



City of Hamilton
HEALTHY AND SAFE COMMUNITIES COMMITTEE

Meeting #: 18-009
Date: September 10, 2018
Time: 1:30 p.m.
Location: Council Chambers, Hamilton City Hall
71 Main Street West

Lisa Chamberlain, Legislative Coordinator (905) 546-2424 ext. 2729

	Pages
1. APPROVAL OF AGENDA (Added Items, if applicable, will be noted with *)	
2. DECLARATIONS OF INTEREST	
3. APPROVAL OF MINUTES OF PREVIOUS MEETING	
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4. DELEGATION REQUESTS	
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9. MOTIONS	

10. NOTICES OF MOTION

11. GENERAL INFORMATION / OTHER BUSINESS

11.1 Outstanding Business List

11.1.a Items to be Removed:

MM - Ambulance Dispatch Services
(Addressed as Item 8.1)

11.1.b Items Requiring a New Due Date

XX - ACPD respecting Housing Issues
Current Due Date: September 10, 2018
Proposed New Due Date: December 17, 2018

CCC - Funding Requests from Agencies
Current Due Date: September 10, 2018
Proposed New Due Date: December 17, 2018

EEE - Gage Hancharek Respecting PLURD (Peace, Love,
Unity, Respect, Dignity)
Current Due Date: TBD
Proposed New Due Date: December 17, 2018

12. PRIVATE AND CONFIDENTIAL

13. ADJOURNMENT



HEALTHY & SAFE COMMUNITIES COMMITTEE

MINUTES 18-008

1:30 pm

Wednesday, August 15, 2018

Council Chambers

Hamilton City Hall

71 Main Street West, Hamilton

Present: Councillors S. Merulla (Chair), J. Farr, M. Green, A. Johnson,
T. Jackson, T. Whitehead, J. Partridge

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. Homeownership Home Start Program Reserve (#112009) (HSC18041) (City Wide) (Item 5.2)

(A. Johnson/Green)

- (a) That the General Manager of the Healthy and Safe Communities Department or his designate be authorized and directed to deliver and administer a municipal Down Payment Assistance Program in accordance with the program guidelines attached as Appendix A to Report HSC18041, funded through the Home Start Program Reserve (#112009);
- (b) That the General Manager of the Healthy and Safe Communities Department or his designate be authorized to approve and execute any agreements and ancillary documentation, in a form satisfactory to the City Solicitor and content satisfactory to the General Manager of the Healthy and Safe Communities Department, that are required to deliver and administer a municipal Down Payment Assistance Program;
- (c) That the General Manager of the Healthy and Safe Communities Department or his designate be authorized to review and amend the maximum purchase price and the maximum household income level established in the Municipal Down Payment Assistance Program guidelines a minimum of every three years to reflect changes in the housing market; and,
- (d) That the Home Start Program Reserve (#112009) balance of \$366,292 be renamed and the purpose updated to reflect the Municipal Down Payment Assistance Program Reserve.

CARRIED

2. **Correspondence from the Ministry of Housing re: re-introduction of the *Promoting Affordable Housing Act, 2016* (Bill 7) (HSC18043) (City Wide) (Item 5.3)**

(Jackson/Partridge)

That Report HSC18043 respecting Correspondence from the Ministry of Housing re: re-introduction of the *Promoting Affordable Housing Act, 2016* (Bill 7), be received.

CARRIED

3. **2018 Provincial Child Care Funding Allocation (HSC18044) (City Wide) (Item 5.4)**

(Farr/A. Johnson)

(a) That the City of Hamilton accept the additional 100% provincial 2018 Child Care and Early Years funding in the amount of \$12,137,336 from the Ministry of Education; and,

(b) That the General Manager of Healthy and Safe Communities Department be authorized and directed to execute the service agreement from the Ministry of Education in a form satisfactory to the City Solicitor.

CARRIED

4. **Changes to Social Assistance (HSC18042) (City Wide) (Added Item 8.1)**

(Farr/Jackson)

That Report HSC18042 respecting Changes to Social Assistance, be received.

CARRIED

5. **Waiving of the 2018 Season Diamond Rental Fee for the Mahoney Baseball Association (Item 9.1)**

(Merulla/Farr)

WHEREAS, the Mahoney Baseball Association has been in operation since 1943 in the east end of Hamilton, serving its youth, ages 5-17 years old;

WHEREAS, the Mahoney Baseball Association is affiliated and in good standing with Baseball Ontario, the Hamilton & District Baseball Association and the City of Hamilton;

WHEREAS, the food concession has been delayed due to the late completion of renovations to Mahoney Park Centre; and,

WHEREAS, there will be limited fundraising revenue generated from the food concession that supplements programming for the 2018 season;

THEREFORE BE IT RESOLVED:

That the City of Hamilton, Recreation Division waive the 2018 season diamond rental fee, up to \$2,500, for the Mahoney Baseball Association.

CARRIED

6. Cancellation of the Ontario Basic Income Pilot Project (Added Item 9.2)

(Merulla/Farr)

Whereas, the Ontario Basic Income Pilot Project was actively engaged in Ontario providing dignity to vulnerable members in Ontario and Hamilton;

Whereas, many Hamiltonians will be drastically impacted and marginalized as a result of the cancellation of the program and, by extension, Hamilton taxpayers through the downloading of additional services; and,

Whereas, Basic Income has a direct correlation to tangible savings to all levels of government;

THEREFORE BE IT RESOLVED:

That the City of Hamilton Council denounce the cancellation of the Ontario Basic Income Pilot Project and direct the Mayor to correspond with the Premier and copy all MPP's, MP's, the Association of Municipalities of Ontario (AMO) and the Federation of Canadian Municipalities (FCM) accordingly.

CARRIED

FOR INFORMATION:

(a) CEREMONIAL ACTIVITY (Item A)

Fire Chief Dave Cunliffe and Deputy Chief John Verbeek acknowledged a donation from Steve Panella, Firehouse Subs, through the Firehouse Subs Public Safety Foundation in the amount of \$19,750.41 to purchase 2,300 smoke alarms for installation in homes across Hamilton.

(b) CHANGES TO THE AGENDA (Item 1)

The Committee Clerk advised of the following changes to the agenda:

1. DELEGATION REQUESTS (Item 4)

- 4.2 Tom Cooper and Sheila Regehr, Hamilton Roundtable for Poverty Reduction & Basic Income Canada Network respecting Cancellation of the Basic Income Pilot Program, for the August 15, 2018 meeting.

- 4.3 Jeffrey Martin, Co-Chair, Hamilton Basic Income Group, respecting the Importance of Hamilton's Role in the Ontario Basic Income Pilot, for the August 15, 2018 meeting.
- 4.4 Ian Masterman respecting the Basic Income Pilot, for the August 15, 2018 meeting.
- 4.5 Chris Labenski respecting the Basic Income Pilot Project, for the August 15, 2018 meeting.
- 4.6 Nicole Snider respecting Being a Basic Income Pilot Recipient, for the August 15, 2018 meeting.
- 4.7 Jonathan Dalton respecting Being a Recipient of the Basic Income Pilot, for the August 15, 2018 meeting.
- 4.8 Monika Ciolek respecting Cancellation of the Ontario Basic Income Pilot Project, for the August 15, 2018 meeting.
- 4.9 Michael Hampson respecting Basic Income Pilot Project, for the August 15, 2018 meeting.
- 4.10 Dave Cherkewski, Hamilton Chapter Council of Canadians, respecting the Ontario Basic Income Pilot, for the August 15, 2018 meeting.
- 4.11 Alana Baltzer, HOPE, respecting the Ontario Basic Income Pilot, for the August 15, 2018 meeting.

2. REVISED REPORT

- 5.2 Revised Report HSC18041 respecting Homeownership Home Start Program Reservice (#112009) was distributed to the Committee.

3. DISCUSSION ITEMS (Item 8)

- 8.1 Changes to Social Assistance (HSC18042) (City Wide)

(Farr/A. Johnson)

That the Agenda for the August 15, 2018 meeting of the Healthy & Safe Communities Committee be approved, as amended.

CARRIED

(c) DECLARATIONS OF INTEREST (Item 2)

None declared.

(d) APPROVAL OF MINUTES (Item 3)

(i) June 25, 2018 (Item 3.1)

(Whitehead/Green)

That the Minutes of the June 25, 2018 Healthy & Safe Communities Committee meeting be approved, as presented.

CARRIED

(e) DELEGATION REQUESTS (Item 4)

(i) Gage Hancharek respecting the PLURD Movement (Item 4.1)

(Green/Whitehead)

That the Delegation Request from Gage Hancharek respecting the PLURD Movement, be approved for today's meeting.

CARRIED

(ii) Delegation Requests respecting the Ontario Basic Income Pilot Project (Added Items 4.2 – 4.11)

(Farr/Green)

That the Delegation Requests from the following individuals respecting the Basic Income Pilot Program, be approved for today's meeting:

- 4.2 Tom Cooper and Sheila Regehr, Hamilton Roundtable for Poverty Reduction & Basic Income Canada Network
- 4.3 Jeffrey Martin, Co-Chair, Hamilton Basic Income Group
- 4.4 Ian Masterman
- 4.5 Chris Labenski
- 4.6 Nicole Snider
- 4.7 Jonathan Dalton
- 4.8 Monika Ciolek
- 4.9 Michael Hampson
- 4.10 Dave Cherkewski, Hamilton Chapter Council of Canadians
- 4.11 Alana Baltzer, HOPE

CARRIED

(f) CONSENT ITEMS (Item 5)

(i) Minutes of Various Advisory Committees (Item 5.1)

(A. Johnson/Farr)

That the Minutes of the following Advisory Committees be received:

- (a) Housing and Homelessness Advisory Committee, March 6, 2018 (Item 5.1(a))

- (b) Housing and Homelessness Advisory Committee, May 1, 2018 (Item 5.1(b))
- (c) Seniors Advisory Committee, May 4, 2018 (Item 5.1(c))
- (d) Hamilton Veterans Committee, May 22, 2018 (Item 5.1(d))

CARRIED

(g) PUBLIC HEARINGS / DELEGATIONS (Item 6)

(i) Gage Hancharek respecting PLURD (Item 6.1)

Gage Hancharek addressed the Committee respecting the PLURD (Peace, Love, Unity, Respect, Dignity) Movement.

(Green/Jackson)

That the Delegation from Gage Hancharek respecting PLURD, be received.

CARRIED

(Green/Jackson)

That the proposal from Gage Hancharek respecting PLURD (Peace, Love, Unity, Respect, Dignity) be endorsed in principle and referred to staff to investigate public service announcements and other supports the City of Hamilton can provide to Gage Hancharek, and report back to the Healthy & Safe Communities Committee.

CARRIED

(ii) Tom Cooper and Sheila Regehr, Hamilton Roundtable for Poverty Reduction & Basic Income Canada Network respecting Cancellation of the Basic Income Pilot Program (Item 6.2)

Tom Cooper and Sheila Regehr, Hamilton Roundtable for Poverty Reduction & Basic Income Canada Network addressed the Committee respecting Cancellation of the Basic Income Pilot Program.

(Green/A. Johnson)

That the Delegation from Tom Cooper and Sheila Regehr, Hamilton Roundtable for Poverty Reduction & Basic Income Canada Network respecting Cancellation of the Basic Income Pilot Program, be received.

CARRIED

- (iii) **Jeffrey Martin, Co-Chair, Hamilton Basic Income Group respecting the Importance of Hamilton's Role in the Ontario Basic Income Pilot (Item 6.3)**

Jeffrey Martin, Co-Chair, Hamilton Basic Income Group addressed the Committee respecting the Importance of Hamilton's Role in the Ontario Basic Income Pilot.

(Partridge/Green)

That the Delegation from Jeffrey Martin, Co-Chair, Hamilton Basic Income Group respecting the Importance of Hamilton's Role in the Ontario Basic Income Pilot, be received.

CARRIED

- (iv) **Ian Masterson respecting the Basic Income Pilot (Item 6.4)**

Ian Masterson addressed the Committee respecting the Basic Income Pilot.

(Green/Partridge)

That the Delegation from Ian Masterson respecting the Basic Income Pilot, be received.

CARRIED

- (v) **Chris Labenski respecting the Basic Income Pilot Project (Item 6.5)**

Chris Labenski addressed the Committee respecting the Basic Income Pilot.

(Green/Partridge)

That the Delegation from Chris Labenski respecting the Basic Income Pilot Project, be received.

CARRIED

- (vi) **Nicole Snider respecting Being a Basic Income Pilot Recipient (Item 6.6)**

Nicole Snider addressed the Committee respecting Being a Basic Income Pilot Recipient.

(Farr/Whitehead)

That the Delegation from Nicole Snider respecting Being a Basic Income Pilot Recipient, be received.

CARRIED

(vii) Jonathan Dalton respecting Being a Basic Income Pilot Recipient (Item 6.7)

Jonathan Dalton addressed the Committee respecting Being a Basic Income Pilot Recipient.

(Green/Whitehead)

That the Delegation from Jonathan Dalton respecting Being a Basic Income Pilot Recipient, be received.

CARRIED

(viii) Monika Ciolek respecting Cancellation of the Basic Income Pilot Project (Item 6.8)

Monika Ciolek addressed the Committee respecting Cancellation of the Basic Income Pilot Project.

(Farr/Whitehead)

That the Delegation from Monika Ciolek respecting Cancellation of the Basic Income Pilot Project, be received.

CARRIED

(ix) Michael Hampson respecting the Basic Income Pilot Project (Item 6.9)

Michael Hampson addressed the Committee respecting the Basic Income Pilot Project.

(Whitehead/A. Johnson)

That the Delegation from Michael Hampson respecting the Basic Income Pilot Project, be received.

CARRIED

(x) Dave Cherkewski, Hamilton Chapter Council of Canadians respecting the Ontario Basic Income Pilot (Item 6.10)

Dave Cherkewski, Hamilton Chapter Council of Canadians addressed the Committee respecting the Basic Income Pilot.

(Farr/A. Johnson)

That the Delegation from Dave Cherkewski, Hamilton Chapter Council of Canadians respecting the Ontario Basic Income Pilot, be received.

CARRIED

- (xi) **Alana Baltzer, HOPE (Hamilton Organizing for Poverty Elimination), respecting the Ontario Basic Income Pilot (Item 6.11)**

Alana Baltzer, HOPE, addressed the Committee respecting the Ontario Basic Income Pilot.

(Farr/A. Johnson)

That the Delegation from Alana Baltzer, HOPE, respecting the Ontario Basic Income Pilot, be received.

CARRIED

(h) MOTIONS (Item 9)

- (i) **Waiving of the 2018 Season Diamond Rental Fee for the Mahoney Baseball Association (Item 9.1)**

Councillor Merulla relinquished the Chair to Councillor A. Johnson to introduce the Motion.

For further disposition of this matter, refer to Item 5.

Councillor Merulla resumed the Chair.

- (ii) **Cancellation of the Ontario Basic Income Pilot Project (Added Item 9.2)**

Councillor Merulla relinquished the Chair to Councillor A. Johnson to introduce the Motion.

The above motion CARRIED unanimously on the following Standing Recorded Vote:

Yeas	A. Johnson, Farr, Green, Merulla, Jackson, Whitehead, Partridge
Total	7
Nays	0

For further disposition of this matter, refer to Item 6.

Councillor Merulla resumed the Chair.

(i) **GENERAL INFORMATION / OTHER BUSINESS (Item 11)**

- (i) **Correspondence from the Ministry of Municipal Affairs and Housing respecting Social Housing Apartment Improvement Program – Cancellation of the Cap and Trade Program (Item 11.1)**

(Partridge/Green)

That the Correspondence from the Ministry of Municipal Affairs and Housing respecting Social Housing Apartment Improvement Program – Cancellation of the Cap and Trade Program, be received.

CARRIED

- (ii) **Correspondence from Howie Wong, CEO, Housing Services Corporation respecting Ontario Transfer Payment Agreement re: GreenON Social Housing Program between City of Hamilton and Housing Services Corporation effective as of April 24, 2018 (Item 11.2)**

(Farr/A. Johnson)

That the Correspondence from Howie Wong, CEO, Housing Services Corporation respecting Ontario Transfer Payment Agreement re: GreenON Social Housing Program between City of Hamilton and Housing Services Corporation effective as of April 24, 2018, be received.

CARRIED

- (iii) **Changes to the Outstanding Business List (Item 11.3)**

(Farr/A. Johnson)

That the following changes to the Outstanding Business List be approved:

- (a) Items to be removed:

FF - Correspondence from the Ministry of Housing re: re-introduction of the Promoting Affordable Housing Act, 2016 (Bill 7) (addressed as Item 5.3)

- (b) Items Requiring a New Due Date:

CC - Fire Services 10 Year Plan / Hazard Identification and Risk Assessment

Current Due Date: August 15, 2018

Proposed Due Date: February 2019

UU - Hamilton Youth Engagement Collaboration

Current Due Date: July 11, 2018

Proposed Due Date: December 17, 2018

VV - Home For Good
Current Due Date: August 15, 2018
Proposed Due Date: December 17, 2018

XX - ACPD respecting Housing Issues
Current Due Date: August 15, 2018
Proposed Due Date: September 10, 2018

YY - Potential Implications of the Strengthening Quality and
Accountability for Patients Act
Current Due Date: July 11, 2018
Proposed Due Date: December 17, 2018

CCC - Funding Requests from Agencies
Current Due Date: TBD
Proposed Due Date: September 10, 2018

CARRIED

(j) ADJOURNMENT (Item 13)

(Green/Jackson)

That, there being no further business, the Healthy & Safe Communities
Committee be adjourned at 4:14 p.m.

CARRIED

Respectfully submitted,

Councillor S. Merulla
Chair, Healthy & Safe
Communities Committee

Lisa Chamberlain
Legislative Coordinator
Office of the City Clerk



CITY OF HAMILTON
HEALTHY AND SAFE COMMUNITIES DEPARTMENT
Public Health Services – Healthy Families Division
and
Ontario Works Division

TO:	Chair and Members Healthy and Safe Communities Committee
COMMITTEE DATE:	September 10, 2018
SUBJECT/REPORT NO:	Proposal for Oral Health Program Enhancements (HSC18045) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Pat Armstrong (905) 546-2424 Ext. 7158 Meredith Mandryk-Kelly (905) 546-2424 Ext. 2182
SUBMITTED BY:	Jennifer Vickers-Manzin Director, Public Health Services - Healthy Families Division Healthy and Safe Communities Department
SIGNATURE:	
SUBMITTED BY:	Bonnie Elder Acting Director, Ontario Works Division Healthy and Safe Communities Department
SIGNATURE:	

RECOMMENDATION

- (a) That the General Manager of the Healthy and Safe Communities Department, or his designate, be authorized to accept the Proposal for Oral Health Program Enhancements, with funding in the amount of \$1,000,000 for the period 2018 – 2021, from Hamilton Community Foundation;
- (b) That the General Manager of the Healthy and Safe Communities Department, or his designate, be authorized to execute the Investment Plan Agreement between the City of Hamilton and the Hamilton Community Foundation, in a form satisfactory to the City Solicitor; and,
- (c) That the Public Health Services - Healthy Families Division Dental Bus program complement be increased by a 0.2 full-time equivalent Dentist and 0.2 full-time equivalent Dental Assistant during the length of the investment (2018-2021).

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SUBJECT: Proposal for Oral Health Program Enhancements (HSC18045) (City Wide) - Page 2 of 7

EXECUTIVE SUMMARY

The Hamilton Community Foundation (HCF) and the City of Hamilton's Healthy and Safe Communities Department are exploring opportunities to improve oral health outcomes for vulnerable populations in Hamilton.

Oral health is inextricably linked to overall health; it affects physical, mental and behavioural health. The effects of poor oral health on mental health and social outcomes, such as poor self-esteem, social isolation and employment opportunities are often not recognized. With early intervention most oral health issues are preventable. A focus on prevention has a high return on investment, ultimately saving both individual and system costs. Investing in oral health care improves both physical and mental well-being.

Currently, the provincially funded Healthy Smiles Ontario (HSO) program provides access to subsidized dental care for children 17 years old and under. The program is designed for lower income families in need of support. Access to subsidized dental care for adults is limited to emergency dental and denture treatment through Ontario Works. The Special Supports program provides partial denture coverage for low-income residents in Hamilton not in receipt of social assistance. This coverage often must be supplemented by the recipient. For many individuals living on a fixed income, the extra out of pocket expense is a barrier to care and impacts physical and mental well-being.

There are a few oral health care providers in the community that provide occasional pro bono work. Through 100% levy funding, the Healthy Families Division provides free dental treatment for low-income children and adults through a downtown dental clinic and the dental health bus. In 2016, the dental health bus turned away 494 clients.

In response to the City of Hamilton's Oral Health Report BOH18001, presented to the Board of Health on March 19, 2018, and in attempts to leverage existing services, the Healthy and Safe Communities Department is proposing an investment plan for the \$1,000,000. This will help to enhance three oral health programs to address service gaps and improve access to grant dollars for community initiatives for low-income priority populations. The proposed enhancements include:

- Increase access to dental services through the dental health bus by increasing Dental Assistant and Dentist time by one additional day per week (\$167,400 over three years - 2019 to 2021);
- Initiate a "Smile with Confidence" pilot program with Ontario Works clients. The goal is to support working-age adults, whose prospects of employability would benefit from dental care, to access dental care and denture coverage to improve confidence self-esteem as well as employability (\$318,000 over three years for 2019 to 2021);

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SUBJECT: Proposal for Oral Health Program Enhancements (HSC18045) (City Wide) - Page 3 of 7

- Enhance supplemental denture coverage for eligible low-income seniors to improve quality of life and financial security (\$156,800 over 3.25 years in Q4 of 2018 to 2021);
- Increase access to grant dollars for community partners and grassroots programs that enhance access to services for vulnerable populations (\$100,000);
- Evaluation (\$57,800 over 3.25 years for 2019 to 2021); and,
- The remainder (\$200,000) will be endowed with the Hamilton Community Foundation for future investment.

An evaluation plan will be developed to monitor the impact of investments. Staff will continue to explore partnership opportunities, including potential provincial investments, to help sustain the progress of this work. Staff will report back on the status and impacts of the proposed investments.

FINANCIAL - STAFFING - LEGAL IMPLICATIONS

Financial:

The Oral Health Program Enhancements Investment Plan in the amount of \$1,000,000 will increase services by existing programs which will contribute to positive oral health for low-income adults and seniors in the City of Hamilton (including a temporary 0.2 full-time equivalent (FTE) Dentist and 0.2 full-time equivalent (FTE) Dental Assistant) as follows:

Hamilton Community Foundation Proposal and Timelines					
Annual Budget					
	2018	2019	2020	2021	Total over three years
Dental Health Bus (FTE)	N/A	\$47,744	\$48,698	\$49,673	\$146,116
Dental Bus Operational	N/A	\$7,000	\$7,140	\$7,144	\$21,284
“Smile with Confidence”	N/A	\$106,000	\$106,000	\$106,000	\$318,000*
Enhanced Denture Coverage for Seniors	\$9,800	\$49,000	\$49,000	\$49,000	\$156,800**
Community Grants	N/A	N/A	N/A	N/A	\$100,000
Evaluation Costs	\$7,800	\$18,000	\$16,000	\$16,000	\$57,800***
Endowment (HCF)	\$200,000	N/A	N/A	N/A	\$200,000
Total Investment					\$1,000,000

*\$1,000/client times 100 clients/year; \$60/client for incentives/year

**\$450/client; 2018 (20 clients); 2019 to 2022 (100 clients/year); \$40/client incentives/year

***Evaluation costs including mailing, printing and bus tickets

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SUBJECT: Proposal for Oral Health Program Enhancements (HSC18045) (City Wide) - Page 4 of 7

Staffing:

The Public Health Services - Healthy Families Division complement will increase by a 0.2 FTE Dentist and a 0.2 FTE Dental Assistant with the expanded service on the bus by one day per week over the period of investment (2018-2021).

Legal:

Legal Services will be engaged in the development of relevant agreements with the Hamilton Community Foundation and successful candidates from a Request for Proposals process, to initiate the proposed investments outlined in this report.

HISTORICAL BACKGROUND

In response to the City of Hamilton's Oral Health Report BOH18001, dated March 19, 2018, current programming and gaps in our community, as well as Hamilton Community Foundation (HCF) funder interest, HCF and Healthy and Safe Communities staff have been in dialogue to discuss options for improving oral health and related mental health for Hamilton citizens. After a public announcement, the HCF disclosed the sponsor as Green Shield Canada. For the company's 60th anniversary, Green Shield Canada's philanthropic arm has invested \$6,000,000 in six communities (Six 4 Six) across Canada, including \$1,000,000 for Hamilton. The online news release is attached as Appendix A to Report HSC18045. Oral and mental health were the two areas of interest identified by the company. Furthermore, it is important to the sponsor to increase access to oral health services for underinsured and uninsured Canadians.

In collaboration with the HCF, a proposed plan was drafted to include enhancements to existing services to address oral health inequities in Hamilton's vulnerable populations, including low-income adults and seniors.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

None.

RELEVANT CONSULTATION

Staff consulted with Corporate Services, Financial Planning, Administration, and Policy, Finance & Administration regarding the preparation of the proposed budget. The report was reviewed by the Manager, Finance and Administration, who provided a review of financial figures.

The City of Hamilton has conducted extensive consultation with the HCF to determine the most appropriate plan of action to meet the sponsor's requirements. HCF staff have reviewed the report and support the proposed investment plan.

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SUBJECT: Proposal for Oral Health Program Enhancements (HSC18045) (City Wide) - Page 5 of 7

Staff will be contacting community partners to:

- Explore further opportunities for community and grass roots programs to improve oral health outcomes for vulnerable populations; and
- Increase access to oral health services and to keep programs going over time.

Engagement will include the Hamilton Academy of Dentistry, Centre de Santé Communautaire, Community Health Centres and De dwa da dehs nye s Aboriginal Health Centre.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Oral health is inextricably linked to overall health; it affects physical, mental and behavioural health. Many people think that good oral health simply means teeth without cavities. However, poor oral health increases the risk of cardiovascular and respiratory diseases, complications during pregnancy and childbirth, poor nutrition and many other conditions. The effects of poor oral health on mental health and social outcomes, such as poor self-esteem, social isolation and employment opportunities are often not recognized. Investing in oral health care improves both physical and mental well-being. A healthy mouth can impact how a person eats, sleeps and interacts with others while increasing self-esteem and confidence. Additionally, without the financial burden of oral health care costs, an individual's mental well-being improves. Ultimately, individuals who receive preventive oral health care need less treatment across their lifespan. A focus on prevention results in saving individual and system costs.

The proposed investments include:

- Increasing one day of Dentist and Dental Assistant chair time on the dental health bus. It is estimated that the increased 0.2FTE Dentist time and 0.2FTE Dental Assistant time and operating costs would be approximately \$167,400 over three years. In 2016, the City of Hamilton's dental health bus provided dental care to 1,965 eligible adults, seniors and children. In that same year, 494 clients were turned away at the bus due to a lack of resources, staff time and capacity. The increased FTE and operational costs will support the provision of services for approximately 350 more clients per year. This could also lead to less emergency room department visits. From April 2017 to March 2018, there were 1,737 emergency room department visits due to dental issues, 540 of which occurred during business hours Monday to Friday.
- Pilot a "Smile with Confidence" program based on a successful model developed and evaluated by The Region of Peel. Through Ontario Works, this program will identify working-age adults, whose prospects of employability would benefit from dental care, including preventive and restorative care as well as dentures. This program enhancement shifts the focus from emergency service to an early

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SUBJECT: Proposal for Oral Health Program Enhancements (HSC18045) (City Wide) - Page 6 of 7

intervention and prevention model. The “Smile with Confidence” pilot will include 100 participants in year one, followed by an additional 100 participants annually in years two and three. The program will provide enhanced dental benefits over and above the existing Ontario Works dental and denture benefits based on individual treatment needs. The additional cost is estimated at \$318,000 over three years. It is expected that this program will lead to greater employment and a better quality of life. The Request for Proposals process for dentures and dental services for the “Smile with Confidence” program will be initiated to ensure that fair, consistent, and quality work is provided to participating clients.

- The Region of Peel’s “Smile with Confidence” program evaluation reported marked improvements in overall self-rated general health and oral health from baseline to six months.
 - All psychosocial and behaviour measures including self-consciousness, worry/concern, unhappy with appearance and limited contact all improved from baseline to six months.
 - Employability was measured with a job seeking self-efficacy survey. Results from this survey showed improvement across all 12 survey questions.
 - In particular, there was a 20% improvement in confidence and a 25% increase in employment status at six months from the baseline. Note, these are preliminary results and the evaluation is still in progress with follow-up results at 12 months pending.
(Source: Smile with Confidence, March 2018, Region of Peel)
- Supplement senior’s denture program to decrease costs and improve quality of life for 100 seniors per year, at a cost of \$156,800 over 3.25 years. The Special Supports unit of the Ontario Works Division in the City of Hamilton provides partial coverage for dentures for eligible seniors. Those who use this service must pay the difference out of pocket, which is estimated to be \$450 per denture. This cost is a barrier for many. It is expected this program will improve quality of life and reduce financial insecurity due to out-of-pocket costs for dentures.
- Increase access to grant dollars to support community programs to focus on oral health promotion and prevention (\$100,000). Programs will be required to meet the needs of the local community and align with the sponsor and Hamilton Community Foundation goals of this project. Therefore, criteria will be based on local data, support free oral health services, serve low-income and vulnerable populations, and make a difference in improving quality of life, mental health and well-being. This funding envelope will be held and administered by the HCF in consultation with staff from the Healthy and Safe Communities Department.
- Endowment of \$200,000 with the Hamilton Community Foundation for future investments in oral health services.

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SUBJECT: Proposal for Oral Health Program Enhancements (HSC18045) (City Wide) - Page 7 of 7

Monitoring and Reporting

Included in the proposal are estimated evaluation, incentive and operational costs associated with the “Smile with Confidence” program and the Denture program. Evaluation costs are expected to be approximately \$57,800 over 3.25 years and include mailing, bus tickets, printing and staff time to support the program enhancements and evaluation.

To evaluate impact, “Smile with Confidence” participants will be surveyed three times during the program at baseline, six months and 12 months. Denture clients will also be surveyed. Based on the evaluation, quality improvement adjustments will be made to improve process and/or service outcomes for the client. Surveys will be administered by staff from the Ontario Works Division and created and analyzed by staff from Public Health Services - Epidemiology and Evaluation Section. Staff will report to HCF as outlined in the agreement. Programs will report back to the Healthy and Safe Communities Committee. Over the three years of the proposed enhancement, there will be continued exploration of partnerships and opportunities, including potential provincial investments, to help sustain the progress of this work when the funding ends. If additional funding is not secured, program delivery models will return to previous service levels when the term of this initial funding has ended.

ALTERNATIVES FOR CONSIDERATION

None

ALIGNMENT TO THE 2016 - 2025 STRATEGIC PLAN**Healthy and Safe Communities**

Hamilton is a safe and supportive city where people are active, healthy, and have a high quality of life.

APPENDICES AND SCHEDULES ATTACHED

Appendix A to Report HSC18045: New Release – Greenshield Announcement

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SIX MILLION DOLLARS TO SIX CANADIAN COMMUNITIES

June 6, 2018



THAT'S GREEN SHIELD CANADA'S 'SIX 4 SIX' COMMUNITY GRANTING

WINDSOR, ONTARIO (JUNE 6, 2018) - To mark Green Shield Canada's (GSC) 60th anniversary - and to celebrate our 60-year history of social responsibility and charitable giving - GSC is donating a total of \$6 million dollars to priority projects across six Canadian communities, beginning with Hamilton, Windsor Essex region, Calgary and the Atlantic region. That's "Six 4 Six" - GSC's new community granting initiative.

In keeping with GSC's mission, "Six 4 Six" is funding community programs aimed at improving health care for all Canadians. It represents a new collaborative model that's all about community partnerships. In the big picture, GSC is partnering with the Hamilton Community Foundation to facilitate the design, implementation, and evaluation of the entire "Six 4 Six" initiative. And at the local level - in each of the communities that receive funding - GSC's Community Granting Program is partnering with local community foundations to determine priority projects.

"Canadian communities face many complex challenges that can seem insurmountable," says Sheree Meredith, Hamilton Community Foundation's vice-president of philanthropic services. "At the same time, they hold many strengths which can be uncovered, nurtured and amplified. Locally we will work as community foundations do - to identify needs and priorities based on research and stakeholder input and then grant to initiatives that will have the greatest impact. We are excited to partner with an organization that has the integrity and history of GSC, and to have a role in a truly innovative and leading strategy. Connected across the country together, we can tell the bigger story of the difference GSC is making."

"With the goal of immediate and long-term impact, we've identified two areas of focus for 'Six 4 Six' funding," explains Sherry Peister, GSC's board chair. "The first area is oral health as we work toward bridging the gap in available and affordable dental care and ensuring access to dental services for underinsured and uninsured Canadians. And the second area is mental health as GSC continues to advocate for decreased reliance on medications and increased availability of a broader spectrum of support to help address mental health issues."

Examples of priority programs in oral health and mental health that "Six 4 Six" supports include local initiatives that create health education or management programs for individuals, and those that aim to advance or reform existing health care systems. "The GSC 'Six 4 Six' is well aligned with the community needs and priorities within the City of Windsor as well as the communities across Essex County," says Lisa Kolody, executive director, WindsorEssex Community Foundation. "The WindsorEssex Community

Foundation is thrilled to have been selected to partner in this important initiative and is looking forward to working with GSC in building community capacity locally and nationally.”

Overall, “Six 4 Six” marks 60 years of leadership in corporate philanthropy. Steve Bradie, GSC’s CEO and president explains, “Back in 1957, the GSC founders identified the need for affordable pre-paid health benefits and met this need with Canada’s first pre-paid drug plan. Ever since, we’ve made ‘giving back’ a concept we live and breathe by. Now looking ahead, ‘Six 4 Six’ reinforces GSC’s ongoing commitment to helping those most in need.”

For more information:
Media Department
Green Shield Canada
1.800.268.6613 ext. 3409
media@greenshield.ca

About Green Shield Canada

As Canada’s only national not-for-profit health and dental benefits specialist, GSC offers group and individual health and dental benefits programs and administration services. But our reason for being is the enhancement of the common good. We seek out innovative ways to improve access to better health for Canadians. From coast-to-coast, our service delivery includes drug, dental, extended health care, vision, hospital and travel benefits for groups, as well as programs with a focus on individuals. Supported by unique claim management strategies, advanced technology and exceptional customer service, we create customized programs for over two million plan participants nation-wide.

About Hamilton Community Foundation

Hamilton Community Foundation has been working to drive positive change in Hamilton since 1954. We do this by helping people give in a way that has meaning to them and impact in the community, providing grants and financing to charitable organizations and initiatives and bringing people together to address priority issues that affect Hamiltonians. hamiltoncommunityfoundation.ca

About WindsorEssex Community Foundation

The WindsorEssex Community Foundation, originally founded in 1983 as Heritage Windsor, is a perpetual community trust for philanthropic purposes. It exists to manage donors’ legacy funds and make grants to support local community programs. Through grant making activities, the WECF is able to establish partnerships to assist a broad range of community organizations. wecf.ca



INFORMATION REPORT

TO:	Chair and Members Healthy and Safe Communities Committee
COMMITTEE DATE:	September 10, 2018
SUBJECT/REPORT NO:	Dispatch Governance and Information Data Update (CES17022(a) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Michael Sanderson (905) 546-2424 Ext. 7741
SUBMITTED BY:	Paul Johnson General Manager Healthy and Safe Communities Department
SIGNATURE:	

Council Direction:

At its meeting of May 24, 2017, Council directed the following:

- (a) That staff be directed and authorized to meet with representatives of the Ministry of Health and Long Term Care to discuss alternatives for collaboration in the operation of the Hamilton ambulance dispatch centre including:
 - (i) Pursuing the establishment in the short term of a performance contract or alternative governance models for land ambulance dispatch outlining roles, responsibilities and performance expectations;
 - (ii) Pursuing the provision of current, real time, data from the computerized ambulance dispatch system to support contemporaneous decision making, land ambulance service delivery, and the needs of our partners including hospitals and other emergency services; and
 - (iii) Determining the feasibility, terms and costs for the City of Hamilton to assume operation of ambulance dispatch function for the City of Hamilton in the same manner as has been developed for the City of Toronto, the Region of Niagara, or the City of Ottawa.
- (b) That staff be directed to report back to the Emergency & Community Services Committee within 6 months with respect to the items outlined herein.

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SUBJECT: Dispatch Governance and Information Data Update (CES17022(a) (City Wide) - Page 2 of 5

Information:

The Emergency Health Program Management and Delivery Branch of the Ministry of Health and Long Term Care (MOHLTC) has responsibility for oversight and management of the Land Ambulance Dispatch programs established and funded by the Ministry in accordance with the *Ambulance Act R.S.O. 1990*.

Following the May 24, 2017 Council meeting, the Hamilton Paramedic Services Chief corresponded with the Director of the Branch on June 6, 2017. A follow up discussion was held with the Director and various staff on August 25, 2017, and further discussions occurred on November 3, 2017, December 15, 2017, and February 15, 2018.

Item (a)(i) in the Council direction addresses the establishment, in the short term, of a performance contract or alternative governance models for land ambulance dispatch outlining roles, responsibilities and performance expectations. On or about the date of the August 25, 2017 meeting, staff received an executive summary of a review the MOHLTC had undertaken regarding the Ontario Ambulance Communications service delivery model (attached as Appendix A to Report CES17022(a)).

In addition to evaluating the potential implications of three delivery models the executive summary highlighted:

- Performance Management and Monitoring;
- Leadership and Structures;
- Infrastructure Technology Requirements;
- People and Roles; and,
- Health Care System Integration.

It was identified early in the discussions, that with the MOHLTC evaluating the future direction of Land Ambulance Dispatch delivery based on the recently completed report, there would be no ability to initiate a change in service delivery or governance within the ambulance dispatch centre (Hamilton CACC) responsible for assessment and assignment of all ambulance calls within the City of Hamilton. Slightly more than 70% of all calls managed through the Hamilton CACC are for our Paramedic Service.

In the fall of 2017, subsequent to our initial governance discussion with the Director, we received a copy of the full Deloitte Report through our Provincial Association, the Ontario Association of Paramedic Chiefs (OAPC). The full report expands significantly on the background details and analysis of the consultants. It remains that the MOHLTC still needs to determine future direction with respect to service delivery models and governance.

The second item in Council direction, item (a)(ii) directs pursuing the provision of current, real time, data from the computerized ambulance dispatch system to support

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SUBJECT: Dispatch Governance and Information Data Update (CES17022(a) (City Wide) - Page 3 of 5

contemporaneous decision making, land ambulance service delivery, and the needs of our partners including hospitals and other emergency services. With the assistance of peer services, the OAPC, and the cooperation of Director of the Emergency Health Program Management and Delivery Branch, we are able to report more success in moving toward this objective.

Following site visits to Essex-Windsor Paramedic Service to view and evaluate the proof of “Real Time Data” (RTD) concept trial they have been engaged in, discussions with our electronic patient care report (ePCR) vendor, discussions with the Ottawa Paramedic Service regarding their RTD dashboard project, and a series of meetings with the MOHLTC, we are now in the final stages of implementing two data projects:

1) CADLink

Through the CADLink project key dispatch information will be provided at the time it is entered by the dispatcher into their Computer Assisted Dispatch (CAD) program to our ePCR vendor (InterDev Technologies).

This information will then be provided to the responding paramedic crews on the mobile computer terminal already present in the ambulance, including times, call detail information, and any necessary call flags or alerts. Further, the call location will be pre-populated on a proprietary mapping program, linked to our existing Automatic Vehicle Locating (AVL) system, and provide enhanced turn by turn directions to the responding paramedics for route management.

The information will automatically initiate an ePCR for the call and pre-populate elements of the ePCR to assist the responding paramedic in documentation as well as improving the quality of documentation. Most importantly, once the paramedic has completed the ePCR the full call information, including dispatcher details will be available to our service for analysis and to support decision making. The availability of this information will significantly improve the timing of the availability of dispatch information and enhance the reliability of linking the dispatch information to the patient outcomes.

Proof of concept trials have been concluded successfully, necessary adjustments to the computer programs on our vehicle based lap top computers are in the process of being made, and initial training of paramedic staff on the new system is planned to commence in September 2018. The actual RTD data stream is now live and in place to our ePCR vendor to support the project. Operational implementation is planned on a gradual basis to facilitate change management and learning processes with a target of full implementation being completed by March 2019.

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SUBJECT: Dispatch Governance and Information Data Update (CES17022(a) (City Wide) - Page 4 of 5

2) “Real Time Data” (RTD) Dashboard

The RTD Dashboard project includes the use of the same RTD data feed to populate live operational dashboards that are tailored individually for paramedic service operations, paramedic service senior management, hospital emergency department operational management, and ambulance dispatch operations. The trial development of the RTD Dashboard was completed by the Ottawa Paramedic Service who have graciously extended the backbone of the system to us with minimal modifications costs.

The focus of the RTD Dashboard is on supporting awareness of available vehicle status, current response time performance, hospital patient distribution awareness and decision making, and the creation of a “landing board” view of ambulance arrivals for the hospitals. As with the CADLink project, the information is available for retrospective analysis as well as ensuring current views.

We are currently having the Hamilton specific information adapted into the developed program through our Ottawa Paramedic Service partners at a cost anticipated to be less than \$10,000, and are securing the necessary licenses to allow the information to be viewed at the required locations (dispatch, emergency departments, mobile computer terminals in supervisor vehicles, etc.). We anticipate the initial dashboard being available to assist operations in September 2018 with refinement to further tailor the dashboard for Hamilton needs to follow after a period of use.

The third item in Council direction, item (a)(iii) is to determine the feasibility, terms and costs for the City of Hamilton to assume operation of ambulance dispatch function for the City of Hamilton in the same manner as has been developed for the City of Toronto, the Region of Niagara, or the City of Ottawa;

As the MOHLTC is not currently prepared to engage in the discussions pending completion of their review and determination of future direction from the June 2017 Deloitte Report, no action has yet been taken on this item.

However, Hamilton’s Paramedic Chief has been invited to participate in, and has been attending, the recently created MOHLTC Ambulance Dispatch Implementation Table (ADIT) as an OAPC representative. The focus of the ADIT includes various technological and operational issues, including the implementation of an enhanced call screening tool, provincially. This participation should enhance our awareness of, and input to, the development of change in response to the Deloitte Report.

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SUBJECT: Dispatch Governance and Information Data Update (CES17022(a) (City Wide) - Page 5 of 5

Appendices and Schedules Attached

Appendix A to Report CES17022(a): Ontario Ministry of Health and Long Term Care
- Review of the Ambulance Communications
Delivery Model – Executive Summary, June
2017

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The Ministry has conducted a number of evaluations over the last 15 years, including reviews of specific programs in the branch and head office structure. While these reviews have led to improvements, challenges with the ambulance communications delivery model persist. Deloitte was engaged in late 2016 to evaluate the current state of ambulance communications delivery in Ontario, and develop options for the optimal delivery model. This included a review of performance and human resources data, as well as a scan of communications models in other jurisdictions.

Vision for Change: Context for the Provincial Assessment

- **Patients First: Action Plan for Health Care** was released in 2015 and is focused on the ongoing commitment to put people and patients first by improving the healthcare experience
 - With the government’s commitment to provide patients with the right care, at the right time, and in the right place, there is a growing need for Emergency Health Services to evolve and align with the strategic objectives of Patients First
- Emergency Health Services (EHS) is considered a key gateway to the broader health care system and system improvements are underway to align with Patients First and other health sector reforms including:
 - A multi-year transformation strategy
 - 2017-18 and 2018-19 planned technology system improvements, including: a new triage tool, upgraded CAD, bi-directional information sharing through central integrated platforms
- **Enhancing Emergency Services in Ontario (EESO)** is a multi-year enterprise initiative that supports the strategic objectives of Patients First by proposing to *“improve and sustain quality co-ordinated care across the patient’s journey, and implement more effective medical transportation and paramedic services with all health care delivery partners and providers in Ontario”*.
- With this in mind, EESO is coordinating the EHS system transformation with a broad cross-section of service delivery components:
 - EESO vision for change is built on four key pillars of work: change, integrate, build and oversee.

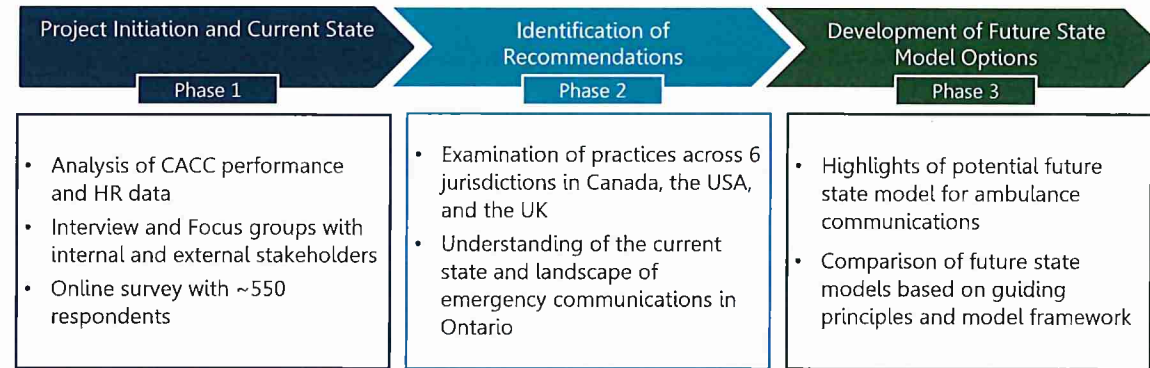
Purpose of the Provincial Assessment

- The purpose of this evaluation was to develop a series of options for the optimal delivery model for land and air ambulance communications in Ontario, which:
 - Support a robust and flexible organization and delivery structure
 - Improve the patient’s journey through the health care system
 - Ensure a sustainable health care system province-wide
- There is currently work underway to reform the emergency health system. The Ministry recognized that there are **opportunities for further growth and enhancement of the current system** to better align with *Patients First* and the Enhancing Emergency Services in Ontario (EESO) Future State Roadmap, and key foundational work has begun including planning for the implementation of a new medical algorithm.



- This work undertaken to inform the report will be used to identify the next steps in the transformation of emergency health services in Ontario

Project Approach and Activities Completed



Current Model of Ambulance Communications in Ontario

Structure	<ul style="list-style-type: none"> • 22 Central Ambulance Communication Centres (CACCs) in Ontario, operating in a hybrid model <ul style="list-style-type: none"> – 11 operated directly by the Ministry of Health and Long-Term Care (Ministry), 5 operated by Hospitals, 4 operated by Municipalities, 2 locally based Ambulance Communications Services • CACCs communicate with 56 Paramedic Services (PS) providers across the province (50 Upper-tier Municipal services + 6 First Nations services) • Ornge Communications Centre – dispatches air ambulance and critical care land ambulance resources
Funding	<ul style="list-style-type: none"> • The Ministry currently funds 100% of dispatch centre costs • Funding for Municipal PS providers is split 50/50 between Ministry and Municipalities • First Nations Paramedic Services are 100% ministry funded • Ministry funds 100% of air ambulance and critical care land ambulance services (Ornge is provider)
Supportive Tools	<ul style="list-style-type: none"> • Computer Aided Dispatch (CAD) technology is used at all CACCs to support call taking, triage and dispatch, however varying instances of this technology are in use across CACCs • While Medical Priority Dispatch System (MPDS) is used to triage patients at Niagara and Toronto CACCs, all other CACCs use Dispatch Priority Card Index (DPCI) II to inform prioritization of patient needs • Ornge’s Flight Vector triages patients using a 5-point scale for acuity



The review included analysis of performance and human resources data, interviews and focus groups with internal and external stakeholders, and an online survey to better understand the current state and opportunities for future state. A review of communications models in other jurisdictions was also undertaken to inform key priorities and potential future state models.

Key Highlights of the Current State



Performance Management and Monitoring

- Select **process-related performance metrics** are tracked annually and publically-reported on the Ministry site, with a **common benchmark** across all CACCs
- Reported **performance metrics are currently based on CTAS scores**, which are assigned after the paramedic has responded to a call, rather than based on priority assigned by ambulance communications officers
- The **MPDS triage tool** is used at Toronto and Niagara CACCs, while all others use **DPCI II**, leading to challenges in comparing performance across CACCs



Leadership and Structures

- The **distribution of CACCs** across the province enables each centre to be familiar with the practices of local municipality and service providers and tailor services to meet the nuanced needs of communities
- There is variation in delivery models and standardization of practices across CACCs including **different interpretations of policy and use of technology**, which leads to challenges in integrating CACCs and thus a fragmented system
- Sizes of CACCs and associated **volumes of calls received varies significantly** across Ontario – staffing for potential needs and minimum staffing requirements lead to inherent inefficiencies in smaller regions



Infrastructure, Technology Requirements

- All CACCs have **CAD technology in place** allowing them to dispatch the closest vehicle to the caller
- Although all CACCs currently used the same CAD platform, they each use **different instances** of it, which results in an inability to achieve an integrated system as CACCs are not able to communicate with each other through their CADs
- Re-routing calls in the event of an emergency at one CACC is initiated through a **manual process of calling the telecommunications company** to notify them, which poses significant risk in an emergency or power failure



People and Roles

- Regional centres foster **strong interpersonal support** amongst peers and between front line staff and management
- All CACCs have at least one CACC Manager and Operations Manager, however the **span of control is variable across CACCs** and **Managers are not staffed 24/7**, which has implications for performance management
- **Centralized training** is provided to ACOs, with **CACC-specific training** designed and provided by each individual CACC
- **Deployment plans** are developed in collaboration with individual Paramedic Services and can be **variable between CACCs**



Health Care System Integration Points

- A number of **parallel call systems exist** in Ontario including 811 and TeleHealth Ontario presenting opportunities for integration of services and appropriate triaging to the right resources
- CACCs work with other organizations for the **provision of air ambulance and inter-facility transportation services**, however fragmented communication systems and unclear processes for communication lead to a number of challenges in the efficiency of these relationships

Summary of Jurisdictional Review for Ambulance Communications



- All jurisdictions reviewed had a **single governance entity** for oversight of ambulance dispatch
 - Current dispatch models establish **government as the overall oversight body** with only municipalities, hospitals, or private companies operating as direct service providers
 - For jurisdictions with contracted out services (i.e., USA and Nova Scotia), **performance based contracts** with penalties and incentives are used to ensure accountability, with **regular reviews of performance** allowing for evidence-based decision making and evaluation of service providers
- Use of a **standardized triage system** across all dispatch centres is common in most jurisdictions
- Jurisdictions with **CAD to CAD compatibility** have 'borderless' dispatch allowing dispatch of resources from neighbouring communities and seamless back-up in the event of a system failure
 - Advanced telecommunication systems automatically re-route calls when dispatch centres are not able to receive calls
- Many jurisdictions have moved to an **expanded role of ambulance dispatch centres** where low acuity calls are referred to existing community resources
 - Built-in referral criteria during triage for low acuity calls can optimize use of existing healthcare resources
- Clear criteria and roles for use of air ambulance and inter-facility transfers to streamline processes and ensure clear accountability in emergency health services system
 - Use of **integrated communication systems between service providers** to enable prompt and clear sharing of relevant patient information and performance data
- Advanced **management reporting systems** enable centralized capture of employee data and shift reports, with real-time updates to managers on performance at multiple levels

Recommended Key Priorities for Transformation

An understanding of current state and review of practices across six jurisdictions informed the development of three model options for the future of ambulance communications delivery in Ontario. The guiding principles provided a framework for the key priorities, which provide direction to shape the future of ambulance communications, regardless of the stage of transformation. These priorities will allow the Ministry to build upon improvements in technology systems and the EESO multi-year transformation.



Comprehensive performance management: Setting relevant benchmarks for clinical and service performance targets, advanced management reporting systems, and a dedicated decision support/business analysis team



Clear service expectations and accountability: Established service expectations and performance based contracts and an appropriate governance structure to support this



Integrated technology and information management practices: integration of technology between dispatch centres, paramedics, and other related services, as well as provincial standard for triage technologies and integrated approach to information management



Focus on HR management and standardization across sites: Standardization of policies and procedures across CACCs, advanced HR management practices, and formal accreditation by a recognized entity



Collaboration with partner organizations and existing structures to enhance emergency health services: clearly defined roles for partner organizations and a future vision to include integration with the broader healthcare system



Potential Future State Models for Ambulance Communications

In order to achieve optimized and integrated ambulance communications in Ontario, we propose a continuum of transformation, where each model builds on elements of the previous model(s). Depending on the provincial direction of the communications ecosystem, as well as broader initiatives in health transformation, the Ministry can use this framework as a guide to a potential phased implementation of ambulance communication models.

	Option 1 – Existing Dispatch Model Transformation	Option 2 – Regional Dispatch Model	Option 3 – Centralized Dispatch Model
Description of Model Options			
Overall Considerations	<ul style="list-style-type: none"> Implementation activities for the Key Priorities for Transformation are required in all model options Future model will be one, holistic interconnected system that fosters coordinated collaboration with stakeholders across the emergency health services ecosystem Consideration must be given to the future vision and capabilities required to support the vision 		
Unique Elements	<ul style="list-style-type: none"> Maintenance of 22 land ambulance dispatch centres Current CACC boundaries and relationships with paramedic services Current relationship with air services provider remain in place Single or hybrid operation model 	<ul style="list-style-type: none"> Regional centres for ambulance dispatch that may align with relevant patient flow patterns Current relationships with air services provider remains in place Single or hybrid operational model 	<ul style="list-style-type: none"> Centralized dispatch services for land and air, with back-up site redundancies built-in Single operational model
Model Implications			
Implications related to Guiding Principles	<ul style="list-style-type: none"> ✓ Existing backup contingency in the case of system failures as a result of multiple centres ✓ With the focus on transformation within the existing dispatch model, required changes will be easier relative to the other model options • Inability to achieve economies of scale, as the number of centres will remain unchanged • More challenging to employ system status management with many centres • While processes and practices can be optimized and standardized across sites, this will require significant effort due to the large number of centres • Different dispatch centres for land and air will require increased coordination for complex transports • Due to the limited organizational changes, it may be challenging to seamlessly position for further system integration opportunities 	<ul style="list-style-type: none"> ✓ Trend towards achieving great economies of scale with fewer centres; efficiencies gained through consolidation of sites as minimum staffing levels are no longer required due to critical mass being achieved ✓ Easier to employ system status management with fewer centres ✓ Existing backup contingency in the case of system failures ✓ Aligns with the movement in other jurisdiction around consolidation ✓ With fewer regional centres, the Branch is better positioned for further system integration opportunities • Different dispatch centres for land and air will require increased coordination for complex transports • Changes to organizational structures and staffing will require robust planning and efforts 	<ul style="list-style-type: none"> ✓ Model enables achievement of great economies of scale with efficiencies gained through consolidation of sites System status management can be implemented in a seamless way with a centralized model ✓ Aligns with the movement in other jurisdiction around consolidation ✓ Implementation of future system integration opportunities may be easier with a common operational leadership ✓ Consolidated land and air dispatch will support enhanced coordination for complex transports • Challenge to ensure sufficient backup contingency with potential system failures and the ability to manage overflow • Changes to organizational structures and staffing will require robust planning and efforts
Implications related to Key Priorities for Transformation and Operational Considerations	<ul style="list-style-type: none"> • Significant effort and resources required to monitor and audit KPIs across 22 centres • With technology improvements underway with EESO transformation strategy, triage of calls, bi-directional information sharing, and reporting will be enhanced across all model options • Operational considerations: Current workforce, call patterns, and back-up contingency plans continue; depending on other regional/provincial transformation initiatives underway, the Ministry may need to explore impacts to current boundaries to align with integration opportunities 	<ul style="list-style-type: none"> • Consolidation of communications centres will increase the likelihood of success of standardized performance monitoring, in addition to less complicated oversight for performance based contracts • Less comprehensive knowledge of local communities, however opportunity to tailor centres to meet needs of geographical region • Operational Considerations: The Ministry will need to conduct an assessment on the size and physical capacity of the current centres, to support discussions on siting options. Consolidation to fewer centres will have an impact to the workforce in smaller communities, though potential technology supports could allow for future virtual workplaces 	<ul style="list-style-type: none"> • Consolidation of air and land communications centres will increase likelihood of success of standardized performance monitoring, in addition to greater efficiencies through consolidated decision support • Consolidation of centres will provide an opportunity to revisit and standardize policies and procedures across all centres, and reinforce HR management practices to build capacity in leaders • Consolidation of air and land communications centres aligns with the future vision of integration with other services and the broader health system • Operational Considerations: The Ministry will need to conduct an assessment on the size and physical capacity of the current centres, to support discussions on siting options.



Business Process Improvements

An understanding of current state and review of practices across six jurisdictions informed a gap and opportunities analysis, which informed the following Business Process Improvements for further investigation, to evolve ambulance communications in Ontario:

Performance Management and Monitoring	1	Enhance relevant performance targets that are reflective of activities associated with CACCs
	1.1	Ensure alignment of metrics to evolving models of care
	2	Enhance CACC and Ornge OCC performance metrics or scorecards
	2.1	Review reports generated today and cease reporting on areas that are not relevant
3	Advance analytic reporting to generate additional insights based on current data	
	3.1	Consider updating or investing in technology infrastructure and analytics tools to enhance reporting
4	Improve the Quality Assurance framework/program to drive performance and quality in the service model	
Leadership and Structures	5	Investigate opportunities to pursue accreditation for emergency dispatch communication across all CACCs and OCC from a recognized, international organization
	6	Review current accountability frameworks and enhance service and performance expectations and monitoring
Infrastructure, Technology Requirements	7	Procure a standardized electronic triage system across all CACCs, in alignment with 2017-18 and 2018-19 system improvements
	7.1	Procure a triage system with an advanced algorithm to assign priority status that reflects patient needs
	8	Implement technology to allow seamless transition of calls to mitigate system or switch failure across all CACCs and Ornge's OCC
	9	Implement advanced dispatch technology functionality that aligns with the future model of services
	9.1	Consider standardizing CAD instance across CACCs to enable effective sharing of information
9.2	Implement a system to enable two-way communication with PS mobile data terminal and CAD system, thus enabling a combined rich data set of EPCR and CAD data, in alignment with proposed 2017 system improvements	

People and Roles	10	Focus on enhancing an engaged culture within the CACCs
		E.g., establish annual in-person meetings, webinars, social media sites, SharePoint sites, and/or blogs to support regular engagement, encourage connecting with other regions and sharing lessons learned, formal certification of ACOs through accreditation process, increased support for Supervisors and Managers to improve management skills and abilities
	10.1	
	11	Explore models that can support management functions 24/7
	11.1	Consider cross-coverage models across CACCs, and unionized vs. non-unionized environments
	12	Examine current education practices to determine changes that may be required to increase adoption of training (e.g., alternate approaches, peer-based learning models)
	13	Advance HR management practices
	13.1	Consider implementing an electronic scheduling system to better track staff utilization and inform predictive scheduling
	13.2	Stronger focus on development of leadership, succession and retention management using informal/formal methods
	13.3	Conduct a review of staff utilization – particularly attrition, sick time, and overtime – to better understand drivers; this may include collection of quality data to conduct analytics
Health Care System Integration Points	14	In alignment with <i>Patients First</i> and EESO, establish a future vision of pre-hospital care to inform the roles and responsibilities of CACCs
	14.1	Consider other referral options for the public for low acuity calls
	15	Explore model options to strengthen the communication and coordination of critical care transport
	16	Identify expanded support or guidance that ACOs can provide to patients and families to improve outcomes, as well as the patient experience



CITY OF HAMILTON
HEALTHY AND SAFE COMMUNITIES DEPARTMENT
General Manager's Office

TO:	Chair and Members Healthy and Safe Communities Committee
COMMITTEE DATE:	September 10, 2018
SUBJECT/REPORT NO:	Director of Housing Position (HSC18047) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Kelly Kavanagh (905) 546-2424 Ext. 6635 Nenzi Cocca (905) 546-2424 Ext. 3924
SUBMITTED BY:	Paul Johnson General Manager Health and Safe Communities Department
SIGNATURE:	

RECOMMENDATION

- (a) That the General Manager of Healthy and Safe Communities Department (HSC), be authorized to reinstate the previously eliminated Director of Housing position, to be funded within the Housing Services Budget; and,
- (b) That the General Manager of Healthy and Safe Communities Department (HSC) be authorized to transfer the vacant Director, Neighbourhood and Community Initiatives FTE to the Housing Services Division.

EXECUTIVE SUMMARY

The Director of Housing position was eliminated in the spring of 2017 as part of the 2017 budget discussions. Since then an Acting Director has assumed oversight of the Housing portfolio while the alignment of Housing Services was reviewed. Following the creation of the new Healthy & Safe Communities Department (HSC) in February of 2018, the General Manager and the Director of Transition Services reviewed a variety of options to determine where the work of Housing Services would be functionally aligned. Based on many factors, including the continued critical impact of social housing and homelessness on the community, the high volume of clients, anticipated recruitment challenges, and available funding, it is recommended that the City of Hamilton re-establishes a Director position to oversee Housing.

The Director of Housing will provide leadership and direction to a multi-disciplinary team engaged in the delivery of a comprehensive range of housing and homelessness

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programs to the community. Guided by Hamilton's 10-year Housing and Homelessness Action Plan and in partnership with the Hamilton community, this position will assume overall responsibility for the strategic management, planning, development, and evaluation of housing and homelessness programs in Hamilton, which includes emergency shelters, supportive housing, homelessness prevention services, social and affordable housing and affordable home ownership. The Director will ensure the municipality meets its legislated obligations in the capacity of service manager for social housing as set out in the *Housing Services Act, 2011* and related regulations, and the delivery of Ontario Works for individuals experiencing homelessness as set out in the *Ontario Works Act, 1997* and related regulations.

Working alongside other human services functions in the Department, the Director of Housing will also help better integrate housing with other services such as employment and income security, children's services and public health services.

Alternatives for Consideration – None**FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial: The proposed Director of Housing position will be accommodated within the existing Healthy and Safe Communities departmental budget, specifically from the Housing Services Division. The required FTE will be transferred from within HSC, as the vacant position of Director Neighbourhood and Community Initiatives was eliminated earlier this year per Report HSC18018. Therefore, there is no increase to the number of Directors within HSC nor is there a budget impact.

Staffing: There are no staffing implications as the FTE is currently vacant. Housing Services is currently being overseen by an Acting Director. Once recruitment and on-boarding of the position is completed, the Acting Director would commence work on other tasks within the Department.

Legal: There are no legal implications associated with Report HSC18047.

HISTORICAL BACKGROUND

During the 2017 Budget process, the Director of Housing Services position was eliminated. The position was vacant at that time. Housing Services has since been overseen by an Acting Director role, to allow for re-alignment opportunities to be explored.

In February 2018, the Healthy and Safe Communities Department was created and discussions occurred about further integration of Divisions within the new Department.

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In April 2018, structural changes to the new Department were made through Report HSC18018. The Director of Neighbourhood and Community Initiatives Division was eliminated when that Division was merged with the Children's and Home Management Services Division, creating the new Children's Services and Neighbourhood Development Division. Within this report, two Divisions within Public Health Services were also merged to create the Epidemiology, Wellness and Communicable Disease Control Division.

Following the creation of the Healthy and Safe Communities Department, discussions occurred to explore options for the Housing Services Division including merging the work with another human services division such as Ontario Works or Children's Services, dividing the work over several Divisions or reinstating the Director position. Having determined that a merger with any other Division would not be the most appropriate and best aligned option, the recommendation is to re-establish a specific Director of Housing portfolio.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Budget Control Policy (Policy No: CBP -2)
 Budget Complement Control (Policy No: CBP – 1)
 Organization Restructuring (Policy No: HR-54-12)

RELEVANT CONSULTATION

Human Resources has been consulted regarding relevant policy requirements and the overall direction of the report. They are supportive of the recommendations.

Some investigation of the structure of housing in other municipalities occurred and in all comparator municipalities similar in size to Hamilton, a Director level position responsible for Housing is the norm.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The Housing Services Division provides affordable housing options, across the continuum of housing requirements, that meets the unique and complex needs of the community. Informed by priorities set out in the 10-year Housing & Homelessness Action Plan and the Ministry's National Housing Strategy, housing as administered by the Housing Services Division remains a focused priority in the City of Hamilton.

Given the contributions of the Housing Services Division to the community, and the investments in Housing and Homelessness within the City of Hamilton, a Director with a strong background in social housing and homelessness is required to support current and future plans. While synergies and realignment have been explored, at this time it is recommended that the FTE from the vacant Director Neighbourhood and Community

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Initiatives be reutilized, in conjunction with existing funding from Housing Services, to create the permanent full-time Director of Housing position. This recommendation has no additional cost, and will continue to serve the needs of the community in the specialized field of Social Housing and Homelessness.

ALTERNATIVES FOR CONSIDERATION

None.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN**Community Engagement & Participation**

Hamilton has an open, transparent and accessible approach to City government that engages with and empowers all citizens to be involved in their community.

Healthy and Safe Communities

Hamilton is a safe and supportive city where people are active, healthy, and have a high quality of life.

APPENDICES AND SCHEDULES ATTACHED

None

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