or neighborhood data to support the choice of the proposed CTS site <p>A description of how the proposed service delivery model is best suited to local conditions</p> |
| <p>2. Capacity to provide consumption and treatment services</p> | <p>Preference will be given to organizations that currently offer, or have the capacity to offer in partnership, onsite access to services.</p> <ul style="list-style-type: none"> • Must include integrated, wrap-around, mandatory services <ul style="list-style-type: none"> ○ Supervised consumption (injection, intranasal, oral) and overdose prevention services ○ Onsite or defined pathways to: <ul style="list-style-type: none"> ▪ Addictions treatment services ▪ Mental health services ▪ Primary care services ▪ Social services (e.g. housing, food, employment, other) ○ Harm reduction services: <ul style="list-style-type: none"> ▪ Education (on harm reduction , safe drug use practices, safe disposal of equipment) ▪ First aid/wound care ▪ Distribution and disposal of harm reduction supplies ▪ Provision of naloxone and oxygen ○ Removal of inappropriately discarded harm reduction supplies surrounding the CTS area ○ Public education • Service delivery model <ul style="list-style-type: none"> ○ Preference will be given to sites that offer consistent hours of operation, seven (7) days per week. Proposed hours should be based on local context and consultation with community stakeholders ○ Must identify number of booths ○ Staffing model to demonstrates how the CTS meets operational and program requirements, including: |

| | |
|--|--|
| | <ul style="list-style-type: none"> ▪ A designated health professional present at all times ▪ Peers / persons with lived experience • Site requirements <ul style="list-style-type: none"> ○ Provide a floor plan indicating where: <ul style="list-style-type: none"> ▪ Service intake, consumption, and post-consumption care (i.e. aftercare room) will be located ▪ Other mandatory services will occur ▪ Hand hygiene sink and foot wash station will be located ▪ Accessible washrooms will be located ○ Verify the facility meets municipal bylaws and provincial regulations for accessibility ○ Verify the site meets ministry design standards for a consumption service ○ Verify physical safety and security measures are in place to ensure client, staff and community safety including: <ul style="list-style-type: none"> ▪ Provincial and municipal safety requirements ▪ Fire safety plan ▪ Security plan ○ Paramedics and other first responders have access to the consumption and post-consumption (i.e. aftercare) rooms. ○ Occupational health and safety requirements ○ Infection prevention and control requirement |
| 3. Proximity | <ul style="list-style-type: none"> • Proximity to similar services <ul style="list-style-type: none"> ○ CTS should be located at least 600m (i.e. two large city blocks) from each other. ○ Must outline the site's distance, in metres or kilometres, to the closest licensed child care centre, park and schools <ul style="list-style-type: none"> ▪ If the proposed site is within close proximity (e.g. 100m - 200m) to any of these, must specify how community concerns will be addressed through community consultation, and through ongoing community engagement. ▪ Evidence of support by local stakeholders, including residents |
| 4. Community support and ongoing engagement | <ul style="list-style-type: none"> • At a minimum, must consult the following stakeholders: <ul style="list-style-type: none"> ○ Health and social service stakeholders (i.e. addictions treatment, mental health, housing) ○ Local businesses and/or business associations; ○ Local citizens and/or community groups; ○ Local municipality; ○ Police and other emergency services; ○ Public health (local board of health); and |

| | |
|-------------------------|---|
| | <ul style="list-style-type: none"> ○ Persons with lived experience. ○ Consultation report should include who was consulted, a summary of feedback from each stakeholder group, concerns raised by stakeholder groups, and how concerns will be addressed. ● Obtain and submit local municipal council support (i.e. council resolution) endorsing the CTS ● Submit other evidence of support for the CTS. This can include: <ul style="list-style-type: none"> ○ Letters of support from partnering organizations, local businesses and/or other stakeholders ○ Board of health resolution ● Submit a community engagement and liaison plan which outlines how the community will be engaged on an ongoing basis. |
| 5. Accessibility | <ul style="list-style-type: none"> ● Verify the CTS site is compliant with the Accessibility for Ontarians with Disabilities Act. ● Demonstrate how the services offered are culturally, demographically, and gender appropriate. ● Demonstrate how the CTS is: <ul style="list-style-type: none"> ○ Strategically located (i.e. walking distance from where open drug use is known to occur); ○ Easily accessible by public transit |

Attachment 3 - Correspondence from Chief Medical Officer of Health regarding Consumption and Treatment Services



| | |
|--|---|
| <p>Ministry of Health and Long-Term Care</p> <p>Chief Medical Officer of Health – Population and Public Health 21st Floor, 393 University Avenue Toronto ON M7A 2S1</p> <p>Telephone: (416) 212-3831 Facsimile: (416) 325-8412</p> | <p>Ministère de la Santé et des Soins de longue durée</p> <p>Médecin hygiéniste en chef – Santé de la population et santé publique 393 avenue University, 21^e étage Toronto ON M7A 2S1</p> <p>Téléphone: (416) 212-3831 Télécopieur: (416) 325-8412</p> |
|--|---|

December 3, 2018


Dear Colleague:

Thank you for your organization's interest in the Consumption and Treatment Service (CTS) program. I understand you and your partners are potentially working on an application, and I am pleased to provide some clarification on timelines.

In terms of the CTS application process, new organizations — those that are not currently a Supervised Consumption Service or Overdose Prevention Site — are able to submit a CTS application to the ministry on an ongoing basis. However, while there is no set deadline for submitting an application, the ministry is working to establish CTS by April 2019. Organizations that plan to submit an application are encouraged to submit well in advance of that timeframe.

As always, ministry staff are available to support you and your organization throughout the CTS application process. Please do not hesitate to reach out to ministry staff via email at addictionandsubstances@ontario.ca if you have any questions.

Sincerely,

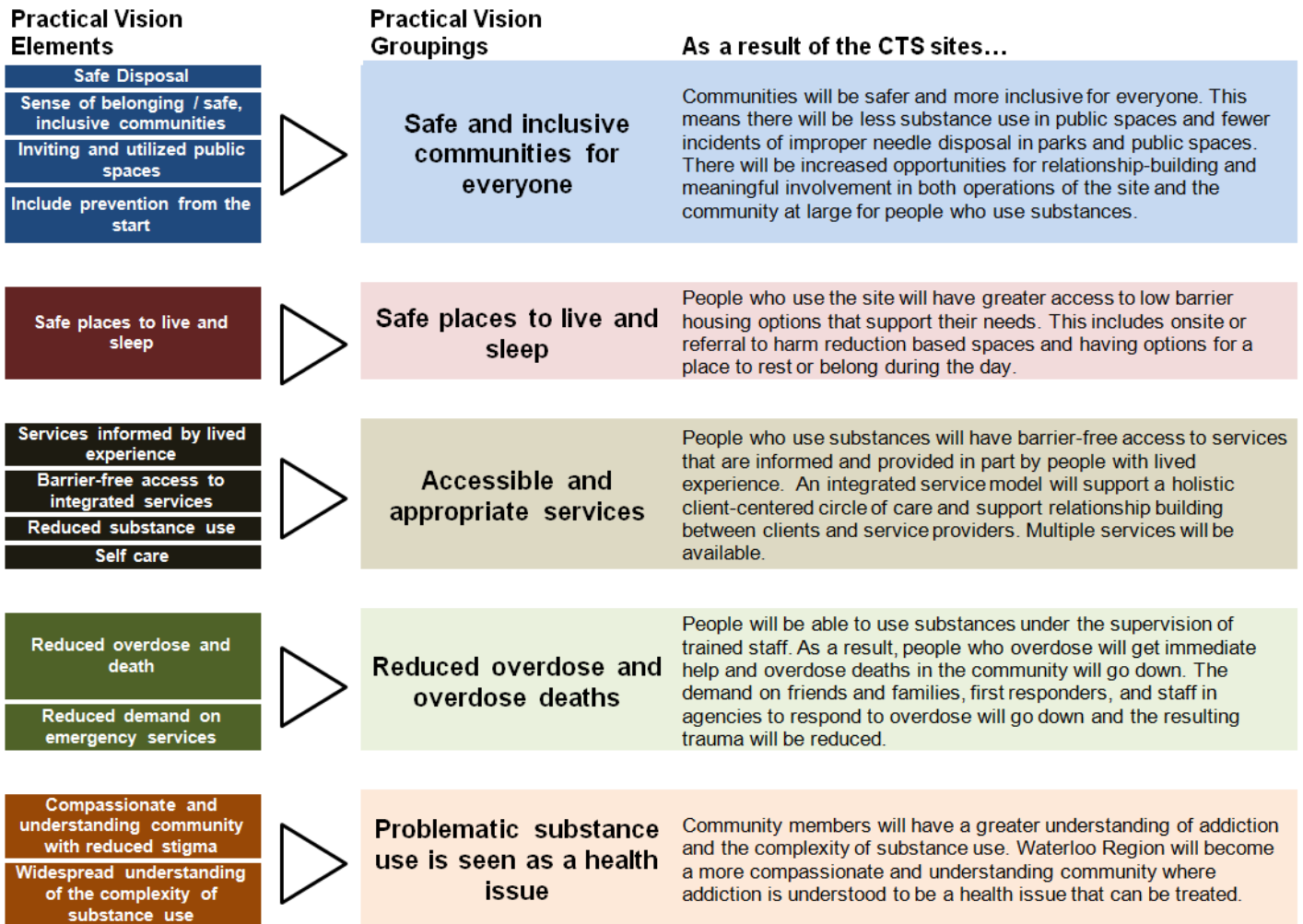


David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health – Population and Public Health

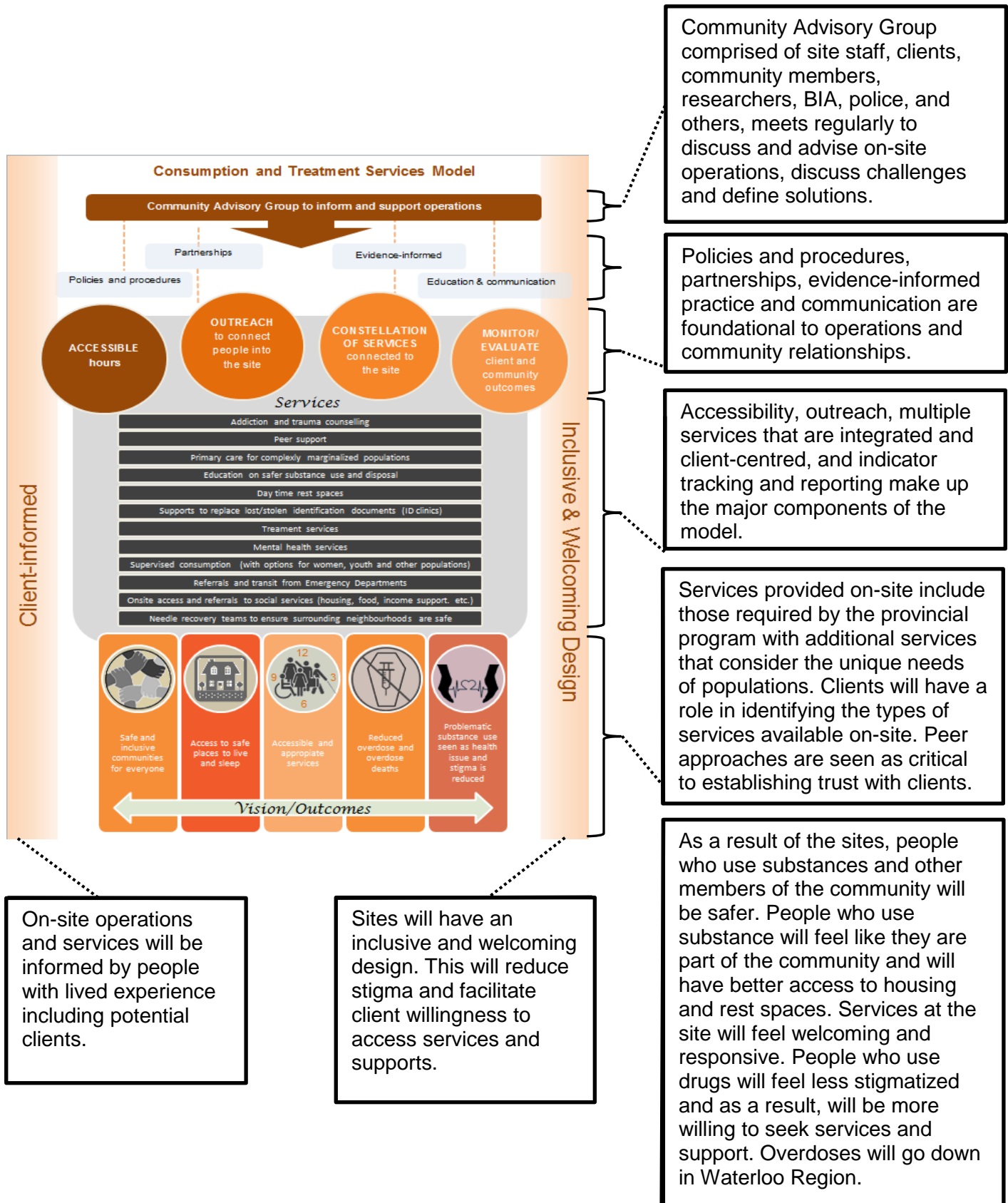
Attachment 4 – List of agencies, organizations and sectors who attended one or both of the visioning sessions

| Type of Organization | Organizations | Number of Attendees |
|--|---|---------------------|
| Agencies who serve populations at risk of overdose | <ul style="list-style-type: none"> • ACCKWA • Emmanuel United Church • The Working Centre • YWCA Mary's Place • Ray of Hope • Stonehenge Therapeutic Community • Cambridge Self-Help Food Bank • OneROOF Youth Services • Simcoe House | 14 |
| Work Group members | Existing Consumption and Treatment Services Work Group members | 11 |
| Academia, education, and libraries | <ul style="list-style-type: none"> • Idea Exchange – two locations • Kitchener Public Library • Conestoga McMaster School of Nursing • University of Waterloo School of Public Health and Health Systems • Waterloo Region District School Board | 10 |
| Community interest groups | <ul style="list-style-type: none"> • For a Better Cambridge • Cambridge Harm Reduction Alliance | 3 |
| Innovation/community leadership | <ul style="list-style-type: none"> • Kitchener Business Improvement Area (BIA) • Olde Berlin Neighbourhood Association • Crime Prevention Council • Waterloo Region Integrated Drugs Strategy • Communitech | 6 |
| Region of Waterloo staff | | 4 |
| Community Members | Residents of Waterloo Region who have been impacted by substance use and overdose | 6 |
| Hospitals and first responders | <ul style="list-style-type: none"> • Region of Waterloo Paramedic Services • Grand River Hospital Withdrawal Management • Cambridge Memorial Hospital | 3 |
| Total | | 57 |

Attachment 5 – Practical Vision for Consumption and Treatment Services in Waterloo Region



Attachment 6 – Conceptual Model of Consumption and Treatment Services





Report: CSD-SEN-18-07

Region of Waterloo

Community Services

Seniors' Services

To: Chair Elizabeth Clarke and Members of the Community Services Committee

Date: December 11, 2018 **File Code:** S07-90

Subject: **A Person-Centred Approach to Care in Seniors' Services**

Recommendation:

For Information

Summary:

This report provides highlights on a new approach to person centred care that is being adopted by Seniors' Services and Sunnyside Home through an initiative called:

"Still ME".

Report:

Long Term Care delivery is changing. Reports such as "Living Longer, Living Well" by Dr. Samir Sinha in 2012 and "Bringing Care Home" by Dr. Gail Donner in 2015 speak to the aging population and changing care needs in Ontario.

As the population ages, the government of Ontario has sought to fulfill some of the recommendations from these reports particularly in relation to the "Aging at Home Strategy". The strategy supports the stated desire of older adults to stay in their homes as long as possible by providing greater in home supports through the Local Health Integration Networks (LHINs). The LHINs also manage the waitlists for long term care applications to ensure that those with the highest level of care needs are prioritized for long term care placement and support those who can "age in place" at home for as long as possible.

The result has been a significant change to the population of long term care (LTC). LTC residents are older and frailer with increasingly complex health care needs. This is reflected at Sunnyside Home where most residents have multiple health care

challenges and/or cognitive impairments including 70% who are diagnosed with dementia. Many are approaching end of life and require palliative care on or shortly after admission. Approximately 1/3 of residents are with us for six months or less.

The aging population is placing increased pressures on the existing seniors' care system and the need and demand for both home care and long term care continues to increase. Sunnyside Home's wait list has approximately 900 applicants and due to the process to prioritize those with urgent needs, almost all of Sunnyside's new residents are admitted on a "crisis" basis.

It can be especially challenging to support LTC residents admitted through "crisis". Most come to Sunnyside Home following an extended stay in hospital. They are often living alone or their primary caregiver is also aging, vulnerable and/or in poor health.

Many of these "crisis" applicants have dementia and may also be experiencing delirium caused by illness and/or an extended hospital stay. They may be experiencing underlying psychological health conditions, mourning loss or facing family dissolution as well. All of this can negatively impact a resident's successful admission to LTC.

This also has an impact on staff. The health complexities of LTC residents, the decreased length of stay and increased rates of dementia have all changed the way that staff work with residents and can result in increased staff stress, trauma and burnout. Workplace injuries in LTC are increasing and the majority of injuries are to LTC staff such as PSWs who provide direct care.

Residents and staff both need additional supports to cope with these changes. The existing model of care was developed over a decade ago for a different population of LTC residents and to comply with the "Long Term Care Homes Act and Regulations, 2007".

LTC Homes under the "LTC Homes Act and Regulations, 2007" are more heavily regulated than virtually any other industry in Ontario. The Act and its Regulations address a multitude of quality concerns and accountabilities but do not directly address quality of life for either residents or staff.

In addition to the LTC Homes Act, Health Quality Ontario (HQP) also requires all LTC homes in Ontario to create an annual Quality Improvement Plan (QIP) and report on it quarterly. These QIPs are posted publicly on the HQP and Canadian Institute for Health Information (CIHI) websites.

Some of the quality measure reported include "resident satisfaction" and "resident depression" rates in addition to # of falls, use of restraints (seatbelts, chair trays, etc.), as well as the number of responsive behaviours exhibited by residents.

Since the introduction of mandatory QIP reporting in 2015, it became increasingly

evident that for Sunnyside Home to demonstrate sustained improvement in its quality measures and resident satisfaction, a new approach to resident care was needed and culture change was required. “Person-centred care” is an approach being introduced at LTC homes worldwide to support improvements to quality of life and increased satisfaction for residents and families. This is also critical to improving staff morale and safety for all.

What is Person-Centred Care?

Person-centered care is a philosophy of care built around the needs of the individual and contingent upon knowing each individual through an interpersonal relationship.

Core characteristics of a person-centered model of care include:

- Respecting and valuing each person as a contributing member of the community;
- Providing individualized emotional and physical spaces for care that reflect current needs;
- Understanding the perspective of the person in all activities; and
- Providing supportive opportunities for social engagement to live life and experience well-being

What are some of the recognized approaches to Person-Centred Care?

- Butterfly Household Model - Dementia Care Matters (UK, Australia, Canada)
- The Buurtzorg Model of Neighbourhood Care (Holland)
- DementiAbility, Montessori Approach to Care (Canada)
- Eden Alternative (USA, Canada)
- Planetree Person Centred Care Certification (USA)
- Research Institute in Aging (RIA) Culture Change Initiatives (Ontario, Canada)

Seniors’ Services and Sunnyside Home have been on their own journey towards an increased person-centred care approach. This began with an update of our Vision to create “a caring community where every person can live their best life”.

Since that time, staff in Seniors’ Services and Sunnyside Home have participated in significant person-centred training and attended site visits to other person-centred programs including McCormick Place in London, Grandview Lodge in Dunneville, Creek Way Village in Burlington, Wellington Terrace in Fergus and the Malton Village – Butterfly Pilot in the Region of Peel.

Seniors’ Services has also implemented a number of changes and enhancements to training, programming and the physical spaces at Sunnyside Home including:

- Staff training in DementiAbility – approximately 175 staff trained to date

- Management Training in Butterfly, Eden Alternative, RIA, Culture Change and Person Centred Care approaches – all management team have participated
- DementiAbility Certification program for staff (7 staff to be certified)
- New recruitment and orientation program to hire more person centred staff
- Staffing review to ensure that home areas are staffed appropriately
- Vital Hub implementation to support staff to work more effectively and safely
- Use of Lean tools to support efficiency and maximize resources
- Development of an enhanced “Responsive Behaviours” program
- Participation in a “Butterfly” quality care audit.

This new “person-centred” focus has resulted in a large number of project enhancements in Seniors’ Services including:

- Enhanced music and movement programs for residents/clients
- Bird watching, outdoor and gardening clubs led by volunteers/staff
- Enhanced pet visiting including dogs, cats, birds and farm animals
- Robotic companion pets for residents with dementia
- Use of life-like dolls and nurseries for residents with dementia
- Creation of a workshop area in the dementia care home area
- Interactive wall murals on dementia care home areas
- Personalized Montessori activity kits (reading, puzzles, sorting, etc.)
- Enhanced dining spaces for more comfort and engagement
- Increased self serve dining
- Redesigned spa areas for a more comfortable, calming bathing experience
- Painting of walls and hallways in bright colours to better engage residents
- Door wraps to support residents to find their way “home”
- More involvement by direct care staff and residents in decision-making
- Creation of “model suites” that reflect new best practices in dementia care design
- Redesign of Community Alzheimer Program spaces to reflect person-centred care principles.

Next steps on Sunnyside’s Person-Centred Care Journey:

It is noted that a number of studies are now underway to determine which key components of “person-centred care” models provide the greatest impact. Management in Seniors’ Services will continue to follow these studies and review any key findings.

Management of Seniors’ Services and Sunnyside Home are also reviewing and seeking opportunities to validate our person-centred care model through certification.

Certification would provide support to our culture change journey that is evidence based and help us share information and ideas with other like minded service providers.

Seniors’ Services continues to network with person-centred experts both in Canada and

beyond as it develops its approach. Currently, we are exploring 2 key approaches:

- Planetree International Certification – Planetree International is a US based model not for profit organization that supports the structures necessary for effective person-centred care. Structures include recruitment, retention, decision making frameworks, etc. Planetree provides certification at the bronze, silver and gold levels and has a 40 year history of developing decision making frameworks for person centred care homes and hospitals in the US and Canada.
- Dementia Care Matters (Butterfly Homes). Dementia Care Matters (DCM) is an organization founded by Dr. David Sheard in the UK. It has a 20+ year history of developing person-centred “Butterfly” care homes in the UK, Australia, the US and Alberta, Canada. DCM recently established a Canadian division with offices both in Edmonton and Toronto.

The Region of Peel’s Malton Village launched the first “Butterfly” pilot in one of its dementia care home areas in 2017 and became the first certified “Butterfly” home in Ontario in 2018. “Butterfly” certification is a year long process of culture change, with the support of the DCM Canada team. “Butterfly” homes undergo a “care audit” at the beginning of the certification process and again at the end. The certification includes comprehensive staff training, education for families, support for residents and significant changes to care routines and physical environments.

The journey towards becoming a “Butterfly Home” has been documented in a series of articles in the Toronto Star titled “The Fix” as well as through a number of news shows and documentaries. The DCM “butterfly” model has also received significant attention from care providers, families and politicians across Canada.

The outcomes from the Butterfly pilot at Malton Village have been impressive to date. Some of the key outcomes from the pilot have included:

- Significant improvements in worsening depression for residents (30.4% - 14.7%)
- Significant reduction in the use of Antipsychotics (41.2% - 21.7%)
- Significant decrease in falls (25% - 17%)

The Malton Village Butterfly Pilot has also experienced positive reductions in responsive behaviours and a significant decrease in staff sick time.

Seniors’ Services has been in active communication with Dr. Sheard and the Dementia Care Matters team and have closely followed the progress at Malton Village in Peel Region. The division has worked with DCM to conduct a care audit at Sunnyside Home as the first step towards determining whether to move forward with full “Butterfly”

certification.

Seniors' Services will be reviewing next steps and seeking resources for potential certification to support our journey towards "person-centred" care and continue to meet our vision to provide a home where "Everyone can live their best life". An update on findings and next steps will be provided to CS Committee in the spring of 2019.

Quality of Life Indicators

This service aligns with the Community Services, Quality of Life Indicators: Social Inclusion and Equity; Physical and Emotional Well-Being; Skill Development and Relationships.

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 4.4: Promote and support health living and prevent disease and injury and Focus Area 5: Responsive and Engaging Government Services and Strategic Objective 5.2: Provide excellent citizen-centered services.

Financial Implications:

Nil

Other Department Consultations/Concurrence:

Nil

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

References

Alzheimer Society of Canada (2011); Guidelines for Care: Person-centred care of people with dementia living in care homes: http://alzheimer.ca/culture_change_framework

Living Well, Living Longer; Dr. Samir K. Sinha, MD, DPhil, FRCPC Provincial Lead, Ontario's Seniors Strategy; December 20, 2012: http://www.health.gov.on.ca/seniors_strategy_report

Bringing Care Home; Dr. Gail Donner, RN, PhD, Chair of the Expert Group on Home and Community Care; March, 2015: http://health.gov.on.ca/en/bringing_care_home

Planetree International: <https://www.planetree.org>

Dementia Care Matters: <http://www.dementiacarematters.com>

The Toronto Star, "The Fix"; Moira Walsh; June 20, 2018: <http://thestar.com/dementia-program>

Data Sources for Peel Butterfly Home Pilot: Real time in house RAI-MDS data, Peel Long Term Care's Risk Management Report, Canadian Institute for Health Information – Your Health System Performance, Health Quality Ontario – Long Term Care Home Performance

Welcome Home: A vision of Person-Centred Care for Seniors' Services and Sunnyside Home: https://youtu.be/rQtKXz_UrUE

Council Enquiries and Requests for Information
Community Services Committee

| Meeting date | Requestor | Request | Assigned Department | Anticipated Response Date |
|---------------------|------------------|---|---|----------------------------------|
| 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 |