



**City of Hamilton**  
**EMERGENCY & COMMUNITY SERVICES COMMITTEE**

**Meeting #:** 19-008  
**Date:** July 11, 2019  
**Time:** 1:30 p.m.  
**Location:** Council Chambers, Hamilton City Hall  
71 Main Street West

Tamara Bates, Legislative Coordinator (905) 546-2424 ext. 4102

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**1. CEREMONIAL ACTIVITIES**

1.1 Paramedic Chiefs of Canada Award of Excellence for Client Centered Initiatives

**2. APPROVAL OF AGENDA**

(Added Items, if applicable, will be noted with \*)

**3. DECLARATIONS OF INTEREST**

**4. APPROVAL OF MINUTES OF PREVIOUS MEETING**

4.1 June 20, 2019

**5. COMMUNICATIONS**

5.1 Correspondence from Jull Dubrick and Becky Doyle, Early Years Child Care Division, Ministry of Education

respecting 2019 Child Care Allocations (revised), Child Care Transfer Payment Agreement Amendments and Updated Funding Guidelines to Child Care and EarlyON Child and Family Centre Programs (deferred from June 20, 2019 meeting, due to loss of quorum)

Recommendation: be received.

- 5.2 Correspondence from Glenn Fletcher, respecting Wesley Community Homes and Wesley Day Centre (deferred from June 20, 2019 meeting, due to loss of quorum)

Recommendation: be received.

- 5.3 Correspondence from Emilie Lammers, St. Joseph's Hamilton Healthcare, respecting Support of Wesley Day Centre

Recommendation: be received.

- 5.4 Correspondence from Jon Pegg, Chief of Emergency Management, Office of the Fire Marshal and Emergency Management, Ministry of the Solicitor General, respecting EMCPA Compliance 2018

Recommendation: be received.

## **6. DELEGATION REQUESTS**

- 6.1 Dean Waterfield, Wesley, respecting the announced closure of the Wesley Day Centre at 195 Ferguson Ave. N. (for today's meeting)

## **7. CONSENT ITEMS**

- 7.1 Seniors Advisory Committee Minutes - April 5, 2019 (deferred from June 20, 2019 meeting, due to loss of quorum)

- 7.2 Co-ordinated Access System for Social Housing (CES14052(e)) (City Wide)

## **8. PUBLIC HEARINGS / DELEGATIONS**

- 8.1 Sheryl Green, Hamilton Regional Indian Centre, respecting Housing First for Youth Project at the Hamilton Regional Indian Centre (approved June 6, 2019)

- 8.2 Roger Deschamps, respecting Wesley Day Centre (approved June 20, 2019)

## **9. STAFF PRESENTATIONS**

- 9.1 Hamilton Paramedic Service 2018 Annual Report (HSC19035) (City Wide)

Note: Due to bulk, Appendix A to HSC19035, Hamilton Paramedic Services 2018 Annual Report will not be printed, but will be available online.

## **10. DISCUSSION ITEMS**

- 10.1 Establishing a Gender and Equity Lens on Housing Services (HSC19036) (City Wide) (Outstanding Business List Item)

- 10.2 Addiction Services Initiative (HSC19027(a)) (City Wide)
- 10.3 Child Care Fee Subsidy Wait List (HSC19039) (City Wide)
- 10.4 Wesley Day Centre (HSC19040) (Ward 2) (to be distributed)

## 11. MOTIONS

- 11.1 CityHousing Hamilton's Third Annual Community Health Fair
- 11.2 Summer Programming for Ward 3 Kids

## 12. NOTICES OF MOTION

## 13. GENERAL INFORMATION / OTHER BUSINESS

- 13.1 Changes to the Outstanding Business List
  - 13.1.a Items Requiring a New Due Date:
    - 13.1.a.a Poverty Reduction Investment Plan (CES16043(a))
      - Item on OBL: E
      - Current Due Date: June 6, 2019
      - Proposed New Due Date: June 2020
    - 13.1.a.b Home for Good (CES17042(a))
      - Item on OBL: G
      - Current Due Date: June 20, 2019
      - Proposed New Due Date: August 15, 2019
    - 13.1.a.c Funding Requests from Agencies
      - Item on OBL: H
      - Current Due Date: September 5, 2019
      - Proposed New Due Date: TBD
    - 13.1.a.d Establishing a Gender and Equity Lens on Housing Services
      - Item on OBL: M
      - Current Due Date: June 20, 2019
      - Proposed New Due Date: July 11, 2019

13.1.a.e Curling Facilities

Item on OBL: Q

Current Due Date: none

Proposed New Due Date: December 5, 2019

13.1.a.f Ministry's continued support for critical housing investments and leveraging federal funding under the National Housing Strategy through new provincial investments and outlining the City of Hamilton's funding for housing and homelessness programs

as confirmed through the 2019 Ontario Budget

Item on OBL: R

Current Due Date: none

Proposed New Due Date: August 15, 2019

13.1.b Items to be Removed from the Outstanding Business List

13.1.b.a Establishing a Gender and Equity Lens on Housing Services

Addressed as Item 10.1 on today's agenda - Report HSC19036

Item on OBL: M

**14. PRIVATE AND CONFIDENTIAL**

**15. ADJOURNMENT**



## **EMERGENCY & COMMUNITY SERVICES COMMITTEE MINUTES 19-007**

1:30 p.m.

Thursday, June 20, 2019

Council Chambers

Hamilton City Hall

71 Main Street West

**Present:** Councillors S. Merulla (Chair), E. Pauls (Vice-Chair), B. Clark, and N. Nann

**Absent with  
Regrets:** Councillors T. Jackson (Personal) and T. Whitehead (Personal)

**Also Present:** Councillors J. Farr and M. Wilson

### **THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:**

**1. Heat Response Plan Initiative (HSC19020) (City Wide) (Item 7.1)**

**(Clark/Nann)**

That Report HSC19020, respecting a Heat Response Plan Initiative, be received.

**CARRIED**

**2. Group Purchasing of Electric Beds (HSC19028) (Wards 7 and 13) (Item 7.2)**

**(Clark/Pauls)**

(a) That Complete Purchasing Services Inc. be approved as the single source purchasing agent for group purchasing services for electric beds, replacement parts and accessories manufactured by Span Medical Products Canada Incorporated for use at Macassa and Wentworth Lodges for a period of five years; and,

(b) That the General Manager, Healthy and Safe Communities Department or his designate be authorized to negotiate, enter into and execute any required contract and any ancillary documents required to give effect thereto with Complete Purchasing Services or Span Medical Products Canada Incorporated, in a form satisfactory to the City Solicitor.

**Result: Motion CARRIED by a vote of 4 to 0, as follows:**

YES - Councillor Nrinder Nann  
 NOT PRESENT - Councillor Tom Jackson  
 YES - Councillor Esther Pauls  
 YES - Chair Sam Merulla  
 NOT PRESENT - Councillor Terry Whitehead  
 YES - Councillor Brad Clark

**3. Encampment Response (HSC19029) (City Wide) (Item 7.3)**

**(Nann/Clark)**

That Report HSC19029, respecting an Encampment Response, be received.

**CARRIED**

**4. Affordable Housing Demonstration Project (HSC19034) (Ward 4) (Item 10.1)**

**(Clark/Pauls)**

- (a) That Report HSC19034 respecting the proposed Roxborough demonstration project be received;
- (b) That Council, in its capacity as Service Manager under the Housing Services Act, 2011, approve the request of CityHousing Hamilton (CHH) for the following:
- (i) The transfer of 18 (eighteen) existing Rent Gear to Income subsidies to a separate Housing Provider selected by the Housing Services Division to offer new units to households on the centralized waitlist;
  - (ii) The sale of an approximate 7-acre portion of the Lang-Hayes-Reid lands;
  - (iii) The relocation and transition plan to accommodate the residents during the redevelopment of the Lang-Hayes-Reid lands;
- (c) That staff be directed to bring forward the recommended draft program description to the Roxborough Community Improvement Plan Area (CIPA), as contained in Appendix A to Report HSC19034, to the Planning Committee for a statutory public meeting in accordance with Section 17 (15) (d) of the Planning Act,
- (d) That the additional annual operating impact, estimated at \$400,000, related to CityHousing Hamilton's Roxborough housing units be included in the City's 2021 operating budget;

- (e) That an annual operating budget enhancement of \$2.09 M be included in the City's 2021 operating budget for the Housing Services Division to fund the cost of development charges loan/grant programs to be offered through the Roxborough Community Improvement Plan Area, estimated at \$10.47 M over 5 years;
- (f) That the General Manager of Finance and Corporate Services be directed to establish a Roxborough Community Improvement Plan Area Reserve; and,
- (g) That any unspent funds budgeted through the annual operating budget for the cost of development charges loan/grant programs to be offered through the Roxborough Community Improvement Plan Area (CIPA), be allocated to the Roxborough CIPA Reserve at the end of each year.

**Result: Motion CARRIED by a vote of 4 to 0, as follows:**

YES - Councillor Nrinder Nann  
 NOT PRESENT - Councillor Tom Jackson  
 YES - Councillor Esther Pauls  
 YES - Chair Sam Merulla  
 NOT PRESENT - Councillor Terry Whitehead  
 YES - Councillor Brad Clark

**FOR INFORMATION:**

**(a) CHANGES TO THE AGENDA (Item 2)**

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

**1. COMMUNICATIONS (Item 5)**

5.1 Correspondence from Jill Dubrick and Becky Doyle, Early Years and Child Care Division, Ministry of Education, respecting 2019 Child Care Allocations (revised), Child Care Transfer Payment Agreement Amendments and Updated Funding Guidelines for Child Care and EarlyON Child and Family Centre Programs

Recommendation: Be received.

5.2 Correspondence from Glenn Fletcher, respecting Wesley Community Homes and Wesley Day Centre

Recommendation: Be received.

**2. DELEGATION REQUESTS (Item 6)**

- 6.1 Roger Deschamps, respecting the proposed closure of the Wesley Day Centre (for today's meeting)
- 6.2 Tim O'Shea and Jill Wiwcharuk, Shelter Health Network, respecting the closure of the Wesley Day Centre (for today's meeting)
- 6.3 Joanne Santucci, Hamilton Food Share, respecting the closure of the Wesley Day Centre (for today's meeting)

**3. CONSENT ITEMS (Item 7)**

- 7.4 Seniors Advisory Committee Minutes - April 5, 2019

**4. DISCUSSION ITEMS (Item 10)**

- 10.2 Ministry of Health and Long-Term Care Funding for Neonatal Intensive Care (NICU) Transport Ambulance (HSC19021) (City Wide)

**5. NOTICES OF MOTION (Item 12)**

- 12.1 CityHousing Hamilton's Third Annual Community Health Fair

**(Clark/Pauls)**

That the agenda for the June 20, 2019 Emergency and Community Services Committee meeting be approved, as amended.

**Result: Motion CARRIED by a vote of 4 to 0, as follows:**

YES - Councillor Nrinder Nann  
NOT PRESENT - Councillor Tom Jackson  
YES - Councillor Esther Pauls  
YES - Chair Sam Merulla  
NOT PRESENT - Councillor Terry Whitehead  
YES - Councillor Brad Clark

**(b) DECLARATIONS OF INTEREST (Item 3)**

There were no declarations of interest.



**(c) APPROVAL OF MINUTES OF THE PREVIOUS MEETING (Item 4)****(i) June 6, 2019 (Item 4.1)****(Pauls/Nann)**

That the Minutes of the June 6, 2019 meeting of the Emergency and Community Services Committee be approved, as presented.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Councillor Nrinder Nann  
NOT PRESENT - Councillor Tom Jackson  
YES - Councillor Esther Pauls  
YES - Chair Sam Merulla  
NOT PRESENT - Councillor Terry Whitehead  
YES - Councillor Brad Clark

**(d) DELEGATION REQUESTS (Item 6)****(Clark/Nann)**

That the following delegation requests, be approved for today's meeting.

- (i) Roger Deschamps, respecting the proposed closure of the Wesley Day Centre (Added Item 6.1)
- (ii) Tim O'Shea and Jill Wiwcharuk, Shelter Health Network, respecting the closure of the Wesley Day Centre (Added Item 6.2)
- (iii) Joanne Santucci, Hamilton Food Share, respecting the closure of the Wesley Day Centre (Added Item 6.3)

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Councillor Nrinder Nann  
NOT PRESENT - Councillor Tom Jackson  
YES - Councillor Esther Pauls  
YES - Chair Sam Merulla  
NOT PRESENT - Councillor Terry Whitehead  
YES - Councillor Brad Clark

**(e) CONSENT ITEMS**

**(i) Encampment Response (HSC19029) (City Wide) (Item 7.3)**

**(Nann/Clark)**

That staff report back semi-annually to the Emergency and Community Services Committee on the progress of the strategies utilized to address encampments.

**Result: Motion CARRIED by a vote of 4 to 0, as follows:**

YES - Councillor Nrinder Nann  
 NOT PRESENT - Councillor Tom Jackson  
 YES - Councillor Esther Pauls  
 YES - Chair Sam Merulla  
 NOT PRESENT - Councillor Terry Whitehead  
 YES - Councillor Brad Clark

For further disposition of this item, refer to Item 3.

**(Clark/Nann)**

That Item 10.1 respecting an Affordable Housing Demonstration Project (HSC19034) and Item 10.2, respecting the Ministry of Health and Long-Term Care Funding for Neonatal Intensive Care (NICU) Transport Ambulance (HSC19021), be moved up on the agenda in anticipation of the loss of quorum.

**Result: Motion CARRIED by a vote of 4 to 0, as follows:**

YES - Councillor Nrinder Nann  
 NOT PRESENT - Councillor Tom Jackson  
 YES - Councillor Esther Pauls  
 YES - Chair Sam Merulla  
 NOT PRESENT - Councillor Terry Whitehead  
 YES - Councillor Brad Clark

Pursuant to Section 5.4(5) of the City of Hamilton's Procedural By-law 18-270 the Committee Clerk advised the Chair at 2:23 p.m. that quorum was lost, the Chair decided to continue the meeting during the absence of quorum to hear the delegations in attendance, with no decisions being approved.

**(f) PUBLIC HEARINGS/DELEGATIONS (Item 8)**

**(i) Roger Deschamps, respecting the proposed closure of the Wesley Day Centre (Added Item 8.1)**

Roger Deschamps was not in attendance.

- (ii) **Tim O'Shea and Jill Wiwcharuk, Shelter Health Network, respecting the closure of the Wesley Day Centre (for today's meeting) (Added Item 8.2)**

Jill Wiwcharuk, of the Shelter Health Network addressed the Committee respecting the closure of the Wesley Day Centre.

- (iii) **Joanne Santucci, Hamilton Food Share, respecting the closure of the Wesley Day Centre (for today's meeting) (Added Item 8.3)**

Joanne Santucci, of Hamilton Food Share addressed the Committee respecting the closure of the Wesley Day Centre.

The following items will be included on the July 11, 2019 Emergency and Community Services agenda.

**(a) COMMUNICATIONS (Item 5)**

- (i) **Correspondence from Jill Dubrick and Becky Doyle, Early Years and Child Care Division, Ministry of Education, respecting 2019 Child Care Allocations (revised), Child Care Transfer Payment Agreement Amendments and Updated Funding Guidelines for Child Care and EarlyON Child and Family Centre Programs**

Recommendation: Be received.

- (ii) **Correspondence from Glenn Fletcher, respecting Wesley Community Homes and Wesley Day Centre**

Recommendation: Be received.

**(b) CONSENT ITEMS (Item 7)**

- (i) **Seniors Advisory Committee Minutes – April 5, 2019 (Added Item 7.4)**

**(c) STAFF PRESENTATIONS**

- (i) **Hamilton Urban Indigenous Strategy (HSC19034) (City Wide) (Item 9.1)**

**(d) NOTICES OF MOTION**

- (i) CityHousing Hamilton's Third Annual Community Health Fair (Added Item 12.1)**

The following item will be presented to Council on June 26, 2019 due to its time sensitivity.

**(e) DISCUSSION ITEMS**

- (i) Ministry of Health and Long-Term Care Funding for Neonatal Intensive Care (NICU) Transport Ambulance (HSC19021) (City Wide) (Added Item 10.2)**

**(f) ADJOURNMENT (Item 15)**

Pursuant to Section 5.4(5) of the City of Hamilton's Procedural By-law 18-270 at 3:08 p.m. the Committee Clerk advised those in attendance that quorum was not achieved since 2:23 p.m. when quorum was initially lost, therefore, the meeting would stand adjourned.

Respectfully submitted,

Councillor S. Merulla  
Chair, Emergency and Community Services  
Committee

Tamara Bates  
Legislative Coordinator  
Office of the City Clerk

Ministry of Education  
Early Years and Child Care  
Division  
315 Front Street West, 11<sup>th</sup> floor  
Toronto ON M7A 0B8

Ministère de l'Éducation  
Division de la petite enfance et de la  
garde d'enfants  
315, rue Front Ouest, 11<sup>e</sup> étage  
Toronto ON M7A 0B8



**2019: EYCC05**

**MEMORANDUM TO:** Chief Administrative Officers, CMSMs and DSSABs  
Directors and/or General Managers, CMSMs and  
DSSABs

**FROM:** Jill Dubrick  
Director, Early Years and Child Care Programs and  
Service Integration Branch  
Early Years and Child Care Division  
Ministry of Education

Becky Doyle  
Director, Financial Accountability & Data Analysis  
Branch  
Early Years and Child Care Division  
Ministry of Education

**DATE:** June 7, 2019

**SUBJECT:** **2019 Child Care Allocations (revised), Child Care  
Transfer Payment Agreement Amendments and  
Updated Funding Guidelines for Child Care and  
EarlyON Child and Family Centre Programs**

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Further to the Premier's announcement on May 27, 2019, I am pleased to provide the revised 2019 child care allocations (please see appendix A: 2019 Child Care Allocations). The changes to municipal cost-sharing and administration threshold amounts that were announced in child care and early years memo: EYCC02 released on April 18<sup>th</sup>, 2019 are deferred until January 1st, 2020. This decision

will give municipal partners additional time to plan accordingly and find savings and efficiencies prior to those adjustments coming into effect. This is in addition to the opportunities for administrative burden reduction that the Ministry of Education will implement in 2019.

In 2019, the Ministry of Education will be investing more than \$1.8 billion in child care and early years programs. Of the \$1.8 billion, \$1.69 billion will be invested in child care including:

- \$1.07B in general allocation;
- \$270M to support child care expansion;
- \$26M in base funding for licensed home child care;
- \$100M in Canada-Ontario Early Learning and Child Care funding; and
- \$208M for Wage Enhancement/Home Child Care Enhancement Grant funding.

Additional investments in child care and early years include:

- \$141.5 million is being invested for early years programming.
- \$35 million is being invested to support off reserve Indigenous-led child care and early years programming in 2019.

Moving forward, Ministries, agencies and transfer-payment partners are all expected to think differently about how programs and services can be delivered in an improved and sustainable manner that drives efficiencies and maximizes value for money. The government is focused on moving to an efficient, transparent and accountable transfer payment system that will enable evidence-based decision making and reduce costs and administrative burden. As the province is taking steps to modernize and transform its own operations, it expects service delivery partners to do the same – to identify and realize opportunities for efficiencies, improved service delivery, and better client/user outcomes. We look forward to collaborating with our partners to find efficiencies that will make life easier for families and respect taxpayers.

To support the 2019 child care and early years investments please find the following attachments included:

- 2019 Child Care Allocations (Appendix A)
- 2019 budget schedule and corresponding amendments to the multi-year child care transfer payment agreement schedules
- 2019 Ontario Child Care Service Management and Funding Guideline (“Child Care Guideline”)
- Summary of key changes to the Child Care guideline (Appendix B)

- 2019 EarlyON Child and Family Centre Business Practices and Funding Guideline for Service System Managers (“EarlyON Guideline”)
- Summary of key changes to the EarlyON guideline (Appendix C)
- Communications Protocol Requirements (Appendix D)
- Select 2018 Licensed Child Care Survey data (Appendix E)
- French Language Services Plan Template as applicable (Separate template)
- 2018 Child Care & EarlyON Child and Family Centres Financial Statements Reporting

### **Important Changes for 2019:**

#### ***Ontario Child Care Access and Relief from Expenses (CARE) tax credit***

As announced in the 2019 Budget, the province is introducing the new Ontario Child Care Access and Relief from Expenses (CARE) tax credit. The new CARE tax credit will provide about 300,000 families with up to 75 per cent of their eligible child care expenses, and allow families to access a broad range of child care options, including care in centres, homes and camps. Ontarians will be able to claim the CARE tax credit when they file their tax returns, starting with the 2019 tax year. Starting with the 2021 tax year, Ontario will give families the choice to apply for and receive more timely support through regular advance payments during the year. More information about the CARE tax credit will be provided as it becomes available.

#### ***New Child Care Plan and Updates to the Child Care Funding Formula***

Further, the province is working on a new child care plan that meets family’s needs and makes life easier for them by making child care more affordable, increasing choice and availability of child care, reducing red tape and administrative burden, and improving quality and delivering high standards of care.

In response to feedback from the sector and to align with the new child care plan, in 2019 the ministry will also be considering updates to the Child Care Funding Formula to address sector feedback and reduce administrative burden. These updates would help to ensure a more equitable, predictable, transparent and responsive distribution of child care funding across Ontario.

### ***Service System Planning Extension***

The Ministry is postponing the June 30, 2019, deadline to submit child care and early years service system plans until further notice. CMSMs and DSSABs will not be required to submit plans to the Ministry in 2019. Service system planning requirements will be reviewed as part of the broader mandated five-year review of the Child Care and Early Years Act, 2014.

The Ministry is aware that some CMSMs and DSSABs have already completed plans and as such would be interested in receiving these plans on a voluntary basis. Plans can be submitted at any time to [serviceplans@ontario.ca](mailto:serviceplans@ontario.ca).

### ***Updates to the Ontario Child Care Management System (OCCMS) and Transfer Payment Agreement system***

In 2019 the ministry will also be exploring updating the existing Ontario Child Care Management System (OCCMS) to support administrative burden reduction and overall accountability and efficiency of program operations.

The ministry is also planning to move to a new online system for developing and distributing transfer payment agreements (TPAs), in alignment with broader government efficiency efforts mentioned above. Information regarding this transition will be provided in the coming weeks.

We look forward to sharing more details of these exciting initiatives and our new child care plan with our partners as they become available.

### ***Updates to the Child Care and Early Years Service Packages***

#### **Changes to child care service packages:**

- A.** Updates to Child Care Funding Formula Data Elements
- B.** Changes to Fee Stabilization Support Funding
- C.** Updates to Contractual Service Targets
- D.** Wage Enhancement Funding and Administrative Burden Reduction
- E.** Base Funding for Licensed Home Child Care and Updated Data
- F.** Changes related to Non-Profit Prioritization



## **A. Updates to Child Care Funding Formula Data Elements**

The current Child Care Funding Formula (CCFF) is comprised of various data components. In 2019 the CCFF has been updated with the 2016 census data from Statistics Canada (i.e., Low Income Cut-Off (LICO), Land Area, Education Level) and data from the Ministry of Finance (i.e., child population projections, Rural and Small Community Data). These updated data elements will result in corresponding changes to CMSM/DSSAB 2019 child care allocations.

## **B. Changes to Fee Stabilization Support Funding**

Funding for Fee Stabilization Support was a one-time transition allocation to address increases to parent fees as a result of the increase to the minimum wage requirement.

As of March 31st, 2019, the commitment for FSS funding has ended. This will help focus funding towards the child directly and help maintain affordable, accessible child care for families across the province.

FSS allocation and cash flow have been provided for the period of January to March 2019 as part of the 2019 Child Care allocations. Reporting requirements associated with FSS will also be related to the period of January to March 2019. FSS funding flowed to CMSMs/DSSABs after March 31, 2019 will be recovered.

## **C. Updates to Contractual Service Targets**

To support the timely execution of service agreements and payment disbursement, an amended approach to contractual service targets was implemented in 2018 whereby service targets were assigned by the ministry based on previously negotiated targets established by the ministry and CMSMs/DSSABs. This approach will continue in 2019 and all service targets are included at the end of Schedule C of the transfer payment agreement.

This year's approach will maintain the benefits of the reduced administrative burden realized with the 2018 approach, but will take into account changes to funding allocations, as a result of the introduction of new data, to ensure that the revised targets are reflective of the realities on the ground.

As previously indicated, this year the Child Care Funding Formula has been updated with 2016 census data from Statistics Canada and the Ministry of Finance. General Allocation Targets are based on 2018 targets and adjusted up or down proportionally, according to the % change in General Allocation as compared to 2018 (less TWOMO and SWW).

Expansion Plan and ELCC Targets are based on targets as indicated in executed 2018 final child care transfer payment agreements.

The ministry will consider changes to the approach to contractual service targets to align with any proposed changes that result from the review of the Child Care Funding Formula and looks forward to providing further information about the new approach at a later date.

Please refer to the guideline for additional information.

#### **D. Wage Enhancement Funding and Administrative Burden Reduction**

In 2019, wage enhancement funding will continue to be funded at current funding levels. Additionally, in 2019, the requirement for CMSMs/DSSABs to follow the ministry determined application process for the wage enhancement/home child care enhancement grant will be removed. CMSMs/DSSABs will be responsible for determining wage enhancement/home child care enhancement grant entitlement as per their local policies and processes. These changes align with government wide administrative burden reduction efforts and increase the overall flexibility of service system managers in the provision of the wage enhancement/home child care enhancement grant. Please refer to the guideline for additional information.

#### **E. Base Funding for Licensed Home Child Care and Updated Data**

In 2018 operating funding was increased to support a base funding model for licensed home child care (LHCC) agencies to support the provision of stable, predictable funding and assist agencies with forecasting, planning, and actively recruiting more providers. This funding will continue under the 2019 budget allocation. There are no changes to the licensed home child care base funding allocation methodology in 2019. The LHCC allocations continue to be based on the existing funding benchmark of \$6,900 per number of active homes for home child care agencies.

The 2017 licensed child care survey data was used as the basis for determining licensed home child care (LHCC) base funding allocations in 2018. As this survey is updated annually, the data from the 2018 survey has been used to determine 2019 allocations.

Based on sector feedback, the ministry is pleased to make select 2018 licensed child care survey data available to all service system managers.

Please see Appendix E for select 2018 licensed child care survey data.

## **F. Changes related to Non-Profit Prioritization**

In September 2018 the for-profit maximum threshold used to support CMSMs/DSSABs with maintaining expenditure levels to for-profit entities to 2015 levels was removed. In keeping with this direction, we have also removed prioritization of non-profit operators in other funding lines, including:

- Community based capital funding associated with ELCC and Indigenous-led Child Care and Child and Family Programs (formerly the Journey Together);
- Capacity funding; and
- Transformation funding.

Local service system managers will be able to direct child care funding to licensed providers that are best positioned to meet local needs and priorities. Service system managers can continue to have discretion about the providers with which they enter into purchase of service agreements.

## **Changes to EarlyON Child and Family Centres**

Changes to EarlyON Child and Family Centres include:

**G.** Changes to EarlyON Child and Family Centres' staffing requirements

**H.** Respite child care in EarlyON Child and Family Centres

**I.** Updates to Early ON Guideline

The ministry is committed to supporting EarlyON Child and Family Centres to ensure that children, parents and caregivers have access to free, play-based drop-in programs and information about relevant community and specialized services. To help support service system managers in meeting the needs of their communities, changes to staffing requirements and rules around the provision of respite child care in EarlyON Centres are being made for 2019.

## **G. Changes to EarlyON Staffing Requirements**

Effective immediately, the transition period for ensuring EarlyON Child and Family Centres employ at least one RECE at every centre will increase from three to five years. This means that all EarlyON Child and Family Centres must have at least one RECE by January 1, 2023.

In addition to an extension to the transition period noted above, the Ministry is introducing a provision to support the retention of long-tenured child and family program staff. CMSMs and DSSABs may now grant an exemption from the RECE requirement for EarlyON Centres employing a staff person to oversee mandatory core services who is not an RECE but who has at least 10 years of experience working in a child and family program setting as of January 1, 2019.

In order to qualify a staff person must have been employed for a total of 10 or more years, as of January 1, 2019 in one or more of the following child and family programs:

- Ontario Early Years Centres
- Parenting and Family Literacy Centres
- Child Care Resource Centres
- Better Beginnings, Better Futures

Please note that staff may only be grand-parented in the centre in which they are employed or were previously employed in and are returning to. This provision does not apply to new hiring for positions that will oversee the delivery of mandatory core services related to supporting early learning and development, or to persons that have been members of the College of Early Childhood Educators in the past, but have had their membership suspended, cancelled or revoked, or who have resigned or let their membership lapse. Further, this exemption does not apply to those who have satisfied the educational requirements to be registered as members of the College but have not become members.

## **H. Respite Child Care in EarlyON Child and Family Centres**

Effective immediately, CMSMs/DSSABs have the option of continuing to work with service providers to offer respite child care, as a customized community connection, in EarlyON Child and Family Centres. Respite child care services are intended to support parents who require short-term or occasional care for their children.

CMSMs and DSSABs who choose to exercise this option would determine which locations would offer and be funded for respite child care based on local service plans and community needs. Respite child care must be offered within the existing framework for unlicensed child care and meet the legislative and regulatory requirements of the Child Care and Early Years Act, 2014 and associated regulations.

Further information on these changes can be found in the 2019 EarlyON Child and Family Centres Business Practices and Funding Guideline.

### **I. Updated EarlyON Guidelines**

To help support service system managers in meeting the needs of their communities, the ministry is releasing a 2019 update to the *EarlyON Child and Family Business Practices and Funding Guideline for Service System Managers*. As indicated in the EYCC02 Memo: 2019 Child Care and Early Years Allocations updates include:

- The provision of respite child care; and
- Changes to the Registered Early Childhood Educator (RECE) staffing requirements

Updates have also been made to the following:

#### **New “Supporting Programs and Services” section**

The EarlyON Guideline now includes a new section called “Supporting Programs and Services” that provides information on programs, services and networks that support the delivery of EarlyON Child and Family Centre programs in communities across Ontario.

#### **New EFIS data Reporting Element**

CMSMs/DSSABs are now required to report on the number of new EarlyON Child and Family Centre sites in their EFIS interim report and financial statement submissions. For further information on these updates please consult the 2019 EarlyON Guideline.

### **Funding for Indigenous-led Child Care and Child and Family Programs (formerly the Journey Together)**

Funding for Indigenous-led Child Care and Child and Family Programs will now be reflected in 2019 budget schedules as well as the 2019 Child Care and the EarlyON Guideline.

Where applicable, 2019 funding allocations for Indigenous-led Child Care and Child and Family Programs are confirmed and found in schedule D1 (or were previously received through 2018-19 EarlyON agreements). CMSMs and DSSABs with capital funding transferred into 2019 from 2018 will see this transfer reflected in the 2019 Schedule D1.

CMSMs/DSSABs who have received funding for Indigenous-led Child and Family Programs can now find supporting information on operating and Community Based Capital funding, funding flexibility, and reporting requirements in the EarlyON Guideline.

### **2019 Amendments to Child Care Transfer Payment Agreements**

In 2018 the ministry provided multi-year agreements with an annual budgeting process to simplify the TPA process and reduce administration. Last year, municipalities signed and returned their multi-year TPAs. In 2019, no further signatures are required.

This year, the Ministry of Education is providing amended agreement schedules\*, including:

- Schedule B: updated with new maximum funds amount and any required changes to contact information
- Schedule C: updated with new program-specific information
- Schedule D: updated with 2019 child care allocations and where required Indigenous-led child care and child and family program funding
- Schedule E: Payment Plan updated with 2019 payment dates
- Schedule F: Reports updated to remove estimates and provide 2019 reporting due dates

*\*The Ministry will work with CMSMs and DSSABs on issues or concerns arising from amendments to the TPAs. If, however, a CMSM or DSSAB does not agree with all or any New Schedules, they may terminate the Agreement by giving Notice to the Province within 30 days of the Province providing the New Schedules.*

## **French Language Services Plan Template**

In areas designated under the French Language Services Act (FLSA), CMSMs and DSSABs are required to meet the specific requirements outlined in their service agreements. For these applicable CMSMs and DSSABs, the 2019 French Language Services Plan template is attached as a separate template to this package.

## **Monthly Cash Flow Child Care and Early Years**

### ***Child Care***

Monthly cash flow for child care operating funding will be updated based on the revised 2019 budget schedule in multi-year Child Care Transfer Payment Agreement once the 30 day time period within which the CMSM or DSSAB has the right to terminate the Agreement has passed.

### ***EarlyON***

The Ontario Early Years Child and Family Centre transfer payment agreement that was distributed in September 2017 and its subsequent amending agreements are multi-year agreements that include approved funding allocations for 2018 and 2019. The 2019 allocations remain in effect and will continue to be dispersed as per the payment plan detailed in the transfer payment agreement.

Early Years Advisors and Financial Analysts are the ministry contacts for child care and EarlyON programs, therefore please direct any questions or concerns to them; the contact list is available on the [Financial Analysis and Accountability Branch Website](#).

## **2018 Child Care & EarlyON Child and Family Centres Financial Statements Reporting**

The deadline for completing your Financial Statements submissions is July 15, 2019. Included in the financial statement instructions is information on:

- Instructions to access and submit the 2018 Financial Statements forms
- EFIS materials to forward to the Ministry
- Summary of Child Care changes in the 2018 Financial Statements forms

In addition to the above EFIS documents, CMSMs and DSSABs are required to submit the following information, as outlined on the Ontario Child Care Service Management and Funding Guideline 2018 & Ontario Early Years Child and Family Centres: Business Practices and Funding Guideline for Service System Managers 2018, as soon as it becomes available:

- Audited Financial Statements, including auditors' report and the notes to the financial statements.
- Post-Audit Management letter issued by external auditors. If such a letter is not available, confirmation in writing of the rationale is required.
- Special purpose audit report (review or audit engagement report) that includes the breakdown of expenditures and other restrictions prepared in accordance with the Ministry's modified accrual basis of accounting. To assist CMSMs and DSSABs in completing the required review engagement report for Child Care & EarlyON Child and Family Centres, an Excel template will be provided by your Financial Analyst.

DSSABs are also required to submit the following documentation to support the Territory Without Municipal Organization (TWOMO) reimbursement. Note that this requirement is not applicable to CMSMs. DSSABs may submit the following in either electronic or hardcopy form:

- Approved 2018 DSSAB budget (not applicable for CMSMs); and
- 2018 Levy Apportionment details (not applicable for CMSMs)

Please send the above required documentation to:

[childcarefunding@ontario.ca](mailto:childcarefunding@ontario.ca)



### **Policy for Late Filing**

In the event that the Financial Statements submission is not received by the Ministry within 30 days after the July 15, 2019 due date, funding may be withheld from the CMSMs/DSSABs regular cash flow in accordance with the late filing policy outlined in Schedule F of your 2018 Child Care & EarlyON Child and Family Centres Service Agreements.

Upon submission of the Financial Statements, the Ministry will revert back to the normal monthly payment process and will include the withheld amount in the next monthly payment.

If you are unable to submit your Financial Statements by July 15, 2019 due to extenuating circumstances or should you have any questions regarding the completion of the submission or reporting process, please advise your Financial Analyst.

Your ongoing partnership is critical in providing child care and EarlyON programs across the province. We look forward to our continued collaborative work in supporting children and their families.

Sincerely,

### ***Original signed by***

Jill Dubrick  
Director, Early Years and Child Care  
Programs and Service Integration  
Branch  
Ministry of Education

Becky Doyle  
Director, Financial Accountability  
& Data Analysis Branch  
Ministry of Education

Cc: Early Years Advisors, Programs and Service Integration Branch  
Financial Analysts, Financial Accountability and Data Analysis Branch

**Appendix A: 2019 Child Care Allocations**

CMSM/DSSAB	General Allocation	Expansion Plan	Base Funding for LHCC	ELCC	Fee Stabilization Support (Jan - Mar)	Wage Enhancement/ HCCEG Allocation	Wage Enhancement/ HCCEG Administration	2019 Total Funding
Corporation of the City of Brantford	8,050,691	2,210,874	276,000	814,224	107,268	1,693,976	75,430	13,228,463
City of Cornwall	7,438,929	2,133,757	82,800	774,265	61,351	923,745	57,375	11,472,222
City of Greater Sudbury	15,758,252	3,556,618	82,800	1,272,900	162,698	2,453,982	148,453	23,435,703
The City of Hamilton	46,281,946	12,513,432	1,062,600	4,532,030	500,458	8,043,346	346,488	73,280,300
Corporation of the City of Kawartha Lakes	4,973,037	1,280,953	-	508,148	42,677	782,322	25,574	7,612,711
Corporation of the City of Kingston	8,539,169	2,184,244	124,200	862,094	141,362	2,051,745	97,938	14,000,752
Corporation of the City of London	31,988,227	8,127,938	503,700	3,045,232	441,831	7,433,193	277,075	51,817,196
City of Ottawa	78,583,288	18,668,940	5,637,300	6,978,626	1,093,714	17,315,818	855,325	129,133,011
Corporation of the City of Peterborough	8,318,638	2,179,542	420,900	792,960	100,750	1,617,246	70,933	13,500,969
Corporation of the City of St. Thomas	6,117,219	1,862,961	124,200	612,468	66,439	1,039,792	46,967	9,870,046
Corporation of the City of Stratford	4,243,950	1,202,454	55,200	403,390	37,242	574,255	32,599	6,549,090
City of Toronto	303,999,271	74,966,213	5,927,100	28,671,036	2,767,542	42,629,943	2,052,797	461,013,902
Corporation of the City of Windsor	29,841,037	7,885,795	255,300	2,898,295	303,507	5,132,145	241,025	46,557,104
Corporation of the County of Bruce	3,808,885	1,066,304	165,600	367,754	48,582	813,338	39,763	6,310,226
Corporation of the County of Dufferin	3,365,643	802,189	69,000	312,808	42,970	793,783	30,164	5,416,557
Corporation of the County of Grey	5,346,974	1,513,209	262,200	524,127	72,802	1,241,082	53,706	9,014,100
Corporation of the County of Hastings	8,692,028	2,149,236	289,800	850,081	81,460	1,457,072	61,269	13,580,946
Corporation of the County of Huron	3,498,900	844,339	103,500	331,673	46,085	639,342	28,193	5,492,032
Corporation of the County of Lambton	12,128,518	2,284,822	262,200	785,434	107,396	1,596,663	79,696	17,244,729
County of Lanark	3,945,963	1,241,907	269,100	415,906	49,422	825,900	38,769	6,786,967
County of Lennox & Addington	3,386,778	978,455	138,000	356,493	31,149	481,237	24,826	5,396,938
County of Northumberland	4,436,779	1,048,836	62,100	413,322	42,813	821,020	32,196	6,857,066
County of Oxford	5,836,593	1,596,105	110,400	583,299	49,193	683,980	50,916	8,910,486
County of Renfrew	5,655,309	1,586,183	110,400	553,768	60,036	946,049	40,313	8,952,058
County of Simcoe	26,310,475	7,066,672	434,700	2,516,655	344,022	5,737,618	259,095	42,669,237
County of Wellington	13,179,475	3,606,201	262,200	1,144,194	131,205	2,269,753	95,414	20,688,442
District Municipality of Muskoka	3,613,535	1,035,745	103,500	364,130	28,908	487,107	25,863	5,658,788
Corporation of the Municipality of Chatham-Kent	11,656,480	2,099,531	-	753,654	74,881	1,272,777	55,617	15,912,940
The Corporation of Norfolk County	5,748,005	1,959,385	103,500	595,908	50,287	813,007	29,046	9,299,138
Regional Municipality of Durham	40,130,367	10,767,897	565,800	3,557,033	658,632	11,384,624	412,006	67,476,359

CMSM/DSSAB	General Allocation	Expansion Plan	Base Funding for LHCC	ELCC	Fee Stabilization Support (Jan - Mar)	Wage Enhancement/ HCCEG Allocation	Wage Enhancement/ HCCEG Administration	2019 Total Funding
Regional Municipality of Halton	33,427,657	7,639,674	552,000	2,696,403	764,792	11,771,714	529,295	57,381,535
Regional Municipality of Niagara	28,386,259	6,444,910	476,100	2,526,240	298,700	4,648,461	250,340	43,031,010
Regional Municipality of Peel	110,855,003	28,437,720	2,277,000	10,816,011	1,226,691	18,953,608	716,945	173,282,978
Regional Municipality of Waterloo	34,634,839	8,066,693	2,566,800	3,058,723	473,368	6,625,142	337,660	55,763,225
Regional Municipality of York	82,359,508	20,031,887	662,400	7,766,486	1,383,653	23,694,245	954,147	136,852,326
United Counties of Leeds & Grenville	5,240,665	1,369,386	75,900	521,362	77,802	1,241,599	55,179	8,581,893
United Counties of Prescott & Russell	5,915,305	1,758,511	186,300	593,348	105,422	1,439,107	67,580	10,065,573
Algoma District Services Administration Board	4,152,821	1,099,316	-	353,961	24,453	383,196	28,600	6,042,347
District of Cochrane Social Service Administration Board	7,813,960	2,101,479	117,300	746,570	56,148	905,394	48,863	11,789,714
District of Nipissing Social Services Administration Board	7,311,604	2,083,124	248,400	727,364	102,492	1,444,375	63,383	11,980,742
District of Parry Sound Social Services Administration Board	4,202,823	1,032,082	165,600	407,842	16,323	220,112	20,716	6,065,498
District of Sault Ste Marie Social Services Administration Board	5,620,175	1,487,555	165,600	527,757	57,650	869,126	41,342	8,769,205
District of Timiskaming Social Services Administration Board	5,722,465	1,121,386	131,100	441,638	39,080	604,506	25,358	8,085,533
Kenora District Services Board	5,646,169	1,645,135	-	494,973	14,433	192,051	29,869	8,022,630
Manitoulin-Sudbury District Social Services Administration Board	4,566,275	1,494,215	27,600	420,859	21,852	341,882	13,534	6,886,217
Rainy River District Social Services Administration Board	2,628,188	665,457	-	262,983	11,130	182,358	6,115	3,756,231
District of Thunder Bay Social Services Administration Board	11,144,747	2,839,274	82,800	1,045,572	81,384	1,218,236	69,410	16,481,423
<b>PROVINCIAL TOTAL</b>	<b>1,074,502,824</b>	<b>269,738,541</b>	<b>25,599,000</b>	<b>100,000,000</b>	<b>12,502,055</b>	<b>198,690,972</b>	<b>8,943,167</b>	<b>1,689,976,558</b>

## Appendix B: Changes to 2019 Ontario Child Care Service Management and Funding Guideline

Please note: The table below reflects the significant changes made to the 2019 Ontario Child Care Service Management and Funding Guideline, and is not meant to capture all changes.

SECTION	DESCRIPTION	CHANGES MADE	PAGE
Section 1: Introduction	Introduction	<ul style="list-style-type: none"> <li>(NEW) Purpose of guideline and note that guideline does not reflect proposed regulatory amendments posted to the Ontario Regulatory Registry from April 4 through May 19th, 2019.</li> <li>Specific Section for Child Care and Early Years Act removed and replaced with summarized language on the Act.</li> </ul>	8 8
	French Language Services	<ul style="list-style-type: none"> <li>Due date updated for 2019 French Language Service plans.</li> </ul>	9
	Child Care Funding Formula	<ul style="list-style-type: none"> <li>Moved to Ministry Business Practices Section (including funding flexibility chart).</li> </ul>	N/A
Section 2: Ministry Business Practice Requirements	Financial Reporting Cycle	<ul style="list-style-type: none"> <li>Removal of Estimates</li> <li>Updated financial reporting cycle: Revised Estimates is now called Interim Report, and due dates on required submissions are updated.</li> </ul>	11 11
	In-Year Funding Adjustments	<ul style="list-style-type: none"> <li>(NEW) Addition of policy to no longer process agreements if they are not signed and received within the calendar year they are issued (i.e. a year after the effective date). <b>Note: As there is no requirement to sign agreement amendments in 2019, policy not applicable in 2019.</b></li> </ul>	11-12
	Policy for Late Filing	<ul style="list-style-type: none"> <li>Removal of late filing penalties for TPA in 2019 as signatures are not required.</li> </ul>	12-13
	Service Targets	<ul style="list-style-type: none"> <li>Updated approach for targets added for General Allocation, Expansion and ELCC.</li> </ul>	13-17
	Payment	<ul style="list-style-type: none"> <li>Addition of new language regarding when payment will take place.</li> </ul>	20
	Inadmissible expenditures	<ul style="list-style-type: none"> <li>Language regarding inadmissible expenses from non-arm's length agencies was moved from specific expense sections of the guideline and added to the Business Practices section as it is applicable to all funding.</li> </ul>	22
	Child Care Funding Formula	<ul style="list-style-type: none"> <li>(NEW) Section created to describe the child care funding formula, including reference to the intention to review the Child Care Funding Formula in 2019.</li> </ul>	24
	Financial Flexibility	<ul style="list-style-type: none"> <li>(NEW) Section created for financial flexibility, including the flexibility chart removed from the Introduction and an explanation of the flexibility chart.</li> </ul>	24-27

SECTION	DESCRIPTION	CHANGES MADE	PAGE
Section 3: Child Care Expansion Plan	Purpose	<ul style="list-style-type: none"> <li>Updated to reflect 2019 funding components.</li> </ul>	29
	Carry Forward Provision	<ul style="list-style-type: none"> <li>Section removed as all funds are required to be spent within the year.</li> </ul>	N/A
	Accountability Mechanisms	<ul style="list-style-type: none"> <li>Approach to targets for 2019 updated.</li> </ul>	30-31
Section 4: The Canada-Ontario Early Learning and Child Care Agreement	Priorities (and throughout the guideline)	<ul style="list-style-type: none"> <li>Removal of requirement of non-profit status of projects/operators.</li> </ul>	34
	Carry Forward of Funds	<ul style="list-style-type: none"> <li>Carry Forward provision removed for 2019.</li> </ul>	37
	Accountability Mechanisms	<ul style="list-style-type: none"> <li>Approach to targets for 2019 updated.</li> </ul>	37-39
Section 5: Indigenous-Led Child Care and Child and Family Programs	Purpose	<ul style="list-style-type: none"> <li>Program is renamed as Indigenous-Led Child Care and Child and Family Programs (formerly the Journey Together).</li> </ul>	42
	Eligibility Criteria	<ul style="list-style-type: none"> <li>Clarification provided on how operating and capital funding can be expensed and where there is flexibility within each funding envelope.</li> </ul>	42-43
Section 6: Fee Stabilization Support	Fee Stabilization Support	<ul style="list-style-type: none"> <li>Updates to funding included. At the end of fiscal 2018-19 (March 31, 2019) the funding commitment for Fee Stabilization Funding has ended.</li> </ul>	45
	Funding Methodology	<ul style="list-style-type: none"> <li>Recovery process updated. Fee stabilization support funding flowed to CMSMs/DSSABs after March 31, 2019 will be recovered through future cash flow.</li> </ul>	45
	Reporting Requirements	<ul style="list-style-type: none"> <li>Removal of reporting on average percentage of fee increase avoidance.</li> </ul>	45

SECTION	DESCRIPTION	CHANGES MADE	PAGE
Section 7: Core Service Delivery	Verification of Income	<ul style="list-style-type: none"> <li>Updates to align with federal tax credit name change.</li> </ul>	53
	Camps and Children’s Recreation Programs (and throughout guideline)	<ul style="list-style-type: none"> <li>Updated name to “children’s recreation” from “authorized recreation” as per O. Reg 138/15.</li> </ul>	59
	General Operating Expense: Eligibility Criteria	<ul style="list-style-type: none"> <li>Removal of priority of non-profit sector.</li> </ul>	63
	Licensed Home Child Care Base Funding	<ul style="list-style-type: none"> <li>Addition of link to 2018 Licensed Child Care Survey data.</li> <li>Clarification added regarding discretion of CMSMs/DSSABs to enter into new purchase of service agreements with licensed home child care agencies.</li> </ul>	64 65
	Inadmissible Expenses	<ul style="list-style-type: none"> <li>Removal of some inadmissible expenditures that were moved to Business Practices Section.</li> </ul>	66
	Implementation	<ul style="list-style-type: none"> <li>Clarity provided regarding the development of policies for the equitable allocation of general operating funding to licensees in their community.</li> </ul>	67
Section 9: Wage Enhancement/Home Child Care Enhancement Grants (HCCG)	Eligibility	<ul style="list-style-type: none"> <li>The Wage Cap was updated to reflect the 2019 Wage Cap which aligns with the top of the existing school board Educator Salary Matrix for RECEs working in Full Day Kindergarten.</li> </ul>	93
	Application process	<ul style="list-style-type: none"> <li>Updated with new approach to application for wage enhancement.</li> </ul>	95
Child Care Funding Formula: Technical Paper 2019	Description	<ul style="list-style-type: none"> <li>Various changes related to updates in 2019.</li> </ul>	Appendix D

### **Appendix C – Changes to the 2019 EarlyON Child and Family Centre Business Practices and Funding Guideline**

<b>SECTION</b>	<b>DESCRIPTION</b>	<b>CHANGES MADE</b>	<b>PAGE</b>
SECTION 1: INTRODUCTION	Branding, Communications, and Website	<ul style="list-style-type: none"> <li>• Inclusion of sections on branding, website and communications with the sector.</li> </ul>	4
SECTION 1: INTRODUCTION	French Language Services	<ul style="list-style-type: none"> <li>• Moved to: Section 3: Framework for EarlyON Child and Family Centres</li> </ul>	16
SECTION 1: INTRODUCTION	Regional French Language Networks	<ul style="list-style-type: none"> <li>• Moved to: Section 4: Supporting Programs and Services</li> </ul>	20
SECTION 1: INTRODUCTION	Indigenous Programs and Services	<ul style="list-style-type: none"> <li>• Re-named: Indigenous-led Child and Family Programs</li> <li>• Moved to: Section 4: Supporting Programs and Services</li> <li>• Addition of information on: community based capital funding, funding flexibility, and reporting requirements</li> </ul>	18
SECTION 3: FRAMEWORK FOR EARLYON CHILD AND FAMILY CENTRES	Mandatory Core Services	<ul style="list-style-type: none"> <li>• Reordering of mandatory core service priorities</li> </ul>	8
SECTION 3: FRAMEWORK FOR EARLYON CHILD AND FAMILY CENTRES	Engaging Parents and Caregivers	<ul style="list-style-type: none"> <li>• Revisions to language on fulfilling the mandatory core service</li> </ul>	8
SECTION 3: FRAMEWORK FOR EARLYON CHILD AND FAMILY CENTRES	Making Connections for Families	<ul style="list-style-type: none"> <li>• Revisions to language on fulfilling the mandatory core service</li> </ul>	9
SECTION 3: FRAMEWORK FOR EARLYON CHILD AND FAMILY CENTRES	Schools First Approach	<ul style="list-style-type: none"> <li>• Removal of language regarding the application process for community based capital funding</li> </ul>	10

<b>SECTION</b>	<b>DESCRIPTION</b>	<b>CHANGES MADE</b>	<b>PAGE</b>
SECTION 3: FRAMEWORK FOR EARLYON CHILD AND FAMILY CENTRES	Respite Child Care	<ul style="list-style-type: none"> <li>• Inclusion of a section on the provision of respite child care</li> </ul>	12
SECTION 3: FRAMEWORK FOR EARLYON CHILD AND FAMILY CENTRES	Registered Early Childhood Educator Staff Requirements	<ul style="list-style-type: none"> <li>• Revisions to the language on fulfilling the requirement</li> <li>• Updates to the RECE Exemption</li> <li>• Inclusion of a grand-parenting provision</li> </ul>	13
SECTION 3: FRAMEWORK FOR EARLYON CHILD AND FAMILY CENTRES	Qualifications Upgrade Program	<ul style="list-style-type: none"> <li>• Revisions to the language for the program</li> </ul>	15
SECTION 4: SUPPORTING PROGRAMS AND SERVICES	Supporting Programs and Services	<ul style="list-style-type: none"> <li>• Inclusion of a new section on supporting programs and services that provides information on programs, services and networks that support the delivery of EarlyON Child and Family Centre programs</li> <li>• New sections include information on: the Community-Based Early Years and Child Care Capital Program, the Community-Based EarlyON Child and Family Centre Capital Program, Indigenous-led Child and Family Programs, Regional French Language Networks, and Centres of Excellence</li> </ul>	18
SECTION 7: DATA REPORTING	EFIS Data Reporting	<ul style="list-style-type: none"> <li>• Inclusion of new EFIS data reporting elements for new centre sites and the grand-parenting provision</li> </ul>	37
APPENDIX A	Total Number of New EarlyON Child and Family Centre Sites	<ul style="list-style-type: none"> <li>• Inclusion of a definition for new EarlyON Child and Family Centre Sites</li> </ul>	39



## **Appendix D: Communications Protocol Requirements**

All public announcements regarding provincial and federal investments in Ontario's child care and early years system are potential joint communication opportunities for the provincial government, federal government, school boards, the Consolidated Municipal Service Manager/District Social Services Administration Board (CMSM/DSSAB), municipalities and community partners.

### ***Public Communications***

Municipalities, school boards, CMSMs and DSSABs, and community partners should not issue a news release or any other public communication directed at media regarding major child care and early years investments, without:

- I. First contacting the Ministry of Education through [EYCCinvestments@ontario.ca](mailto:EYCCinvestments@ontario.ca) about your plan to publicly communicate these major child care and early years investments; and
- II. Publicly recognizing the Ministry of Education's role in providing funding; and
- III. Inviting the Minister of Education to attend any events related to your investment announcement.

The Ministry of Education may also choose to issue its own news release and/or hold events about investments in child care and early years projects, in addition to those prepared by municipalities, school boards, CMSMs and DSSABs, and community partners.

The intent of this protocol is to promote the role of both the Ministry of Education and stakeholders in bringing new child care and early years projects to local communities.

### ***Major Announcements and Events***

**Important:** For all major child care investments the Minister of Education must be invited as early as possible to the event. Invitations can be sent to [EYCCinvestments@ontario.ca](mailto:EYCCinvestments@ontario.ca) with a copy sent to your ministry Early Years Advisor. Municipalities, school boards, CMSMs and DSSABs, and community partners will be notified at least four to six weeks in advance of their opening event as to the Minister's attendance. If the date of your event changes at any time after the

Minister has received the invitation, please confirm the change at the email address above.

If the Minister of Education is unavailable, the invitation may be shared with a government representative who will contact your municipality, school board, CMSM or DSSAB, or community partner to coordinate the details (e.g. joint announcement). Municipalities, school boards, CMSMs and DSSABs, and community partners are not expected to delay their announcements to accommodate the Minister or a Member of Provincial Parliament (MPP); the primary goal is to make sure that the Minister is aware of the announcement opportunity.

### ***Other Events***

For all other media-focused public communications opportunities, such as sod turnings for example, an invitation to your local event must be sent to the Minister of Education by email ([EYCCinvestments@ontario.ca](mailto:EYCCinvestments@ontario.ca)) with at least three weeks' notice. Again, please send a copy to your ministry Early Years Advisor. Please note that if the date of your event changes at any time after the Minister has received the invitation, please confirm the change at the email address above.

Municipalities, school boards, CMSMs and DSSABs, and community partners are not expected to delay these "other" events to accommodate the Minister. Only an invitation needs to be sent; a response is not mandatory to proceed.

This communications protocol does not replace our stakeholders' existing partnerships with the Ministry of Education. Regional early years advisors and regional child care licensing staff should still be regarded as primary points of contact for events and should be given updates in accordance with existing processes.

### ***Acknowledgement of Support***

The support of the Government of Ontario must be acknowledged in media-focused communications of any kind, written or oral, relating to new investments. Similarly, CMSMs and DSSABs announcements related to funding received through the ELCC must clearly acknowledge that the contributions were made by the Province of Ontario and the Government of Canada. This acknowledgment could include but is not limited to, any report, announcement, speech, advertisement, publicity, promotional material, brochure, audio-visual material, web communications or any

other public communications. For minor interactions on social media, or within social media such as Twitter, etc. where there is a limited restriction on content, municipalities, school boards, CMSMs and DSSABs, and community partners are not required to include government acknowledgement. In addition, when engaged in reactive communications (e.g., media calls) municipalities, school boards, CMSMs and DSSABs, and community partners do not have to acknowledge government funding; however, if possible, such an acknowledgement is appreciated.

### **Appendix E: Number of Active Homes Affiliated with Licensed Home Child Care Agencies, as of March 31, 2018**

*Data Source: 2018 Licensed Child Care Survey (CMSMs & DSSABs)*

<b>CMSM/DSSAB</b>	<b>Licensee Name</b>	<b>Home Child Care Agency</b>	<b>Number of Active Homes</b>
City of Brantford	Tartan Day Care Services Inc.	Wee Watch Enriched Home Child Care - Brantford	40
<b>City of Brantford Total</b>			40
City of Cornwall	City of Cornwall/Ville de Cornwall	City of Cornwall Private Home Daycare	12
<b>City of Cornwall Total</b>			12
City of Greater Sudbury	Jubilee Heritage Family Resources	Jubilee Heritage Family Resources - Village Home Child Care	12
<b>City of Greater Sudbury Total</b>			12
City of Hamilton	Galbraith Day Care Services Inc.	Wee Watch Enriched Home Child Care - Stoney Creek	23
City of Hamilton	Today's Family - Caring for Your Child	Today's Family Private Home Day Care	90
City of Hamilton	Golfwood Day Care Services Inc.	Wee Watch Enriched Home Child Care - Hamilton	41
<b>City of Hamilton Total</b>			154
City of Kingston	Limestone Advisory for Child Care Programs	Kid's Care Network Private Home Day Care	9
City of Kingston	Cataraqui Valley Day Care Services Inc.	Wee Watch Enriched Home Child Care	9
<b>City of Kingston Total</b>			18
City of London	London Smiles Daycare Services Inc.O/A WeeWatchPrivate Home Day Care-London East	WEE WATCH ENRICHED HOME CHILD CARE - LONDON EAST	14
City of London	Dream Weavers Day Care Inc. - O/A Wee Watch Enriched Home Child Care-London West	Dream Weavers Day Care Inc. - O/A Wee Watch Enriched Home Child Care-London West	14
City of London	London Children's Connection Inc.	COMMUNITY HOME CHILD CARE	45
<b>City of London Total</b>			73
City of Ottawa	Rural Family Connections Inc.	Metcalfe Home Day Care	49
City of Ottawa	Glebe Parents' Day Care Centre	Parents' Home Child Care of Ottawa	16
City of Ottawa	Children's Village of Ottawa-Carleton	Children's Village of Ottawa-Carleton Home Child Care Program	93
City of Ottawa	Weslock Day Care Services Inc	Wee Watch Private Home Daycare - Kanata / Hunt Club	65

<b>CMSM/DSSAB</b>	<b>Licensee Name</b>	<b>Home Child Care Agency</b>	<b>Number of Active Homes</b>
City of Ottawa	Patricia Harrison Day Care Services Inc.	Wee Watch Nepean	45
City of Ottawa	CentrepoinTE Child Care Corporation	CentrepoinTE Home Care Agency	61
City of Ottawa	Community Child Care of Ottawa	Community Child Care of Ottawa	34
City of Ottawa	CITY VIEW CENTRE FOR CHILD & FAMILY SERVICES	CITY VIEW CENTRE FOR CHILD & FAMILY SERVICES - HOME CARE	39
City of Ottawa	Les services à l'enfance Grandir Ensemble	Agence de garde "La Maisonnée"	79
City of Ottawa	Canadian Mothercraft of Ottawa-Carleton	Mothercraft Ottawa Private Home Day Care	55
City of Ottawa	ODAWA Native Friendship Centre	ODAWA Sweetgrass Home Child Care	10
City of Ottawa	Global Child Care Services/Services globaux pour enfants	Global Home Child Care	105
City of Ottawa	Bilberry Daycare Services Inc.	Wee Watch Private Home Day Care-East	33
City of Ottawa	Andrew Fleck Child Care Services	Andrew Fleck Home Child Care	103
City of Ottawa	Alison Baroudi	TotLot Licensed Childcare Inc.	30
<b>City of Ottawa Total</b>			<b>817</b>
City of Peterborough	Compass Early Learning and Care	Kawartha Child Care Services - Home Child Care Program	40
City of Peterborough	Wentworth Day Care Services Inc.	Wee Watch Private Home Day Care - Peterborough	21
<b>City of Peterborough Total</b>			<b>61</b>
City of St. Thomas	St. Thomas Early Learning Centre	EARLY LEARNING CENTRE - ELGIN HOME CHILD CARE PROGRAM	18
<b>City of St. Thomas Total</b>			<b>18</b>
City of Stratford	Perth County Advisory Group for Family Services	PERTH CARE FOR KIDS LICENCED HOME CHILD CARE SERVICE	8
<b>City of Stratford Total</b>			<b>8</b>
City of Toronto	744990 Ontario Limited (Circles In the Sun Child Care Services)	Circles In The Sun Day Care Services (PHDC)	8
City of Toronto	Day Care Connection (Toronto) Inc.	Day Care Connection - PHDC	39
City of Toronto	FAMILY DAY CARE SERVICES	Family Day Care Services - Home Child Care (PHDC)	215
City of Toronto	Heritage Home Child Care Services	Heritage Home Child Care Services	27

<b>CMSM/DSSAB</b>	<b>Licensee Name</b>	<b>Home Child Care Agency</b>	<b>Number of Active Homes</b>
City of Toronto	Kathy Gamblen Day Care Services Inc. (Wee Watch Franchise)	Kathy Gamblen Day Care Services Inc. (Wee Watch Franchise)	6
City of Toronto	Margaret Ann Todd Day Care Services Inc. (Wee Watch Franchise)	Margaret Ann Todd Day Care Services Inc. (Wee Watch Franchise)	20
City of Toronto	Morna Day Care Services/Wee Watch Franchise	Morna Day Care Services - PHDC	15
City of Toronto	There's no Place Like Home Inc. (Muppets)	Muppets Private Home Day Care Agency, 1492 Victoria Park Avenue	24
City of Toronto	Rexdale Home Child Care Agency	Rexdale Home Child Care Agency (PHDC)	41
City of Toronto	Valleywood Drive Day Care Services Inc. (Wee Watch Franchise)	Valleywood Drive Day Care Services Inc. (Wee Watch Franchise)	2
City of Toronto	Humber Day Care Services Inc. (Wee Watch Franchise)(PHDC)	Humber Day Care Services Inc. (PHDC)	6
City of Toronto	Network Child Care Services	Network Child Care Services - PHDC	67
City of Toronto	Swirling Leaves Day Care Services Inc. (Wee Watch Franchises Inc.)	Swirling Leaves Day Care Services Inc. (Wee Watch Franchise PHDC)	19
City of Toronto	McKay Crescent Day Care Services Inc.	McKay Crescent Day Care Services Inc.	17
City of Toronto	Twinkle Stars Private Home Day Care	Twinkle Stars Private Home Day Care	71
City of Toronto	Plato Adult Education Centre (West End Home Child Care Services)	Plato Adult Education Centre (West End Home Child Care Services) (PHDC)	44
City of Toronto	Macaulay Child Development Centre (The)	Macaulay Child Development Centre (The) (PHDC)	110
City of Toronto	CITY OF TORONTO	Toronto Home Child Care Agency (#0000415) (City of Toronto)	193
<b>City of Toronto Total</b>			<b>924</b>
City of Windsor	LaSalle Day Care Services Inc.	LaSalle Day Care Services Inc. (Wee Watch)	11
City of Windsor	Windsor East Day Care Services Inc.	Windsor East Day Care Services Inc. (Wee Watch)	12
City of Windsor	Great Beginnings Child Centered Co-operative Inc.	Great Beginnings Child Centered Co-operative Inc - Home Child Care Program	14
<b>City of Windsor Total</b>			<b>37</b>
County of Bruce	COUNTY OF BRUCE	Corporation of the County of Bruce - Private Home Day Care	24

CMSM/DSSAB	Licensee Name	Home Child Care Agency	Number of Active Homes
<b>County of Bruce Total</b>			24
County of Dufferin	904758 Ontario Inc.	Kreative Kids PHDC	10
<b>County of Dufferin Total</b>			10
County of Grey	COUNTY OF GREY	Corporation of the County of Grey - Private Home Day Care	38
<b>County of Grey Total</b>			38
County of Hastings	Family Space Quinte Incorporated	Family Space Home Child Care	31
County of Hastings	TRENTON MILITARY FAMILY RESOURCE CENTRE	Trenton Military Family Resource Centre	0
County of Hastings	Kristina Schwartz	Little Lambs Home Daycare	11
<b>County of Hastings Total</b>			42
County of Huron	COUNTY OF HURON	HURON COUNTY COMMUNITY HOME CHILD CARE	15
<b>County of Huron Total</b>			15
County of Lambton	MAPLE STREET DAY CARE SERVICES INC.	WEE WATCH ENRICHED HOME CHILD CARE	15
County of Lambton	Lambton Rural Child Care	LAMBTON RURAL CHILD CARE - HOME CHILD CARE	23
<b>County of Lambton Total</b>			38
County of Lanark	Children's Resources on Wheels Inc.	Children's Resources on Wheels	14
County of Lanark	2463968 Ontario Inc.	Natural Connections Childcare	25
<b>County of Lanark Total</b>			39
County of Lennox & Addington	The Hub Child & Family Centre	Prince Edward Child Care Services Home Child Care	4
County of Lennox & Addington	Lennox & Addington Resources For Children	Lennox and Addington Resources for Children Home Child Care	16
<b>County of Lennox &amp; Addington Total</b>			20
County of Northumberland	Northumberland Day Care Services Inc.	Wee Watch Private Home Day Care - Northumberland	6
County of Northumberland	Cook's School Day Care Inc.	Cooks Home Child Care Agency	3
<b>County of Northumberland Total</b>			9
County of Oxford	Oxford Community Child Care Inc.	OXFORD COMMUNITY CHILD CARE	16
<b>County of Oxford Total</b>			16
County of Renfrew	County of Renfrew	County of Renfrew Licensed Home Child Care	5

<b>CMSM/DSSAB</b>	<b>Licensee Name</b>	<b>Home Child Care Agency</b>	<b>Number of Active Homes</b>
County of Renfrew	Petawawa Military Family Resource Centre Incorporated	Petawawa Military Family Resource Centre Private Home Day Care	11
<b>County of Renfrew Total</b>			<b>16</b>
County of Simcoe	Arlene Willson Day Care Services Inc. - Wee Watch Enriched Home Ch Care (Barrie)	Arlene Willson Day Care Services Inc. - Wee Watch Enriched Home Child Care	23
County of Simcoe	655561 Ontario Ltd. - Simcare Private Home Day Care Agency	655561 Ontario Ltd. - Simcare Private Home Day Care	24
County of Simcoe	Jemcare Day Care Services Inc. - Wee Watch Orillia/Midland	Jemcare Day Care Services Inc. - Wee Watch Enriched Home Childcare	16
<b>County of Simcoe Total</b>			<b>63</b>
County of Wellington	The Corporation of the County of Wellington	The Corporation of the County of Wellington - Wellington Home Child Care	38
<b>County of Wellington Total</b>			<b>38</b>
District Municipality of Muskoka	The District Municipality of Muskoka	Muskoka Home Child Care Agency	15
<b>District Municipality of Muskoka Total</b>			<b>15</b>
District of Cochrane Social Services Administration Board	Corporation of the Town of Hearst	Hearst Family Care Agency	2
District of Cochrane Social Services Administration Board	DISTRICT OF COCHRANE SOCIAL SERVICES ADMINISTRATION BOARD	Northern Treasures Licensed Home Child Care Program	15
<b>District of Cochrane Social Services Administration Board Total</b>			<b>17</b>
District of Nipissing Social Services Administration Board	YMCA of Northeastern Ontario	YMCA, Home Child Care Services	13
District of Nipissing Social Services Administration Board	Melanie Ross	Friends Forever Childcare	18
District of Nipissing Social Services Administration Board	Corporation des services de garde d'enfants de Nipissing Ouest/WNCC Corp.	WNCCC - Service de garde - Home Child Care	5
<b>District of Nipissing Social Services Administration Board Total</b>			<b>36</b>
District of Parry Sound Social Services Administration Board	Parry Sound District Social Services Administration Board	Child Care Resources - Home Child Care	24



CMSM/DSSAB	Licensee Name	Home Child Care Agency	Number of Active Homes
<b>District of Parry Sound Social Services Administration Board Total</b>			24
District of Sault Ste Marie Social Services Administration Board	Child Care Algoma	Child Care Algoma - Home Child Care	24
<b>District of Sault Ste Marie Social Services Administration Board Total</b>			24
District of Timiskaming Social Services Administrations Board	CENTRE POUR ENFANTS TIMISKAMING CHILD CARE	Centre pour enfants Timiskaming Home Child Care	19
<b>District of Timiskaming Social Services Administrations Board Total</b>			19
Manitoulin-Sudbury District Services Board	MANITOULIN FAMILY RESOURCES INC	Manitoulin Family Resources - Manitoulin Child Care	4
<b>Manitoulin-Sudbury District Services Board Total</b>			4
Norfolk County	Haldimand-Norfolk Resource Education and Counselling Help (H-N R.E.A.C.H.)	Haldimand-Norfolk REACH - Private Home Day Care	15
<b>Norfolk County Total</b>			15
Regional Municipality of Durham	Susan McLeod Day Care Services Incorporated	Wee Watch Private Home Day Care - Pickering	22
Regional Municipality of Durham	Kathy Powell Day Care Services Inc.	Wee Watch Private Home Day Care - Whitby	43
Regional Municipality of Durham	Tisha Etherington Day Care Services Inc.	Wee Watch - Oshawa/Bowmanville	17
<b>Regional Municipality of Durham Total</b>			82
Regional Municipality of Halton	974938 Ontario Inc.	Little Leaders PHDC	34
Regional Municipality of Halton	Cathy Halovanic	A Child's Place P.H.D.C.	8
Regional Municipality of Halton	Halton Day Care Services Inc.	Halton Day Care Services	19
Regional Municipality of Halton	MILTON COMMUNITY RESOURCE CENTRE	Cherish Private Home Day Care	8
<b>Regional Municipality of Halton Total</b>			69
Regional Municipality of Niagara	Arsenault & Fityk Day Care Services Inc.	Wee Watch Enriched Home Child Care - Niagara	33
Regional Municipality of Niagara	REGIONAL MUNICIPALITY OF NIAGARA	Regional Niagara Home Child Care	36
<b>Regional Municipality of Niagara Total</b>			69
Regional Municipality of Peel	Maverine Guerreiro	Childspec Licensed Home Daycare Services	10
Regional Municipality of Peel	Marian Fountain Day Care Services Inc.	Wee Watch Private Home Day Care - Paulins	20
Regional Municipality of Peel	Paradise Home Day Care Services Inc.	Wee Watch - Milton	10
Regional Municipality of Peel	Melanie DiMarco Day Care Services Inc.	Wee Watch Enriched Child Care - Brampton	106

<b>CMSM/DSSAB</b>	<b>Licensee Name</b>	<b>Home Child Care Agency</b>	<b>Number of Active Homes</b>
Regional Municipality of Peel	For Kid's Sake Day Care Services Inc.	For Kid's Sake Day Care Services Inc.	48
Regional Municipality of Peel	Kids Kare Home Day Care Agency Ltd.	Kids Kare Home Day Care Agency Ltd.	32
Regional Municipality of Peel	Friendly Faces Day Care Services Inc. o/a Wee Watch	Friendly Faces Day Care Services Inc.	6
Regional Municipality of Peel	Caring for Kids Non-Profit Private Home Day Care	Caring for Kids Non-Profit Private Home Day Care	33
Regional Municipality of Peel	Bronte Day Care Services Inc.	Wee Watch - Oakville	6
<b>Regional Municipality of Peel Total</b>			<b>271</b>
Regional Municipality of Waterloo	Galt Day Care Services Inc.	Wee Watch Enriched Home Child Care Cambridge	16
Regional Municipality of Waterloo	REGIONAL MUNICIPALITY OF WATERLOO	Home Child Care Program	328
Regional Municipality of Waterloo	Reid Day Care Services Inc.	WEE WATCH- Waterloo and Central Kitchener	13
Regional Municipality of Waterloo	Kinder Day Care Services Inc.	Wee Watch - Kitchener	15
<b>Regional Municipality of Waterloo Total</b>			<b>372</b>
Regional Municipality of York	Hand in Hand Home Child Care Services Inc. - PHDC	Hand in Hand Home Child Care Services - PHDC	8
Regional Municipality of York	Aurora Day Care Services Inc.	Aurora Day Care Services Inc.	7
Regional Municipality of York	Hopscotch Daycare Services Ltd	Hopscotch Daycare Services Ltd.	8
Regional Municipality of York	HOPEFORYOU INC	HOPEFORYOU INC	1
Regional Municipality of York	The York Region Day Care Hotline Inc - Wee Watch Private Home Day Care	The York Region Day Care Hotline Inc - Markham Wee Watch PHDC	19
Regional Municipality of York	York Professional Care & Education Inc.	York Professional Care & Education - PHDC	4
Regional Municipality of York	Trothen Circle Day Care Services Inc. - Wee Watch	Richmond Hill - Wee Watch Private Home Day Care	10
Regional Municipality of York	Main Street Day Care Services Inc. - Wee Watch Enriched Home Child Care	Main Street Day Care Services Inc. - Wee Watch Enriched Home Child Care	18
Regional Municipality of York	FAMILY DAY CARE SERVICES	Family Day Care Services - Private Home Day Care	6
Regional Municipality of York	Terrace Woods Day Care Services Inc.	Terrace Woods Day Care Services Inc. - PHDC	20

CMSM/DSSAB	Licensee Name	Home Child Care Agency	Number of Active Homes
<b>Regional Municipality of York Total</b>			101
Thunder Bay District Social Services Administration Board	CITY OF THUNDER BAY	City of Thunder Bay Private Home Child Care Program	12
<b>Thunder Bay District Social Services Administration Board Total</b>			12
United Counties of Leeds & Grenville	Brockville and Area YMCA	Brockville YM/YWCA Private Home Day Care	11
<b>United Counties of Leeds &amp; Grenville Total</b>			11
United Counties of Prescott and Russell	Comtés unis de Prescott et Russell/United Counties of Prescott and Russell	Agence de garde familiale agréée de Prescott-Russell Home Child Care Agency	27
<b>United Counties of Prescott and Russell Total</b>			27
<b>Grand Total</b>			<b>3710</b>

**Bates, Tamara**

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**From:** Glenn  
**Sent:** June 18, 2019 11:40 PM  
**To:** Bates, Tamara  
**Subject:** Wesley Community Homes and Wesley Day Centre

Dear Ms Bates and members of the Emergency & Community Services Committee

- Councillor Sam Merulla
- Councillor Nrinder Nann
- Councillor Tom Jackson
- Councillor Terry Whitehead
- Councillor Esther Pauls
- Councillor Brad Clark

I was dismayed to learn last week of Wesley Community Homes has decided to discontinue providing (renting) space to Wesley Urban Ministries for use of the Wesley Day Centre programs. These two organizations, which were originally one, but split due to provincial regulations on community housing, have much in common in their mandate and people they serve. People in that area rely on the services of both organizations. It has been reported that Wesley Community Homes has not provided a reason for failing to renew the rental agreement, involving space that was specially developed for the Wesley Day Centre programs. In 2014-2017 the city stepped in to appoint an "operational adviser" for Wesley Community Homes as there were issues of oversight and failing infrastructure, and I assume the committee is therefore very familiar with the operation. This suggests the city is well aware of both organizations and the valuable work they do. It is extremely unfortunate for those in real need in Hamilton will suffer due to the short-sighted decision and inability of the organizations to work for a common goal. I urge the Emergency & Community Services Committee on behalf of the city to help find a solution so that the Wesley Day Centre can continue to provide care for this community. As an initial step, I would urge attempts at mediation to really find out what the problem with continuing the longstanding rental arrangement that has existed since 1996. Wesley Community Homes says they want to build more apartment units in the space, but the additional number is only 5 or 6 units and to me just does not make sense. Additionally, there is a high likelihood that many of the current residents in the housing project make use of the services provided by the Day Centre programs, and I have not heard of any survey of the residents suggesting they are supportive of this decision.

You may wish to view a story in the Hamilton Spectator <https://www.thespec.com/news-story/9432571-wesley-day-centre-calls-mount-to-save-downtown-hamilton-community-hub-services/> from June 13 that describes some of the programs and difficulties the decision to close the Day Center will cause.

It has been reported that a modified meal program will be located at City Housing project, but will only serve those people residing in that building, not the broader community, and is not a good long-term solution.

Sincerely,

Glenn Fletcher

**Bates, Tamara**

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**From:** Emilie Lammers  
**Sent:** June 28, 2019 4:32 PM  
**To:** Bates, Tamara  
**Subject:** Registered Nurse in Support of the Wesley Day Center

Please see the message I have sent to your committee members, other councillors, and mayor.

Sent from my iPhone

Begin forwarded message:

**From:** Emilie Lammers  
**Date:** June 28, 2019 at 3:38:59 PM EDT  
**To:** [mayor@hamilton.ca](mailto:mayor@hamilton.ca), [maureen.wilson@hamilton.ca](mailto:maureen.wilson@hamilton.ca), [Jason.Farr@hamilton.ca](mailto:Jason.Farr@hamilton.ca), [nnrinder.nann@hamilton.ca](mailto:nnrinder.nann@hamilton.ca), [sam.merulla@hamilton.ca](mailto:sam.merulla@hamilton.ca), [Chad.collins@hamilton.ca](mailto:Chad.collins@hamilton.ca), [Tom.Jackson@hamilton.ca](mailto:Tom.Jackson@hamilton.ca), [esther.pauls@hamilton.ca](mailto:esther.pauls@hamilton.ca), [john-paul.danko@hamilton.ca](mailto:john-paul.danko@hamilton.ca), [doug.conley@hamilton.ca](mailto:doug.conley@hamilton.ca), [maria.pearson@hamilton.ca](mailto:maria.pearson@hamilton.ca), [brenda.johnson@hamilton.ca](mailto:brenda.johnson@hamilton.ca), [lloyd.ferguson@hamilton.ca](mailto:lloyd.ferguson@hamilton.ca), [arlene.vanderbeek@hamilton.ca](mailto:arlene.vanderbeek@hamilton.ca), [terry.whitehead@hamilton.ca](mailto:terry.whitehead@hamilton.ca), [judi.partridge@hamilton.ca](mailto:judi.partridge@hamilton.ca)  
**Subject:** Registered Nurse in Support of the Wesley Day Center

Dear Hamilton City Councillors,

My name is Emilie Lammers and I am a registered nurse working at St. Joseph's Healthcare Hamilton (Charlton Campus).

It is extremely disappointing to hear that The Wesley Day Center is being closed.

The crucial and barrier-free programs and services provided by The Wesley Day Center help to prevent marginalized and vulnerable Hamiltonians from accessing other already over-extended health care services.

You may argue that these programs and services will still be made available at other locations throughout the city of Hamilton. I cannot over-emphasize the importance of having a **centralized hub** like The Wesley Day Center where individuals can access a multitude of programs and services.

**The Wesley Day Center promotes HEALTH EQUITY for all Hamiltonians. Closing it and dispersing services throughout the city would be a gross injustice to those who rely upon it and have nowhere else to turn.**

Many marginalized and vulnerable individuals require multiple harm reduction/health promotion services and supports. It is unrealistic to expect that these individuals have the capacity, resources, and/or self-efficacy to access multiple services at multiple sites. **The reality is that without The Wesley Day Center, many individuals will stop accessing these programs/services altogether and will end up in the emergency department.**

More patients in the emergency department is not good for anybody. Wait times are already incredibly long, with some patients spending days in the ED before a ward bed becomes available.

I have spent the majority of my life living and working in Hamilton. I have witnessed the city grow and flourish into what it has become today. **Closing The Wesley Day Center would be an enormous step backwards for the city, leaving behind the individuals who need your support the most.**

I urge you to reconsider your decision and keep The Wesley Day Center open.

Thank you,

Emilie Lammers

**Ministry of the Solicitor General**

Office of the Fire Marshal and  
Emergency Management

25 Morton Shulman Avenue  
Toronto ON M3M 0B1  
Tel: 647-329-1100  
Fax: 647-329-1143

**Ministère du Solliciteur général**

Bureau du commissaire des incendies  
et de la gestion des situations  
d'urgence

25 Morton Shulman Avenue  
Toronto ON M3M 0B1  
Tél. : 647-329-1100  
Télééc. : 647-329-1143



June 25, 2019

Your Worship Fred Eisenberger  
City of Hamilton  
City Hall, 71 Main St.W., 1st Floor  
Hamilton, ON L8P4Y5

Dear Mayor:

It is the responsibility of municipalities to ensure they are in compliance with the Emergency Management and Civil Protection Act (EMCPA).

The Office of the Fire Marshal and Emergency Management (OFMEM) has reviewed the documentation submitted by your Community Emergency Management Coordinator (CEMC) and has determined that your municipality was compliant with the EMCPA in 2018.

The safety of your citizens is important, and one way to ensure that safety is to ensure that your municipality is prepared in case of an emergency. You are to be congratulated on your municipality's efforts in achieving compliance in 2018.

I look forward to continuing to work with you to ensure your continued compliance in 2019.

If you have any questions or concerns about the compliance monitoring process, please contact your Emergency Management Field Officer.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Pegg", written over a light grey circular stamp.

Jon Pegg  
Chief of Emergency Management

cc: Connie Verhaeghe - CEMC  
Katrina Grantis - Field Officer - Golden Horseshoe Sector

**6.1****Form: Request to Speak to Committee of Council**

Submitted on Wednesday, June 26, 2019 - 2:28 pm

==Committee Requested==

**Committee:** Emergency and Community Services  
Committee (Previously Healthy & Safe Communities)

==Requestor Information==

**Name of Individual:** Dean Waterfield**Name of Organization:** Wesley**Contact Number:** 905-528-5629 x 239**Email Address:** [dean.waterfield@wesley.ca](mailto:dean.waterfield@wesley.ca)**Mailing Address:**52 Catharine St N  
Hamilton, ON  
L8R1J1**Reason(s) for delegation request:**

Dean Waterfield is the Senior Director of Housing &amp; Homelessness Services at Wesley and would like to speak about the announced closure of the Wesley Day Centre at 195 Ferguson Ave. N.

**Will you be requesting funds from the City? Yes****Will you be submitting a formal presentation? No**





Hamilton

**Minutes  
Seniors Advisory Committee  
Friday, April 5, 2019  
10:00am – 12:00pm  
Rooms 192/193, City Hall, 71 Main Street West**

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**In Attendance:** Bob Thomson (Chair), Jeanne Mayo, Carolann Fernandes, Mary Sinclair, Doug Stone, Margaret Cheyne, Penelope Petrie, Ram Kamath, Barry Spinner, John Kennard, Karen Thomson.

**Absent with Regrets:** Paula Kilburn, Marjorie Wahlman.

**Guests:** Tina Sousa, DARTS

**Also in Attendance:**  
Nadia Olivieri, Human Resources

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**Welcome and Introductions**

**1. Changes to the Agenda**

**(C.Fernandes/M.Cheyne)**

That the agenda April 1, 2019 agenda be approved as presented.

**Carried**

**2. Approval of Minutes**

**(B. Spinner/C.Fernandes)**

That the minutes of March 1, 2019 be accepted as amended.

- i. K. Thomson provided regrets for last meeting and was not in attendance for Seniors at Risk Collaboration (SARRC). Liz Conti updated on SARRC

### **3. Presentations**

### **4. Business / Discussion Items Arising from minutes**

- a) 2019 SAC contributions/donations in support of senior activities (Address at item 5 h)
- b) Proposed Resolution from Getting Around Hamilton Working Group (addressed at item 5 d)

### **5. Working Groups/Committees**

- c) SAC – Housing Working Group (M. Sinclair)  
M. Sinclair advised that the group is in the final stages of updating the application.

Not having affordable housing for Seniors with assistive needs is a form of abuse. Affordable housing need to take all needs into consideration. The group will be inviting Edward Johns from Housing Services to speak about Social Housing.

C. Fernandes advised of a cohousing concept “Symbiosis Max” involves seniors living with students in low cost housing. There is a meeting on this topic on Tuesday, April 16, 2019 from 6:00pm-8:00pm at First Unitarian Church

M. Sinclair advised that the next housing group meeting is on April 16, 2018 and the group will discuss whether to invite n Edward Johns to come and meet with ACPD or SAC.

**d) SAC – Getting Around Hamilton Working Group (J.Mayo)**

J. Mayo provided the group with a proposed resolution regarding the Vision Zero Action Plan.

**Proposed resolution****Information**

The City of Hamilton and Hamilton Police Services launched a new education campaign targeting fast drivers, part of the Vision Zero Action Plan.

During the month of March, several actions were undertaken to encourage drivers to reduce their speed, be cautious at intersections, be careful at certain times of day when visibility is reduced, be courteous to pedestrians and slow down for older pedestrians who need more time to cross the road, all under the slogan “There is no such thing as speeding a little—speeding is speeding”.

**Resolution**

The Seniors Advisory Committee would like to commend the City of Hamilton and Hamilton Police Services for the education campaign targeting fast drivers, “There is no such thing as speeding a little—speeding is speeding”, as part of Vision Zero Action Plan.

The Seniors Advisory Committee has long been concerned about older adults safety by creating a video and organizing pedestrian safety workshops.

The Seniors Advisory Committee encourages the City of Hamilton and Hamilton Police Services to continue to take actions, including the installation of Red Light cameras, under the Vision Zero Action Plan and offers its support for future actions.

**(J.Mayo/P.Petrie)**

The Committee supports the resolution as presented

**Carried**

Council has a committee to study the issue of area rating - the fact that the taxpayers outside of the urban boundary do not contribute to the HSR and therefore have no access to public transportation.

In order to prepare a submission to this committee, GAHWG met with 3 the executive directors of 3 community groups—Ancaster/Flamborough/ Binbrook. However, just before the meeting, it was announced that the Committee of Council to study area rating had been suspended. We decided to go ahead with the meeting with the community groups and we learned that despite offering transportation services to seniors to grocery stores, pharmacy, etcetera, since 2009, no more funding will be available after December 31, 2019. This is a crisis situation and it was decided to pursue this matter with HSR to see if a creative solution could be found. A meeting with HSR is scheduled for May 1.

Following up on the snow removal discussions at previous meetings, GAHWG has put this back on their working list and is hoping to come back with some suggestions. It was noted that the majority of letters to the editor about snow removal did not favour the City taking over the task of snow removal from sidewalks.

The next meeting of GAHWG is April 16, 2019.

- e) SAC – Communications Working Group (B. Thomson)  
B. Thomson advised that there is a two-part kick-off to Senior's Month – a day program and dance. B. Thomson inquired if the Committee should get a table and share with Age Friendly. The event is on Wednesday, May 29, 2019, if

committee members want to support a booth/table, they can advise the committee Chair.

**f) Age Friendly Plan – Governance Committee (J. Mayo)**

The Age Friendly Forum was held on April 2, 2019. At the event they reported back on study Part 1 of the plan and a kick off to the second part of the plan. Table groups at the forum provided comments that will be incorporated for the second part of the plan which will be ready for 2020.

J. Mayo advised that it would be good for the new committee to review the statistical profile of older Adults in Hamilton. Committee members provided feedback on the infographic indicating that the font used is difficult to read and the use of cursive style, despite font size, is difficult to read.

C. Fernandes advised that the infographic is missing the statistic on addiction and suicide.

**g) Older Adult Network (D. Stone)**

D. Stone advised that the kick off at the end of May for Seniors month in June is well on its way. There is going to be Dine and Dance in the evening at a cost of \$45.00/person and \$75 per couple.

**h) International Day of Older Persons Committee (D. Stone)**

The committee will be meeting in the upcoming weeks to confirm the date of the event in the fall of 2019

**i) Seniors at Risk Community Collaboration (SARRC) (K. Thomson)**

The main topic of the past few meetings has been focused on food/hunger situation within the City. At the May meeting, there was discussion about hoarding happening in large apartment buildings.

There are several subcommittees in this group and they are all trying to collect information related to specific themes.

Their focus is to address high level issues and working with the 30-plus communities that support the seniors group.

**j) McMaster Institute for Research on Aging [MIRA] (B. Spinner)**

B. Spinner advised that there needs to be more than subjects for MIRA. B. Spinner encouraged all committee members to be the eyes and ears of their senior cohort and to think in a broad sense to ask MIRA what to focus on. For example, DARTS, the City operates this services and the committee could ask that MIRA look at this resource and determine how it addresses needs,

**Motion: (B. Spinner / P.Petrie)**

Request that SAC invite the McMaster Office of Community Engagement to come and speak to the Committee.

**Carried**

**k) Ontario Health Coalition (C. Fernandes)**

C. Fernandes advised that there is a rally on April 30, 2019 at Queen's Park at 12:00pm. There is a bus leaving Hamilton earlier in the day, committee members can contact Janina Lebon if they would like to join (flyer distributed at the meeting).

**l) Our Future Hamilton Update (P.Petrie)**

**m) Senior of the Year Award (P. Petrie)**

The nomination period is closed. There were thirty-one candidates received and a judging panel has been chosen.

The event is scheduled for June 24, 2019 and the cost is \$30.00 per ticket

**Motion:** That SAC subsidize the cost of the tickets purchased by a committee member by \$10.00 for each member purchased ticket

(P.Petrie/ R.Kamath)

**Carried**

## **6. Other Business**

2019 Budget expenditures

**(P.Petrie/ J.Mayo)**

To approve the spending of up to \$1,200 for the following upcoming event

- Sponsorship donation by Sac to: Senior Award Day (\$325); Senior Month sponsorship (\$625); International Day of the Older Person sponsorship of (\$250)

## **7. Business / Discussion Items**

### **7.1 DARTS Board Application (B.Thomson)**

DARTS is recruiting Board Members. The application is currently available. The Board meets on the fourth Thursday of every month (except summer and December). From 3:00pm to 4:30pm in room 224 – Audit and Risk management and Community Relations Committee

### **7.2 Information Sharing**

B. Spinner advised that there is a production of “Ball Passing” a choreographed routine of passing a ball at the Burlington Performing Arts.

## **8. Adjournment**

Meeting adjourned at 12:10 pm


**Next Meeting**  
Friday, May 3, 2019





Hamilton

**CITY OF HAMILTON**  
**HEALTHY AND SAFE COMMUNITIES DEPARTMENT**  
**Housing Services Division**

<b>TO:</b>	Chair and Members Emergency and Community Services Committee
<b>COMMITTEE DATE:</b>	July 11, 2019
<b>SUBJECT/REPORT NO:</b>	Co-ordinated Access System for Social Housing (CES14052(e)) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Joshua Van Kampen (905) 546-2424 Ext. 4592
<b>SUBMITTED BY:</b>	Edward John Director, Housing Services Division Healthy and Safe Communities Department
<b>SIGNATURE:</b>	

**RECOMMENDATION(S)**

- (a) That the Capital Project ID 6731841101 (Co-ordinated Access System) budget be increased by \$370 K from \$1.1 M to \$1.47 M through the following funding streams;
- i) That \$199 K be funded using the residual balance in Reserve #112248, Social Housing Capital Reserve Fund plus any applicable interest;
  - ii) That \$171 K be funded through administration dollars from provincial and federal government programs; and,
- (b) That Reserve #112248 be closed once the residual balance remaining is moved to Capital Project ID 6731841101 (Co-ordinated Access System).

**EXECUTIVE SUMMARY**

The City of Hamilton, as Service Manager for social housing, is responsible for meeting provincial requirements under the *Housing Service Act, 2011* (HSA) for the establishment and administration of an application and wait list system for social housing. In Hamilton, the current co-ordinated social housing wait list system is called Access to Housing (ATH). ATH serves as a central point for the application and initial

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**SUBJECT: Co-ordinated Access System for Social Housing (CES14052(e)) (City Wide) - Page 2 of 5**

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eligibility screening for the social housing units operated by Hamilton's 43 social housing providers.

The City is in the process of renovating additional office space at 350 King St. E. (First Place Building), adjacent to the current Housing Services Division's offices, to properly accommodate the permanent delivery of the waitlist service.

Preliminary capital cost estimates for the renovations and fit-ups were \$1.1 M. Following further analysis, a revised cost estimate for the renovations and fit-ups was formulated resulting in an increase of additional costs in the amount of \$370 K which will be funded through the recommended streams.

**Alternatives for Consideration – Not Applicable**

**FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

**Financial:** The increased costs of \$370 K for Capital Project ID 6731841101 will be funded through the residual balance of \$199 K in Reserve #112248 plus any applicable interest.

The additional costs of \$171 K of the \$370 K will be funded from existing and new administrative dollars from provincial and federal funding programs, such as SHAIP, SHIP, and SIF-IAH Funding. Funding for such projects are permitted as administration costs for each of the funding programs.

**Staffing:** There are no staffing implications with Report CES14052(e).

**Legal:** There are no legal implications with Report CES14052(e).

**HISTORICAL BACKGROUND**

The *Housing Services Act, 2011* (HSA), (and the preceding legislation the *Social Housing Reform Act, 2000* (SHRA)) mandates the responsibility for Service Managers to have a system for administering a wait list for social housing. The wait list is a local system of referring applicants seeking subsidized housing to social housing providers. Access to Housing (ATH) was adopted as the working name for the wait list system for the City of Hamilton.

On September 22, 2014, the Emergency and Community Services Committee received Report CES14052 describing a proposed enhanced service for the ATH system that could better meet the needs of applicants for social housing, which included:

**SUBJECT: Co-ordinated Access System for Social Housing (CES14052(e)) (City Wide) - Page 3 of 5**

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- Ensuring individuals have accurate information to make informed decisions and choices regarding their housing options;
- Referrals to community resources;
- Revised and updated forms, letters and building inventory information;
- Upgraded technology with potential for submission of on-line applications;
- Increased supports to help people when they apply, during their time on the wait list and as they prepare to move into RGI subsidized housing; and,
- Supports to help people maintain housing.

On August 26, 2014, the RFP was issued to secure a qualified service provider to deliver the enhanced ATH Service. Three proponents submitted proposals which were reviewed and scored based on criteria set out in the RFP. One proponent did not meet the minimum score in the evaluation criteria. After reviewing the two remaining proposals, it was determined that the City should instead explore the option of delivering the service in-house where there is the opportunity to better integrate existing services and infrastructure and the RFP was cancelled.

On June 24, 2015, Council approved Report CES14052(a) which approved, in principle, the transfer of the ATH social housing wait list service, including enhancements, from a third-party delivery agent to direct delivery by the Housing Services Division.

In March 2016, Council approved a one-year extension of DMS' contract until March 31, 2017 (Report CES14052(b)). An additional extension was necessary due to the complexity of planning for the potential transition from third-party to in-house service delivery and the substantial due diligence required to ensure that the core service continued in an uninterrupted manner that met the City's legislated requirements.

In February 2017, Council approved Report CES14052(c), which approved a Procurement Policy #11 for a single source contract with Del Management Systems (DMS) for the administration of the centralized waitlist for social housing applicants effective to March 31, 2018 and that an agreement between the City of Hamilton and DMS continue to operate Access to Housing until March 31, 2018.

In January 2018, Council approved that the Access to Housing system of co-ordinated social housing access be effective April 1, 2019 through the Housing Services Division and that the renewal of DMS contract will not be renewed to coordinate and administer the wait list through Report CES14052(d). Staffing was also addressed with the addition of three (3) Housing Administration Clerks, one (1) Housing Support Worker, and one (1) Supervisor, Housing Access and Supports were established.

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**SUBJECT: Co-ordinated Access System for Social Housing (CES14052(e)) (City Wide) - Page 4 of 5**

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**POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

The *Housing Services Act, 2011* requires the City of Hamilton, as Service Manager for social housing, to maintain and administer a coordinated system of access to social housing.

**RELEVANT CONSULTATION**

Corporate Services, Finance and Administration has been consulted with respect to financial details and have provided comment on this report.

**ANALYSIS AND RATIONALE FOR RECOMMENDATION(S)**

During the development of the enhanced service delivery model for the social housing wait list, several site requirements were identified, including:

- Fully accessible multi-function front service counter with public waiting area and room for public resources (literature, phone, computer) to accommodate annual walk-in traffic of approximately 16 K visitors;
- Private interview rooms;
- Available transit (B-line) and parking;
- Staff and manager work stations that support job requirements;
- Accessible washrooms for public and staff;
- Secure file storage area;
- Printer/fax/mail area;
- Emergency system lighting and signage; and,
- Video surveillance and panic buttons where needed.

The original preferred site was vacant commercial space adjacent to the current Housing Services Division offices at First Place (350 King Street East), which is owned by CityHousing Hamilton. Housing Services Division staff worked with staff from the Facilities Management and Capital Programs section (Public Works Department, Corporate Assets and Strategic Planning Division) and the Real Estate section (Planning & Economic Development Department, Economic Development Division) to complete a detailed assessment of the capital costs associated with the preferred space.

The updated estimated capital costs required to renovate and “fit up” the space after receiving the original high-level estimate has landed at \$1.47 M, which has increased an additional \$370 K from the previous cost estimated.

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**SUBJECT: Co-ordinated Access System for Social Housing (CES14052(e)) (City Wide) - Page 5 of 5**

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**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**

None

**8.1****Form: Request to Speak to Committee of Council**

Submitted on Monday, June 3, 2019 - 10:56 am

==Committee Requested==

**Committee:** Emergency and Community Services Committee  
(Previously Healthy & Safe Communities)

==Requestor Information==

**Name of Individual:** Sheryl Green**Name of Organization:** Hamilton Regional Indian Centre**Contact Number:** 905-548-9593**Email Address:** [sgreen@hric.ca](mailto:sgreen@hric.ca)**Mailing Address:**34 Ottawa Street North  
Hamilton, Ontario  
L8H 3Y7**Reason(s) for delegation request:** Missed the opportunity to bring concerning issues forward as a delegate at the Housing Summit Event regarding city departments in terms of procedures, policies, and accessing supports to provide affordable housing to youth directly involved in Endaayaang, Housing First for Youth project at the Hamilton Regional Indian Centre.**Will you be requesting funds from the City?** No**Will you be submitting a formal presentation?** No

## 8.2

### Form: Request to Speak to Committee of Council

Submitted on Thursday, June 13, 2019 - 10:29 am

==Committee Requested==

**Committee:** Emergency and Community Services Committee  
(Previously Healthy & Safe Communities)

==Requestor Information==

**Name of Individual:** Roger Deschamps

**Name of Organization:**

**Contact Number:**

**Email Address:**

**Mailing Address:**

**Reason(s) for delegation request:** I will be addressing the proposed closure of the Wesley Day Centre

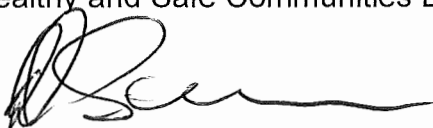
**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** Yes



Hamilton

## INFORMATION REPORT

<b>TO:</b>	Chair and Members Emergency and Community Services Committee
<b>COMMITTEE DATE:</b>	July 11, 2019
<b>SUBJECT/REPORT NO:</b>	Hamilton Paramedic Service 2018 Annual Report (HSC19035) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Linda Button (905) 546-2424 Ext. 3104
<b>SUBMITTED BY:</b>	Michael Sanderson Chief, Hamilton Paramedic Service Healthy and Safe Communities Department
<b>SIGNATURE:</b>	

### COUNCIL DIRECTION

Not Applicable

### INFORMATION

The Hamilton Paramedic Service (HPS) 2018 Annual Report (attached as Appendix "A" to Report HSC19035) includes the following highlights:

- Service demand continued to increase, albeit at a lower rate, with our Paramedics performing 84,078 individual responses to 68,236 events during the year and transporting 51,763 patients to hospital.
- HPS performance met or exceeded the publicly reported Canadian Triage and Acuity Score (CTAS) response time standards in all categories. These mandated response time performance plan standards are based on the condition of the patient as measured by the CTAS score after paramedic assessment on arrival at scene.
- Response time to calls dispatched as a life threatening (Code 4) emergency improved slightly at the 90<sup>th</sup> percentile to 11 minutes and 16 seconds. This reflects the time period from when the Ministry of Health and Long-Term Care (MOHLTC)

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**SUBJECT: Hamilton Paramedic Service 2018 Annual Report (HSC19035) (City Wide) - Page 2 of 3**

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Central Ambulance Communications Centre (CACC) assigns the call to our paramedics until they arrive on scene. A further 2 minutes and 35 seconds is taken by the CACC to perform call assessment and call handling prior to our paramedics being notified of the call.

- Hospital offload delays continue to be a challenge. The Provincial guideline for hospital offload is 30 minutes 90% of the time. In 2018, only 43% of transfer of care from Paramedics to the hospital took place in 30 minutes or less. A total of 27,512 staffed ambulance hours were consumed waiting for transfer of care beyond the first 30 minutes after arrival at hospital, a slight increase from 2017. Included in this were 3,490 offload delays lasting longer than two hours.
- The start of 2018 was challenging for Code Zero events with a record of 55 events experienced in January and February, almost one per day. However, through collaboration with hospital partners and improvements to practice, the rate of events was reduced significantly. Over the next 10 months, from March to December, there was a total of 41 Code Zero events, an average of 4 per month. In total, there were 23 fewer Code Zero events in 2018 than in 2017.
- In November 2017, Council supported staffing one additional ambulance 24 hours a day, 7 days a week, through to the end of March 2018 to mitigate against operational pressures. In March 2018, this additional ambulance was made permanent through the approval of the 2018 annual operating budget.
- In collaboration with union representatives (OPSEU 256 and CUPE 1041) and led by a mental health doctor, the Peer Support Team completed their first full year which consisted of creating informational materials, promoting mental wellness activities and training and assisting paramedics with mental health challenges.
- Community Paramedic activities (i.e. @Home Visit, @Clinic, Flu Immunization Clinic, Social Navigator, Remote Patient Monitoring and Public Access Defibrillator) partially supported through Local Health Integration Network (LHIN) funding continue to be successful. For example, the @Home Visit program served 197 clients and saw a 67% reduction in their ambulance use after they were enrolled in the program.
- The Professional Development team delivered over 8,300 hours of formal classroom education to paramedics who continue to expand their knowledge and skills. The team also conducted Clinical Practice Workshops to ensure the clinical competency of 18 paramedics returning from long term absences.
- We successfully implemented Council direction to secure a real time data feed from the MOHLTC Central Ambulance Communications Centre which then enabled creation of a real-time visual dashboard to support operational decision making in

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**SUBJECT: Hamilton Paramedic Service 2018 Annual Report (HSC19035) (City Wide) - Page 3 of 3**

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our service, at the MOHLTC dispatch centre, and at the hospitals. The dashboard is now utilized by our front-line supervisors, MOHLTC dispatch and the hospital emergency departments. The aim is to ease the burden of offload delays by directing the ambulance to the hospital with the least amount of wait time thereby more evenly distributing the demand on emergency rooms.

In 2018, the Hamilton Paramedic Service conducted a community survey that showed that the majority of respondents felt it would be acceptable for a paramedic to leave a patient with a non-life-threatening issue in an emergency waiting room to respond to an emergency call. Most survey respondents also felt they should be transported to a medical facility determined by the paramedics to be most appropriate rather than a hospital.

Over 2019, the HPS will continue to focus on working with internal and external partners to develop strategies to reduce offload delay such as expanding the Fit-2-Sit process whereby paramedics are able to place some low acuity patients directly into the waiting room and return to the community immediately for the next emergency. When the recent amendments to the *Ambulance Act* are enacted, we anticipate improved ability to initiate alternative approaches in responding appropriately to patients' needs. Activities to address the ability to transport patients to alternate destinations will also be implemented.

Public reporting and quality improvement will also remain a focus to ensure the effective and efficient delivery of quality service and transparency of performance measurements.

**APPENDICES AND SCHEDULES ATTACHED**

Appendix "A" to Report HSC19035: Hamilton Paramedic Service 2018 Annual Report

# Hamilton Paramedic Service 2018 Annual Report



Michael Sanderson  
Chief, Hamilton Paramedic Service  
6/10/2019



**“When we work with community partners we improve the care and outcomes of our clients while supporting the well-being of the community”**

Joe Pedulla, Supervisor, Community Paramedicine Program



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# Message from the General Manager

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As the General Manager of the Healthy and Safe Communities Department, I am honoured to accept the Hamilton Paramedic Service 2018 Annual Report as submitted by Chief Michael Sanderson.

Congratulations to Chief Sanderson and his team, for another successful year in maintaining if not exceeding the response time criteria set by Hamilton City Council and the Ministry of Health and Long-Term Care (MOHLTC). Our community can be assured, that when needed, the Hamilton Paramedic Service will respond in a timely manner.

As part of the Healthy and Safe Communities Department, the Hamilton Paramedic Service is responsible for providing health and social supports that allow people to lead productive lives. The collective divisions that encompass the Healthy and Safe Communities Department depend on collaboration, integration and partnerships to maximize the potential of the programs we provide. As a result, the Hamilton Paramedic Service in partnership with the City of Hamilton's Public Health Services and CityHousing Hamilton, now offers programs including Nicotine Replacement Therapy, Influenza Immunization and monitoring of complex medical conditions through technology. These programs assist in mitigating off-load delays at hospitals through managing health concerns in the community thereby preventing emergency hospital visits.

In 2018, the Hamilton Paramedic Service in partnership with area hospitals, continued to explore additional mechanisms to assist in reducing off-load delays at hospitals. One such mechanism is the 'Response Dashboard' which allows real-time monitoring of ambulance and hospital resources. This technology was leveraged in collaboration with another paramedic jurisdiction, which allows both hospital and paramedic management to monitor, react and predict system issues. The result is system efficiency, increased quality of care and cost effectiveness through partnering with other services.

In addition to assisting those who are hurt or sick, in 2018 the Hamilton Paramedic Service staff continued to support our community and help people in need in other ways. The Hamilton Paramedic Service staff volunteered and partnered with community agencies to help provide nutritious vegetables and fruits to residents, career options to youth, toys and food to children and adults in need during the holidays and brought awareness to important causes in the community. I want to thank all staff that volunteered to make these programs a success.

In closing, I would like to thank Hamilton's City Council for continuing to support the Hamilton Paramedic Service with the enhancement of an additional ambulance in 2018. Thank you to Chief Sanderson, OPSEU, CUPE and the entire staff for their continued professionalism and resilience in making our paramedic service among the best in the province.

I look forward to our work in 2019, as we continue to deliver high quality service to this community and work with our partners to keep Hamiltonians healthy and safe.



Paul Johnson, General Manager  
Healthy & Safe Community Services Department

# Message from the Chief

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It is all about the team. The team of front line paramedics, supervisors, schedulers, logistics technicians, support staff, and of course our managers. It takes a team to ensure the timely, effective, and efficient high-quality care we provide to the residents and visitors of our great city. I am incredibly proud on behalf of the Hamilton Paramedic Service team to be able to submit this 2018 Annual Report for Hamilton Paramedic Service – a report that reflects their work, their activities, their passions and of course their results.

While we had another incredibly busy year – increases in 911 events, increases in responses, and increases in patients being transported to hospital - these simple metrics do not tell the story of what we do. The real story is about the commitment, courage, compassion, and competence of our team.

Speaking of teamwork, what stands out to me as I reflect on 2018 is the strength of partnerships on which we rely to collectively serve the community. From working with our colleagues day-to-day to collaborating with other City Departments, Councillors, the Province and partnering with external organizations such as hospitals, universities, schools and not-for-profit agencies, these relationships help to expand the impact of our work. While partnerships are not always easy, working to maintain them and to support each other is key to making the whole more than the mere sum of its parts.

Despite the daily challenges faced by our paramedics, they continued to give back to the community above and beyond the care they give every day on the job. Paramedics partnered with agencies to tend to a garden where food goes to shelters, served food at restaurants to raise awareness to their causes, collect toys and food during the holidays to support families in needs and raise awareness of health and wellness issues such as Autism, breast and prostate cancer and mental health.

Real time operational dashboards were implemented to assist in dealing with capacity, process, and balancing of hospital distribution. The shift to in vehicle technology supporting our paramedics and providing opportunities for systems improvement was started and will be completed in 2019.

As we move into new challenges and potentially significant changes in 2019, my team will continue to focus on delivering professional services and improving performance in a fiscally responsible manner.

I would like to thank Mayor Eisenberger, members of Council and the City's Senior Leadership Team for their active support of our Paramedic Service. I would also like to thank General Manager Paul Johnson for his leadership and guidance as we continue to face and move through challenges.

A special thank you to the entire Hamilton Paramedic Service team for your dedicated service, exceptional skills, and unwavering compassion. Our community is better for having you serve it.

A handwritten signature in black ink, appearing to read "Michael Sanderson". The signature is fluid and cursive.

Michael Sanderson, Chief  
Hamilton Paramedic Service



# Service Overview

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## Services

The Hamilton Paramedic Service (HPS) provides pre-hospital advanced medical and trauma care, as well as the transportation of patients from emergency incidents to appropriate health care facilities.

HPS also undertakes demand mitigation activities including senior clinics in select city housing locations, community paramedic activities, public education, emergency health care and safety promotion, and risk prevention activities in neighbourhoods and public facilities including provision and maintenance of public access defibrillators in all City of Hamilton facilities.

HPS is the designated sole land ambulance service provider for the City of Hamilton to perform functions mandated by the *Ambulance Act, R.S.O. 1990, c. A.19*, specifically to:

- a) employ persons to provide land ambulance services in the municipality in accordance with the Act;
- b) properly provide land ambulance services in the municipality in accordance with the needs of persons in the municipality; and,
- c) ensure the supply of vehicles, equipment, services, information and any other thing necessary for the proper provision of land ambulance services in the municipality in accordance with this Act and the regulations.

## Profile of Hamilton

Formerly known as the Regional Municipality of Hamilton-Wentworth, the City of Hamilton is a single tier municipality comprised of the six communities that amalgamated in 2000:

- City of Hamilton
- City of Stoney Creek
- Town of Ancaster
- Town of Flamborough
- Town of Dundas
- Township of Glanbrook

The 'new' City of Hamilton spans 1,117 square kilometres and wraps around the westernmost part of Lake Ontario. The city's northern limit is marked by the Hamilton Harbour. The Niagara Escarpment runs through the middle of the entire city dividing the cityscape into lower and upper portions.

The HPS provides service to a population of over 536,917 Hamiltonians. The population density is approximately 480.6 people per square kilometres (Statistics Canada, Census 2016).

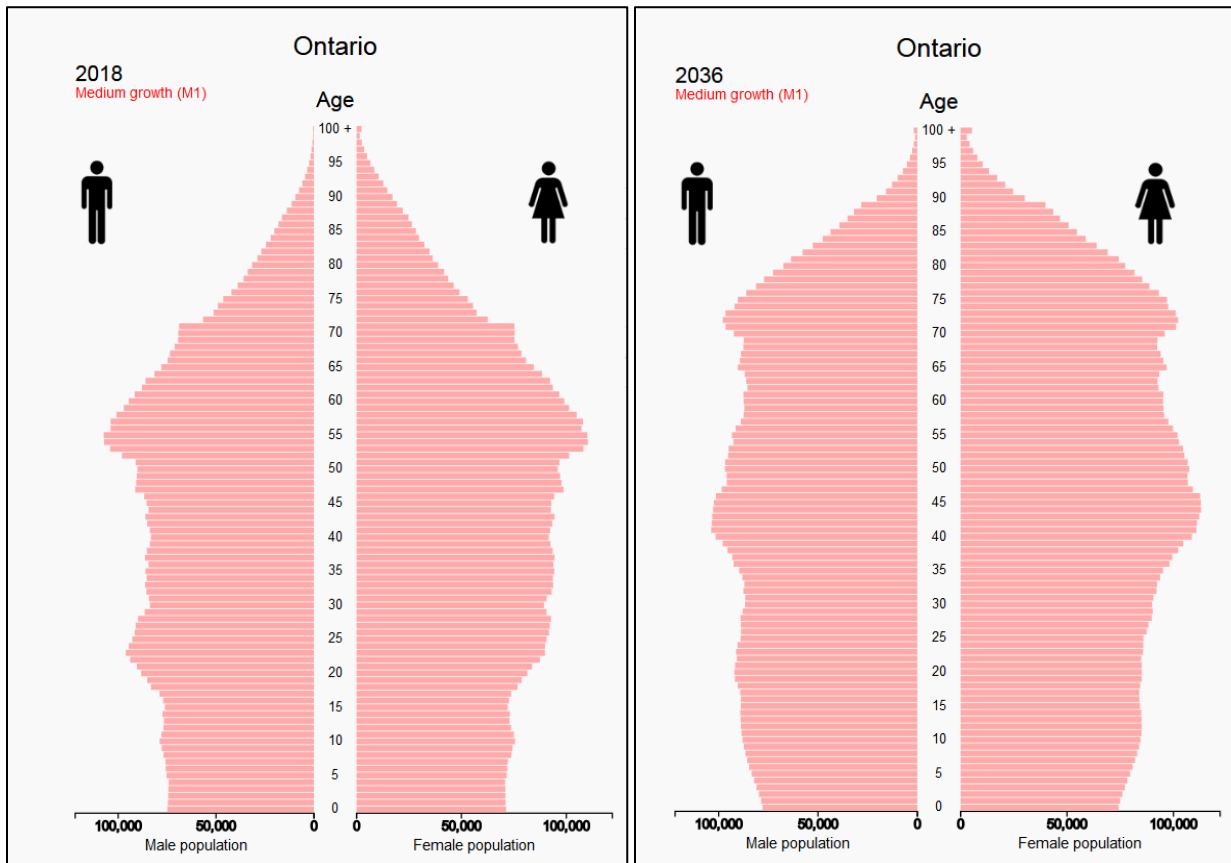
Hamilton’s population is an aging one with about 17% of its residents or 93,000 people aged 65 years or older. Children aged 14 years and under accounted for approximately 16% of the city's population. For the first time in Hamilton, seniors outnumber children (Statistic Canada, Census 2016).

A review of the Electronic Patient Call Reports (ePCR) for 2018 shows that 43% of patient interactions with Hamilton Paramedics was for the age group of 65 and older.



**43% of patients attended to by Hamilton Paramedics are 65 years of age or older**

According to Statistics Canada (Census 2016) Ontario can expect to see a continued increase in the population aged 65 years and older. As shown below, by 2036 there will be more people in Ontario compared to 2018 with a sharp increase in the number of seniors as baby boomers swell the ranks of seniors.



Source: Statistics Canada, Census 2016

In Ontario, the number of seniors aged 65 and over is projected to almost double by 2041. In 2017, seniors made up about 2.4 million or 16.7 per cent of population. This is expected to increase to almost 4.6 million or 24.8 per cent of Ontario’s population. The fastest growing group of seniors will be the older seniors. The number of people aged 75 and over is expected to rise from 1.0 million in 2017 to 2.7 million by 2041. Those people who are aged 90 and older are projected to more than triple in size, from 120,000 to 400,000 (Ontario Ministry of Finance).

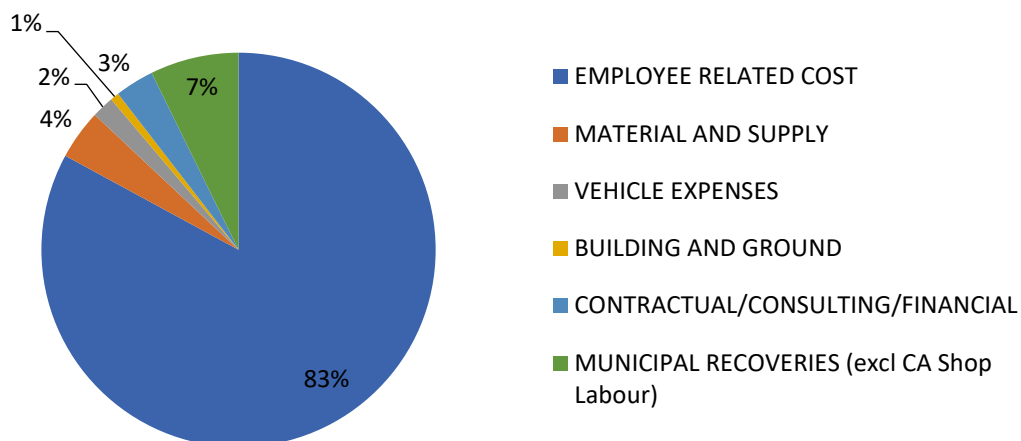
This “grey tsunami” or dramatic increase in the senior population forecasted by Statistics Canada and the Ontario Ministry of Finance will significantly increase the demand on services provided by the HPS over the next 20 years.

### Finances

For 2018, the HPS had an overall operating budget of \$48,834,643. However, the province provides funding for 50% of these costs. The allocation of funds per each cost category and percentage of overall budget is as follows:

COST CATEGORY	\$	%
EMPLOYEE RELATED COST	40,490,916	83%
MATERIAL AND SUPPLY	1,994,213	4%
VEHICLE EXPENSES	890,086	2%
BUILDING AND GROUND	349,053	1%
CONTRACTUAL/CONSULTING/FINANCIAL	1,561,325	3%
MUNICIPAL RECOVERIES (excl CA Shop Labour)	3,549,050	7%
<b>Total</b>	<b>48,834,643</b>	<b>100%</b>

### Hamilton Paramedic Service 2018 Year End Operating Costs



PARTNERSHIP



**In Ontario, regional municipalities have responsibility for delivering and funding EMS while the province regulates and provides funding for 50% of land ambulance costs.**

With 84,078 unit responses travelling 2,544,391 kilometres to attend to patients, a total of 66 vehicles are responsible for paramedic operations. The HPS has been able to achieve cost effectiveness of running vehicles through partnerships within the City of Hamilton. Through corporate fuel purchasing arrangements and utilizing the Hamilton Fire Department vehicle maintenance services running costs are kept below expectations while maintaining high reliability.

Materials & Supplies  
/Response

**\$23.72**

Total Cost/Response

**\$580.83**

Vehicle Cost/Kilometre

**\$0.52**

### Organizational Structure

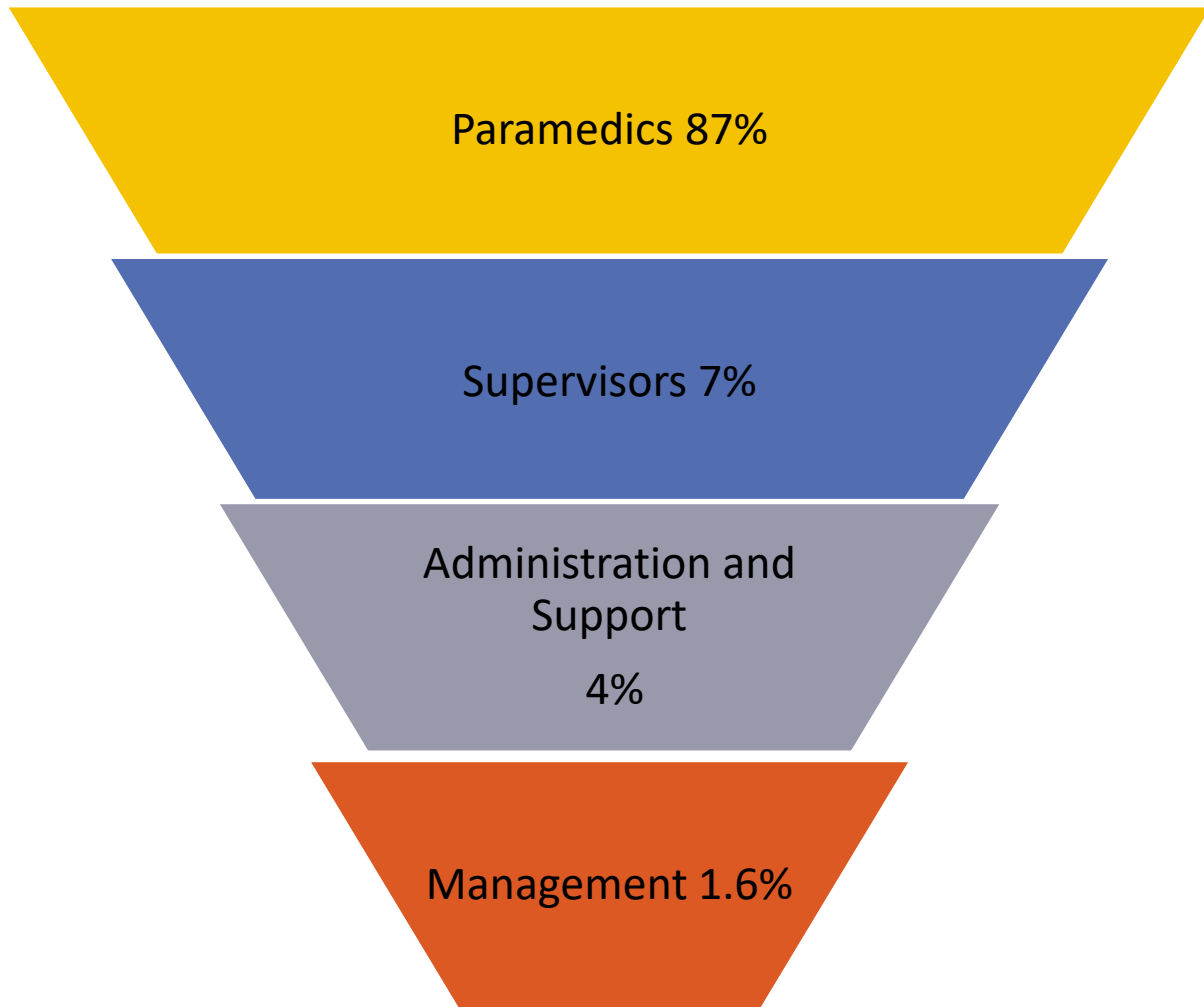
As a hybrid service, the HPS contributes to public safety and is an integral part of the health care system. The HPS helps to promote the health and safety of Hamilton’s residents and visitors through both prevention, response and follow-up activities.

The HPS is situated within the Healthy and Safe Communities Department of the City of Hamilton which enables for collaboration with other divisions focused on similar outcomes for the community.

The Paramedic Chief reports to the General Manager of the Healthy and Safe Communities Department and is responsible to lead the planning and operationalization of HPS which is comprised of the following sections:

- Office of the Chief
  - Responsible for strategic vision, direction, and planning
- Operations Section
  - Responsible for Providing oversight on matters of deployment and resource utilization
- Logistics Section
  - Responsible for providing support to all sections through procurement and asset management
- Performance and Development Section
  - Responsible for ensuring regulatory compliance and quality improvement

The HPS employs a total of 384 staff including both full and part time. While paramedics provide direct frontline services to residents/visitors, supervisors, administration and support and management provide a variety of supportive and regulatory functions to meet Ministry of Health and Long Term Care (MOHLTC) mandates. The HPS workforce breaks down as follows:



PARTNERSHIP



**In Ontario, Paramedics are not under the Regulated Health Professions Act. Instead, they receive authorization by a physician, known as a Medical Director, to perform controlled medical acts classified under the College of Physicians and Surgeons of Ontario.**

## Scope of Practice

Through a partnership between the HPS and Hamilton Health Sciences Centre (HHSC), both Primary and Advance Care Paramedics are provided the training and certification to render patient care to the residents and visitors in Hamilton. In 2018 the HPS had a total of 269 Primary Care Paramedics (75 of whom were part time) and 66 Advanced Care Paramedics (11 of whom were part time).

Primary Care Paramedics (PCP) are authorized by a physician to perform controlled medical acts that when combined with other medical assessments are able to effectively treat the majority of patients' illnesses or injuries. An outline of their scope of practice is as follows:

### PCP SCOPE OF PRACTICE

#### MEDICATIONS

- Acetaminophen (↓ mild pain)
- Aspirin (↓ mortality during heart attack)
- Epinephrine (↓ histamine in severe allergic reaction)
- Glucagon (↑ blood sugar levels)
- Ibuprofen (↓ mild pain)
- Ketorolac (↓ moderate pain)
- Naloxone (reverse opioid overdose)
- Nitroglycerine (↑ blood flow during angina)
- Oxygen
- Salbutamol (relax muscles in lungs)

#### PROCEDURES

- 12 Lead Electrocardiogram (diagnose heart attack)
- Supraglottic Airway (↑ ventilation/oxygenation)
- Airway Suctioning (↓ mucous/foreign bodies)
- Capnometry (evaluation of respiratory system)
- Continuous Positive Airway Pressure (↓ severe respiratory distress)
- Defibrillation (eliminate lethal irregular heartbeat)
- Peripheral Capillary Oxygen Saturation (evaluation of oxygen in blood)
- Glucometer (evaluate of blood sugar in blood)
- Emergency Dialysis Disconnect (removal of at home dialysis unit if transport required)
- Termination of Resuscitation (discontinue resuscitation if determined futile)
- On-Line Medical Direction (physician consult via phone)

Based on call information provided to the MOHLTC dispatch centre or at the request of a PCP, Advance Care Paramedics (ACP) are able to perform additional practices to treat more complex medical or traumatic injuries as outlined below:

### ACP SCOPE OF PRACTICE

#### MEDICATIONS

- Adenosine (↓ heart rate)
- Atropine (↑ heart rate)
- Calcium Gluconate (↓ blood potassium levels)
- Dextrose 50% (↑ blood sugar levels)
- Dimenhydrinate (↓ nausea/vomiting)
- Diphenhydramine (↓ moderate allergic reaction)
- Dopamine (↑ heart rate and blood pressure)
- Epinephrine (↑ blood flow during sudden cardiac arrest)
- Lidocaine (↓ irregular heartbeats & "numbing" of tissues)
- Midazolam (sedation & ↓ seizure activity)
- Morphine (↓ severe pain)
- Normal Saline Bolus (↑ blood pressure)
- Sodium Bicarbonate (↓ acidosis in blood)
- Phenylephrine (↓ blood flow to tissue)

#### PROCEDURES

- Endotracheal Intubation (↑ ventilation/oxygenation)
- Tracheal Tube Introducer Device (assist with Endotracheal intubation)
- Foreign Body Airway Removal (remove object from airway)
- Central Venous Access Device (fluid or medication administration via arterial line)
- Intraosseous Therapy (fluid or medication administration via bone marrow)
- Intravenous Therapy (fluid or medication administration via vein)
- Needle Thoracotomy (↓ excessive air in lungs)
- Synchronized Cardioversion (↓ heart rate)
- Transcutaneous Pacing (↑ heart rate)

With the province's introduction of the "Patients First: Action Plan for Health Care" in 2015 the HPS collaborated with a variety of community and health partners to establish the Community Paramedicine Program. Community Paramedics (CP) including Social Navigators who deliver this program are certified PCPs or ACPs and possess additional training focused on chronic health and social determinants of health that may contribute to a resident having to use 911 on multiple occasions.

**COMMUNITY PARAMEDIC SCOPE OF PRACTICE**

**SOCIAL NAVIGATOR SCOPE OF PRACTICE**

**Additional Training**

- Enhanced primary care assessment skills
- Chronic disease education and coaching
- Clinical rotations with local partners
- Senior citizen neglect and abuse assessment
- Falls risk and prevention techniques
- Community Health Assessment Program (CHAP)
- Aboriginal persons awareness and transition from acute care facilities
- Health Links awareness and orientation of CHF and COPD transitioning from acute care facilities

**Additional Training**

- Enhanced mental health and addictions assessment skills
- Forensic Research
- Acceptance and Commitment Therapy
- Professional Boundaries
- Give, Take, Care Learning
- FASD and the Law
- Mental Health First Aid

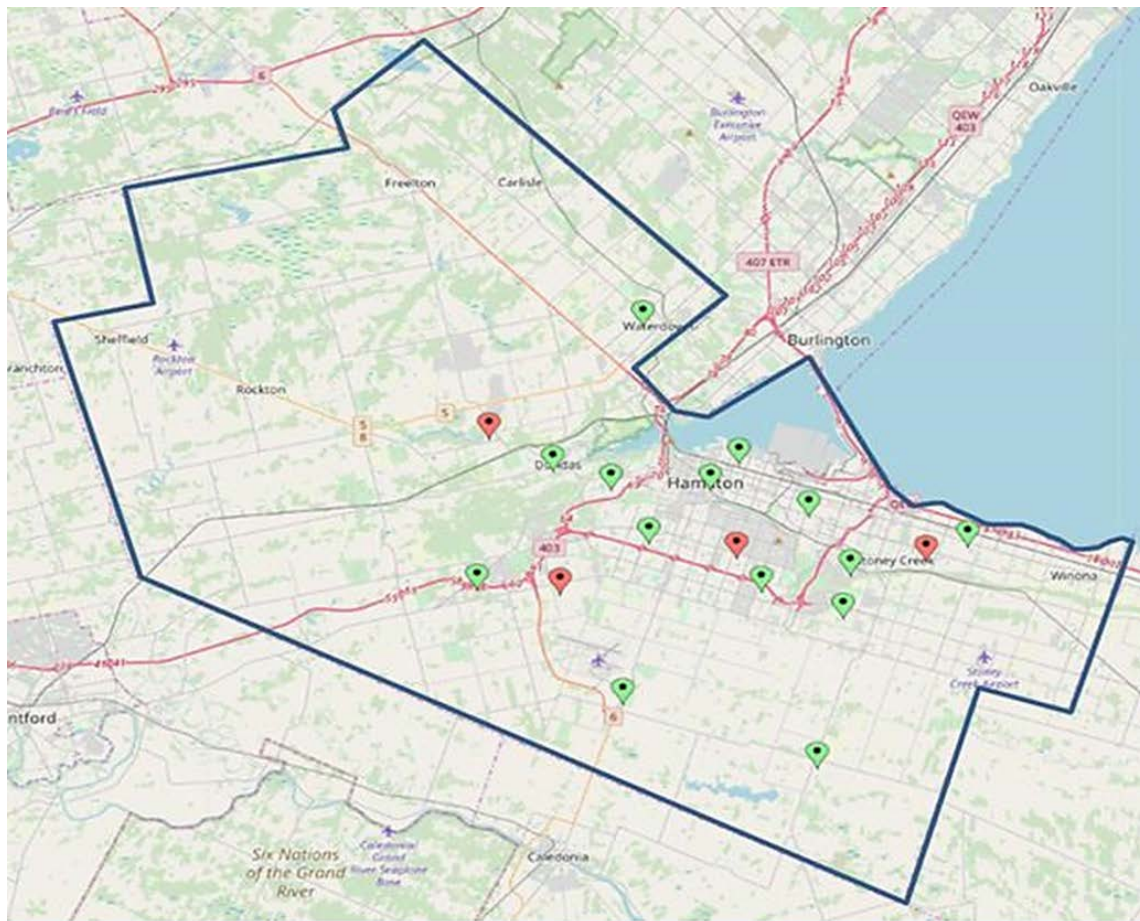




**Two Community Paramedics are 100% funded by the Hamilton-Niagara-Haldimand-Brant Local Health Integration Network (HNHB-LHIN)**

# Staffing & Logistical Resources

## Facilities

With a diverse community of both urban and rural landscape, the HPS strategically deploys its resources from 20 Paramedic Response Stations (shown on the map below) that are shared with Hamilton Fire Department. Depending on location, a facility may deploy a combination of ambulances, Paramedic Response Units (PRUs) and supervisor vehicles. Stations are temperature controlled due to temperature sensitive medical supplies, contain additional equipment to stock vehicles and administrative quarters for completion of required documentation. In addition, kitchen and washroom facilities are provided to allow for appropriate rest periods of staff.



 = At least one unit is ACP at the station       = Station is PCP only

PARTNERSHIP



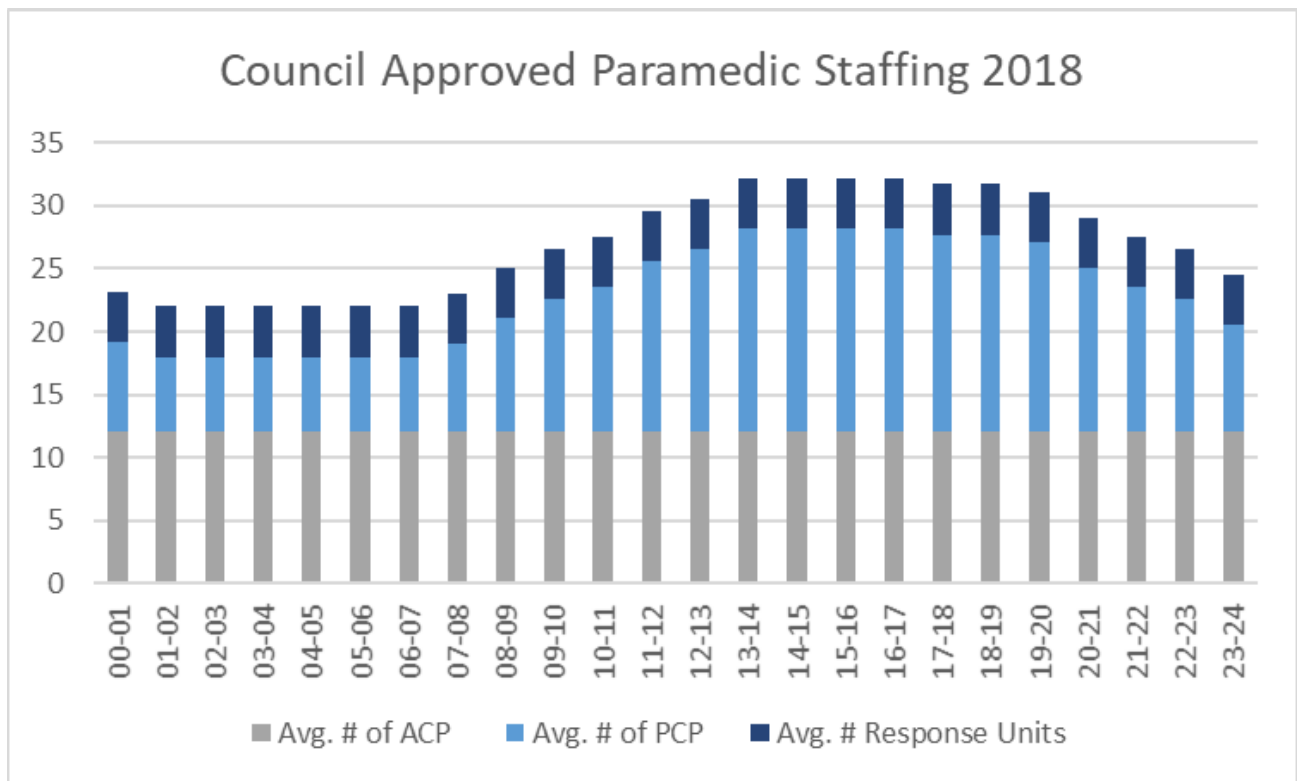
**The HPS shares 20 stations with the Hamilton Fire Department**



## Staffing

The HPS utilizes staggered start times to allow for optimal coverage during the times when events and responses are at their peak in a 24 hour period. In addition for allowing optimal responses to 911 events, this model allows for the potential reduction to end of shift overtime by allowing a “layered” response for paramedics near the end of their shift. Through these staffing models, the HPS provides efficient and cost effective paramedic services to residents and visitors. The diagram below illustrates the current staffing of the HPS vehicles, indicating the number of vehicles on the roster at varying times of day when there is high demand on service (or increased number of events). While staff may start their shift at a particular station, they are routinely moved to alternate stations or locations to provide emergency response coverage. The factors affecting where coverage is required include:

1. Time of day
2. Travel time of vehicles
3. Number of available ambulances
4. Historical data of where responses likely to occur
5. Road closures or other geographical limitations

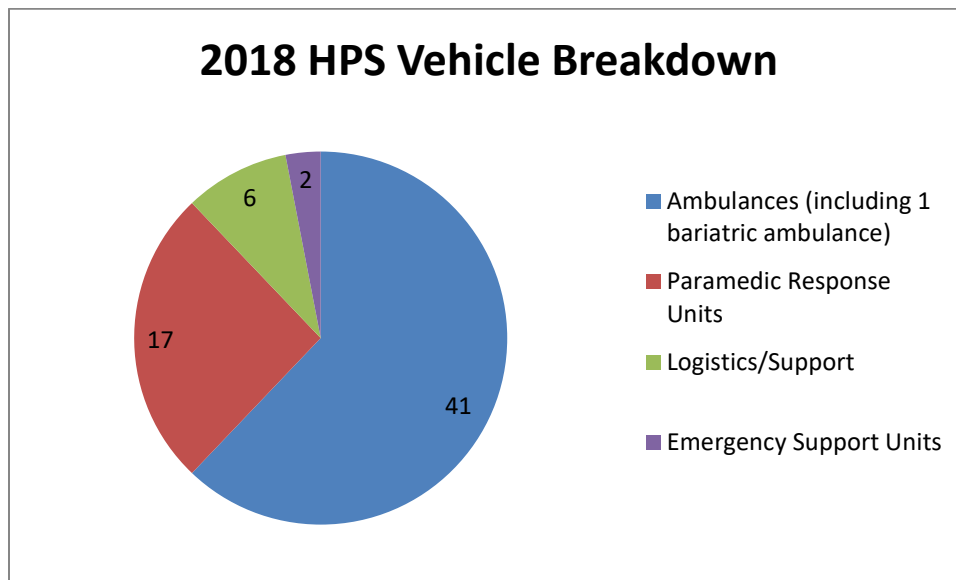


When calculating staffing requirements, the HPS utilizes a formula that considers the following factors:

1. Number of hours Paramedics are available during a shift
2. How many responses and transports are attended to by Paramedics
3. Finally but most important, is Time on Task (TOT). This is the time it takes from when Paramedics respond to a 911 call, to the time they are clear from the scene/hospital and able to respond to another 911 call. The TOT is largely impacted by Off-Load Delay, that is, the longer the delay, the higher the TOT number is.

## Fleet

In 2018, the HPS had a fleet of 66 vehicles consisting of ambulances, Paramedic Response Units, Emergency Support Units and Logistics/Support vehicles (see chart below for breakdown). All vehicles are certified to MOHLTC requirements and applicable standards including conversions to the Original Equipment by the Manufacturer (OEM) systems. The HPS vehicle branding helps to ensure safety during low light conditions as well as meet legislative requirements while maintaining a professional appearance unique to the Hamilton.



# Response Overview

The HPS experienced an increase in service demand in 2018 as compared to 2017. The number of events, responses and transports all escalated in 2018.

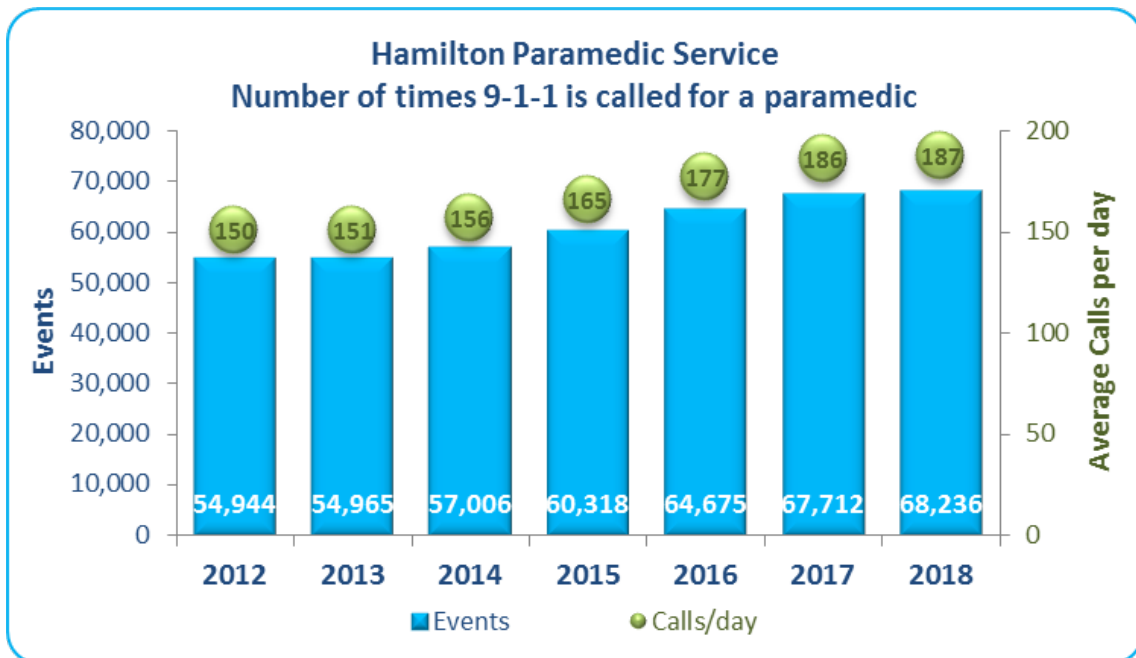
## Events

An event is generated every time a person calls 911 and requests the assistance of a Paramedic through the Central Ambulance Communications Centre (CACC). In 2018, the HPS had 68,236 events, an increase of 1% from 2017.



2018 Events  
**68,236**

The HPS has seen an increase in events year over year since 2013 as seen in the chart below. As mentioned earlier, with a growing population and an expected sharp increase in the senior population ages 65 and older, it is anticipated that the number of events will continue to rise over the coming decades.



## Responses

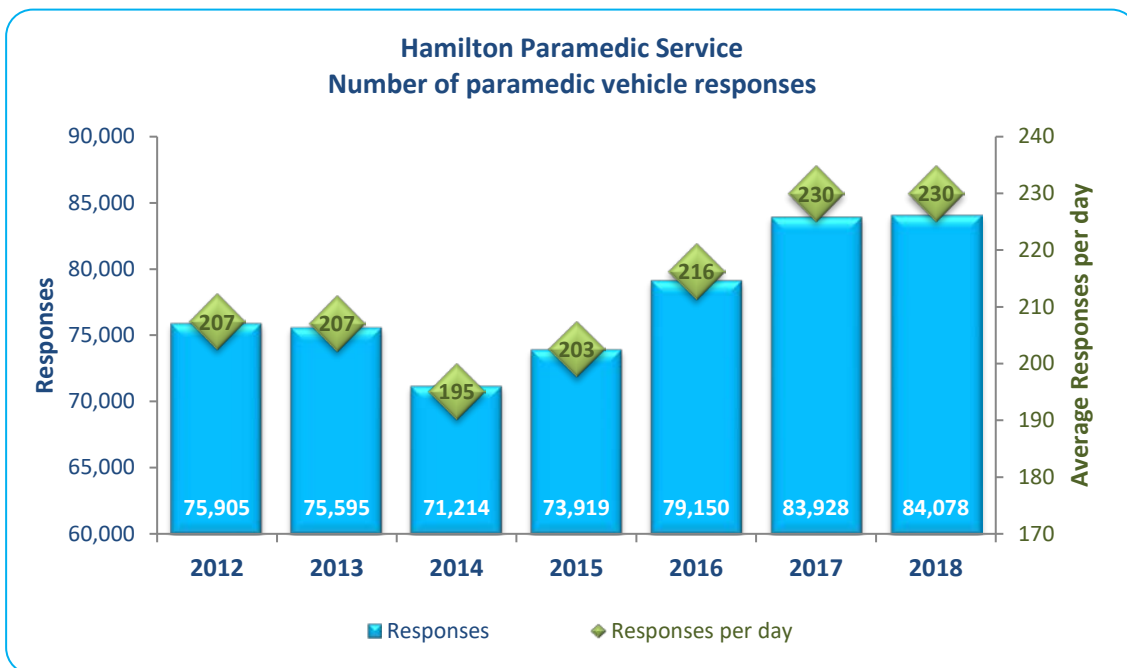
Responses refer to the number of paramedic vehicles that are sent to an event. This number is typically higher than the number of events as sometimes there is more than one vehicle sent to an event. Once an event is received by the dispatch centre, a paramedic vehicle is immediately dispatched to the call to render assistance. In instances such as motor vehicle collisions and complex medical/traumatic emergencies, multiple paramedic vehicles may be assigned to the event. In 2018, the HPS had an increase of 150 responses from 2017 to a total of 84,078 responses.



2018 Responses

**84,078**

The chart below illustrates the number of responses per year since 2012 along with the average number of responses a day during that year. The chart shows continued incline in the number of responses since 2014.





**As a result of changes to the Ambulance Act, the HPS is collaborating with the MOHLTC and other community partners to enable paramedics to treat patients and then refer them to another health care practitioner or transport them to a facility, other than a hospital, for less acute cases**

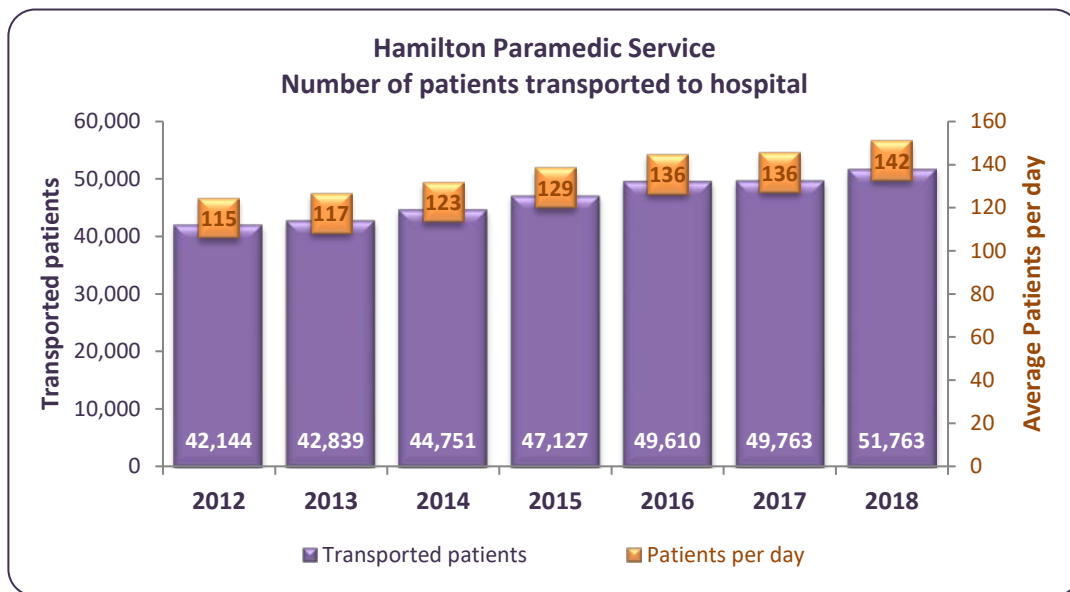
## Transports

Transports are the total number of times patients are transported to hospitals by Paramedics. This number is typically lower than the number of events, as some patients decline or do not need to be taken to the hospital once assessed by a Paramedic. In 2018, the HPS had an increase in number of transports by 4% from 2017 to a total of 51,763 transports.



2018 Transports  
**51,763**

The number of transports continue to rise year over year as indicated in the chart below. With 911 being a readily available and easily accessible service and for people who do not have access to health care providers such as a primary care physician, Paramedics are sometimes called to provide care and/or advice for minor illnesses and injuries. Paramedics attend to these patients but transporting them to a medical facility is not required.



In 2018, the total kilometres the HPS vehicles travelled more than 2.5 Million kilometres:



## Response Time Compliance

The *Ambulance Act of Ontario, Standard 257/00*, requires that every paramedic operator in Ontario is responsible to establish and publicly report on response time performance. The response time performance plan established by the HPS allows the Service to monitor, evaluate and implement continuous quality improvement initiatives to reduce response times year over year. In 2018, the HPS again met the response time standard of achieving the target time in each CTAS category at least 75% of the time, as approved by Hamilton’s City Council and the MOHLTC.

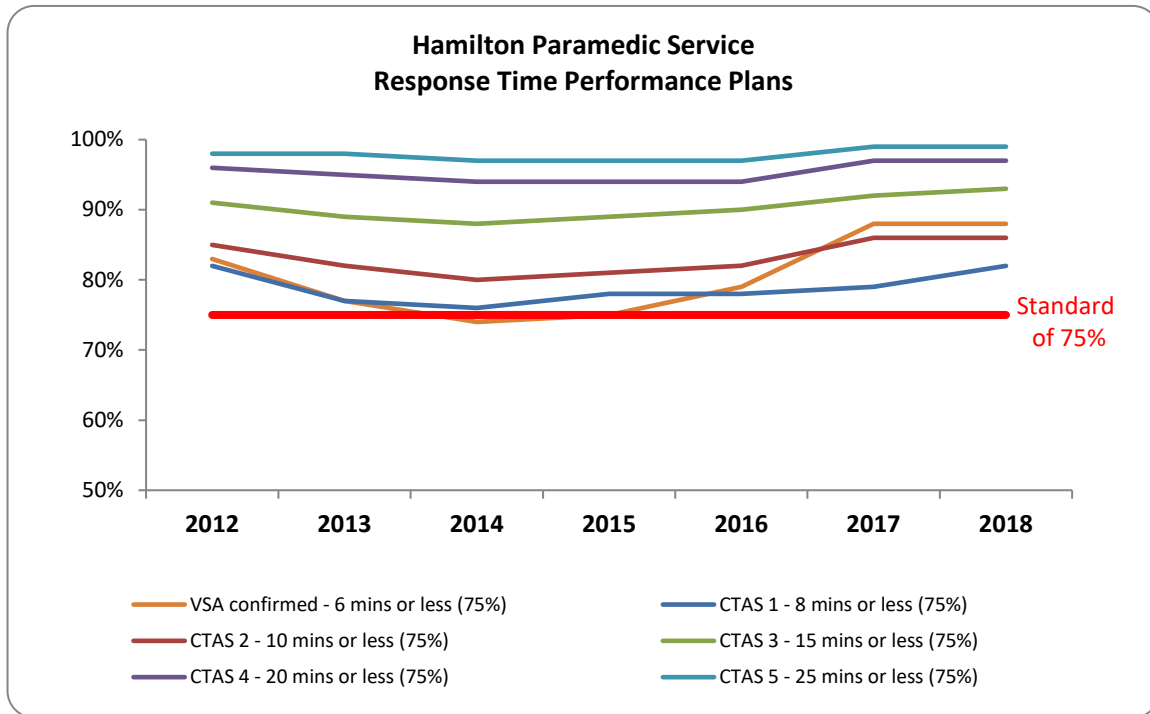
### Target Response Times

### HPS Response Times

<p>Defibrillator on Scene</p>	<ul style="list-style-type: none"> <li>• May include Public Access Defibrillator, First Responder or Paramedic Service arrival</li> <li>• <b>6 minutes (75% or better)</b></li> </ul>	<p><b>88%</b></p>
<p>CTAS 1</p>	<ul style="list-style-type: none"> <li>• "Resuscitation"</li> <li>• Threats to life, limb or function</li> <li>• Immediate intervention required</li> <li>• COH approved response time</li> <li>• <b>8 minutes (75% or better)</b></li> </ul>	<p><b>82%</b></p>
<p>CTAS 2</p>	<ul style="list-style-type: none"> <li>• "Emergent"</li> <li>• Potential threat to life, limb or function</li> <li>• Rapid medical intergency required</li> <li>• COH approved response time</li> <li>• <b>10 minutes (75% or better)</b></li> </ul>	<p><b>86%</b></p>
<p>CTAS 3</p>	<ul style="list-style-type: none"> <li>• "Urgent"</li> <li>• Potentially progress to a serious problem requiring emergency intervention</li> <li>• COH approved response time</li> <li>• <b>15 minutes (75% or better)</b></li> </ul>	<p><b>93%</b></p>
<p>CTAS 4</p>	<ul style="list-style-type: none"> <li>• "Less Urgent"</li> <li>• Conditions related to patients age and/or distress and/or potential for deterioration or complications</li> <li>• Would benefit from intervention in 1-2 hours</li> <li>• COH approved response time</li> <li>• <b>20 minutes (75% or better)</b></li> </ul>	<p><b>97%</b></p>
<p>CTAS 5</p>	<ul style="list-style-type: none"> <li>• "Non-Urgent"</li> <li>• Conditions that are acute but non-urgent. This includes chronic conditions with no evidence of deterioration</li> <li>• Interventions can be delayed or referred to other areas of health care system</li> <li>• COH approved response time</li> <li>• <b>25 minutes (75% or better)</b></li> </ul>	<p><b>99%</b></p>

These data reflect the patient’s condition after Paramedics arrive on the scene regardless of the priority assigned by the call centre. Variance in the response time number can be affected by a variety of factors including event volumes, geographical location and resource availability. In addition, there is the potential for the dispatch centre to over prioritize the call, leaving reduced resources for higher acuity calls.

The graph below shows that the HPS continued to meet the response time performance plan targets year over year despite the increase in events, responses and transports in 2018:



**Through a tiered response agreement, the Hamilton Fire Department also responds to some life-threatening medical calls, to support a quick and effective response.**

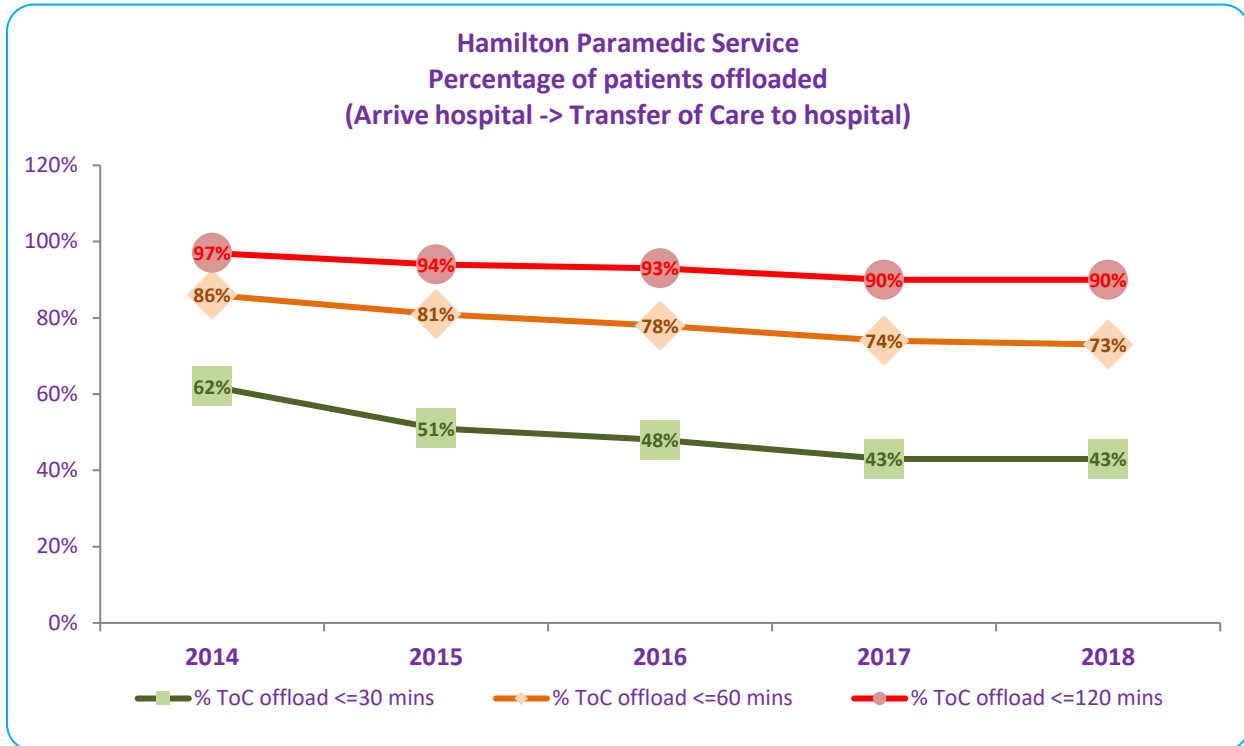
### Off-Load Delay

Individual paramedics, and the Paramedic Service, are required to comply with certain standards and directives issued by the MOHLTC in accordance with O. Reg. 257/00 and pursuant to the *Ambulance Act*. The MOHLTC-issued patient care standards definitively require that Paramedics remain with the patient, and continue to care for the patient, until the hospital accepts responsibility for the patients care.

An Off-Load Delay (OLD) occurs when the hospital does not accept responsibility for the care of a patient within 30 minutes of arrival at hospital. In a report submitted to the MOHLTC in 2005 titled "Improving Access to Emergency Services: A System Commitment" (Schwartz, 2005), it was recommended that:

"The time from ambulance arrival to patient placed on an Emergency Department stretcher should be 30 minutes, 90% percent of the time"

As a result of a variety of system pressures, hospitals in the City of Hamilton continue to struggle to meet this target recommendation. The chart below shows that in 2018 only 43% of transfer of care from Paramedics to the hospital took place in 30 minutes or less. This was the case in 2017 as well and only slightly better in 2016 at 48% of transfer of care occurring within 30 minutes.

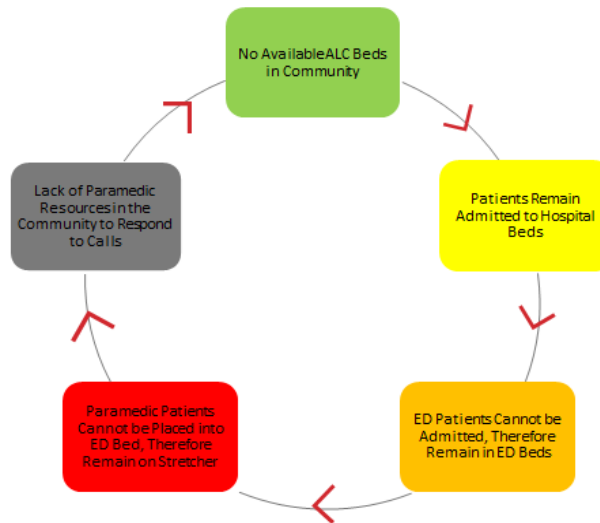


One of the main obstacles for hospitals continues to be the number of Alternative Level of Care (ALC) patients in hospital due to a lack of community spaces. Patients who do not need to be in a hospital have nowhere else to go for care so they remain in the hospital occupying a bed which means there is a lack of beds available for more acute care patients.

The delay at hospitals result in a backlog throughout the entire health care system, which impacts the paramedic resources in the community as illustrated in the diagram below.



How OLD Affects Paramedic Resources



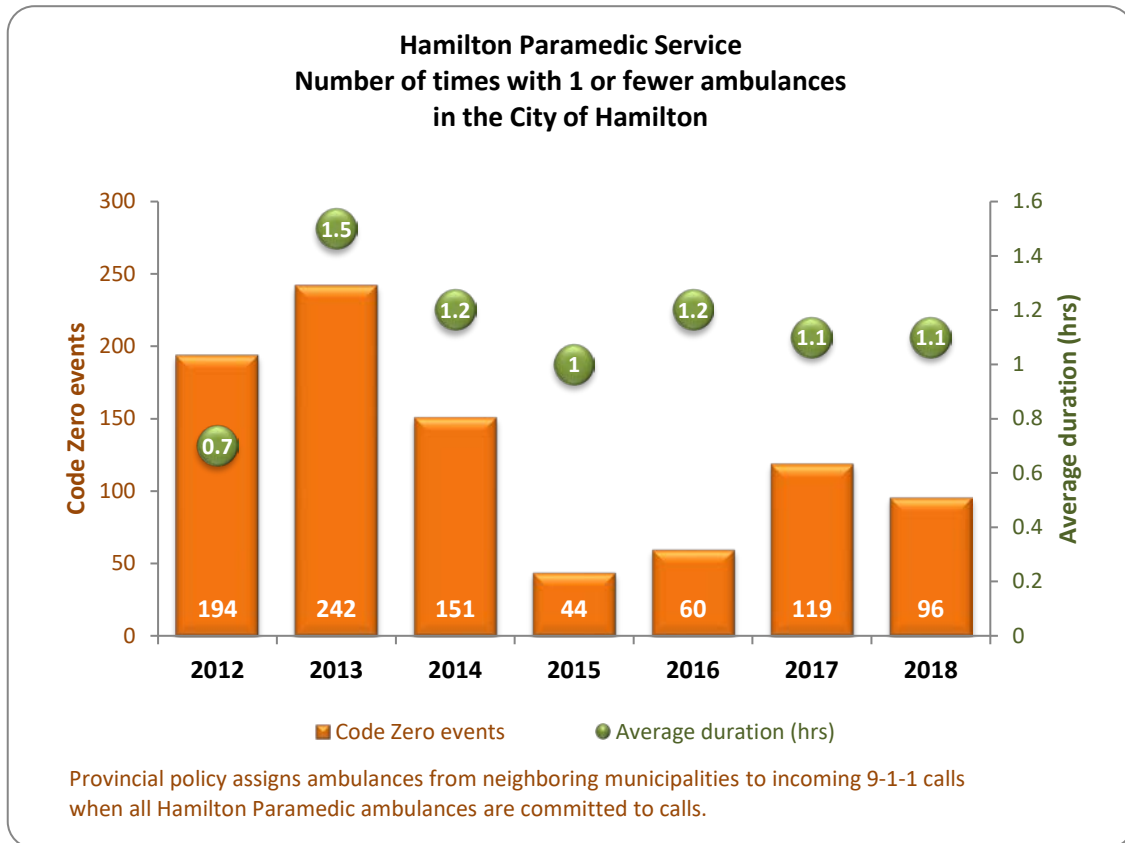
All hospitals in Ontario report their own measure of ambulance OLD on a monthly basis to a MOHLTC “Access to Care” analytics process. In addition, the HPS provides an annual summary of each hospital’s performance using their Transfer of Care Data System. The following is the 90<sup>th</sup> percentile of OLD times for Hamilton hospitals:

HOSPITAL	OFF LOAD DELAY TIME 90 <sup>TH</sup> PERCENTILE
	114 minutes
	102 minutes
	132 minutes

## Code Zero Events

Code Zero events occur when the number of ambulances available to respond to a call are limited to just one or none. Long offload delays, particularly where there are days with 10 or more delays longer than 2 hours, continue to be the major cause of Code Zero events.

The start of 2018 was very challenging for Code Zero events with a record of 55 events experienced in January and February, almost one per day. However, through collaboration with hospital partners and improvements to practice, the rate of events was reduced significantly. Over the next 10 months, from March to December, there was a total of 41 Code Zero events, an average of 4 per month. In total, there were fewer events in 2018 than 2017 as shown in the chart below:



Code Zero events continue to be a significant challenge for Paramedics, hospitals and the community. The HPS in collaboration with hospital partners was able to reduce the number of events. Some of the initiatives undertaken with hospital partners are discussed in the next section.

# Partnerships and Collaboration

Hamilton has a wide range of health care service providers including community organizations and hospitals with specialized services. The HPS knows collaborating with partners within the community, the City of Hamilton and the province is essential to delivering quality care to Hamilton’s residents and visitors.

The HPS has placed an emphasis on establishing a number of partnerships and collaborates with health care providers to assist in coordinating efforts and addressing challenges to enhance patient care.

The following are some of the collaborative initiatives undertaken with community partners that occurred in 2018.

## Fit-2-Sit

In the latter part of 2018, the HPS in collaboration with St. Joseph’s Healthcare Hamilton, initiated a trial “Fit-2-Sit” process whereby Paramedics are able to place some low acuity patients directly into the waiting room allowing Paramedics to return to the community immediately for the next emergency. This will help to reduce the amount of time Paramedics are held up in off-load delay before they can transfer the responsibility of care to the hospital and leave to respond to another call.

The HPS is working with Hamilton Health Sciences to initiate the Fit-2-Sit program at the Hamilton General and the Juravinski Hospitals in 2019.



**In collaboration with the Performance, Planning & Evaluation section of City of Hamilton, the HPS conducted a citizen survey which showed that 91% of respondents felt it would be acceptable for a Paramedic to leave a person with non-life threatening issue in an emergency waiting room to respond to an emergency call.**

## Dedicated Offload Nurse (DON)

Off-load nurses are dedicated to caring for patients coming to the hospital by ambulance. This enables the Paramedics to return more quickly to the community for the next emergency. One offload nurse with four temporary holding spaces can quickly free four ambulances for return to availability. This program continues to be funded at all three adult hospitals in Hamilton using 100% grant funding from the province’s MOHLTC. In collaboration with the hospital partners, the process for utilizing offload nurses was refined and improved in 2018. Further improvement will be required in 2019.

## Real-Time Dashboard

In 2018, through collaboration with the Ottawa Paramedics Service, the HPS developed a real-time dashboard that gauges the demand and capacity of emergency responder vehicles as well as hospital wait times. The dashboard is utilized by CACC dispatch and is also displayed in the three adult hospital emergency departments. The aim is to more evenly distribute demand on emergency rooms by directing the ambulance to the hospital with the least amount of wait time. This will help to ease the burden of off-load delays. In addition, emergency room teams can see in real time the length of wait time for off-loading in their hospital and work to process ambulances accordingly. In addition, they can see at any given time when an ambulance will be arriving so they can be prepared.

HPS Real Time Dashboard



## Lean Initiatives

Lean initiatives help to identify ways to utilize resources most effectively and cost efficiently. In 2018, the HPS undertook lean initiatives at two hospital sites to improve practices in which ambulances are processed through the Emergency Department. These quality improvement activities in partnership with hospitals will be ongoing to continually improve processes.

## Escalation Process for Offload Delay

Should an off-load delay continue past MOHLTC determined guidelines of 30 minutes, the HPS staff will notify hospital officials to assist front-line hospital staff in making decisions on how to process patients in a timely manner. This elevation process may include but is not limited to the Chief of the HPS and Vice Presidents at the respective hospitals.

## Hospital Destination Guidelines

These are established guidelines agreed to by the HPS and each hospital as to where patients will be taken by Paramedics based on the patient’s condition. These guidelines are continually being updated to reflect the demands being placed on the three hospitals.

## Monitoring and Reporting

### Status 4 Tones

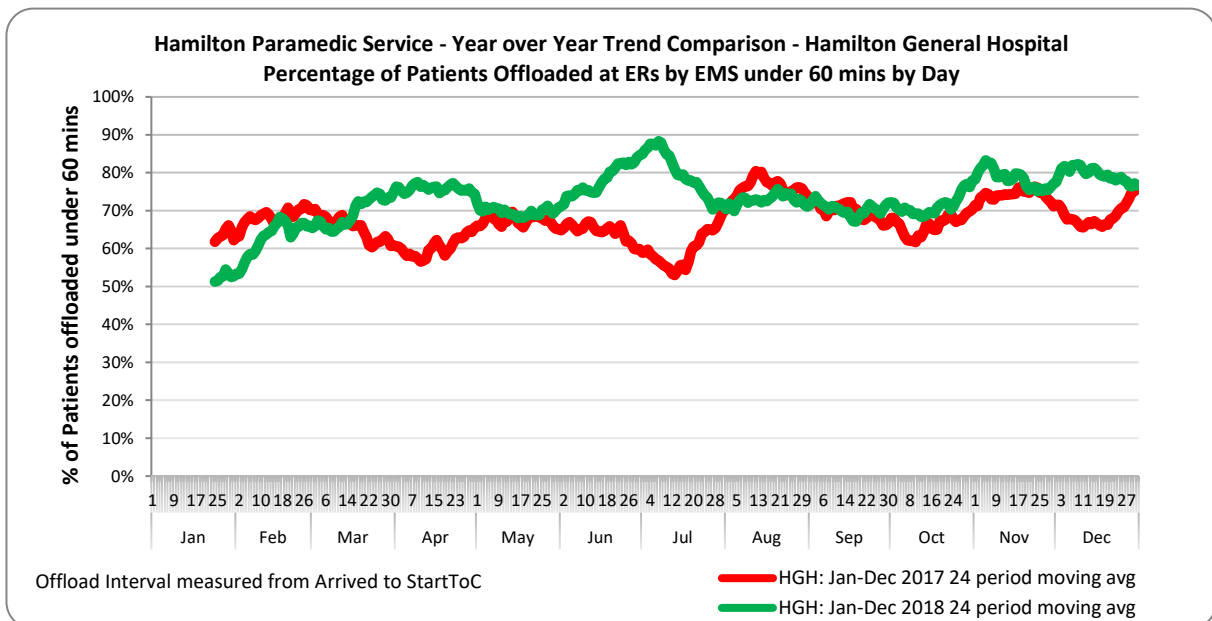
When only 4 ambulances are available to respond within the city, the dispatch centre will send out a tone to alert all hospitals and paramedic staff of the limited resources. This heightens the urgency for hospitals and Paramedic Supervisors to process ambulances in the hospitals and return them to the community in a timely manner.

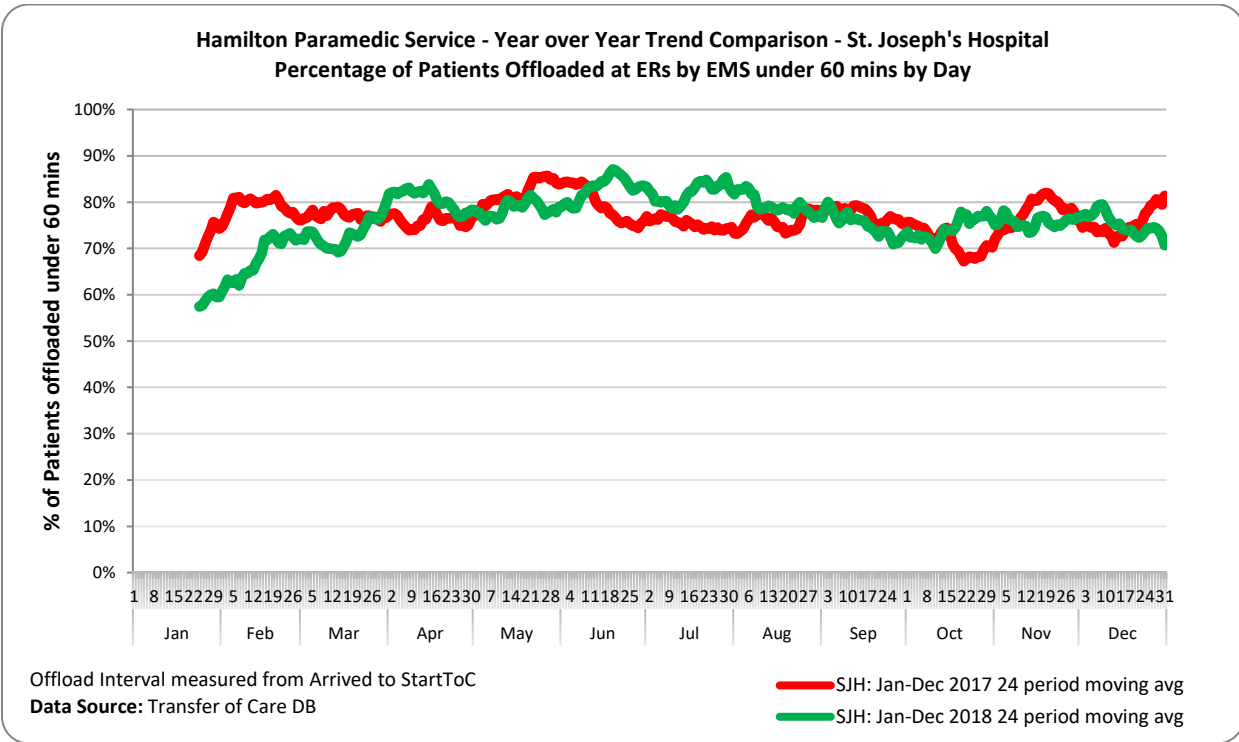
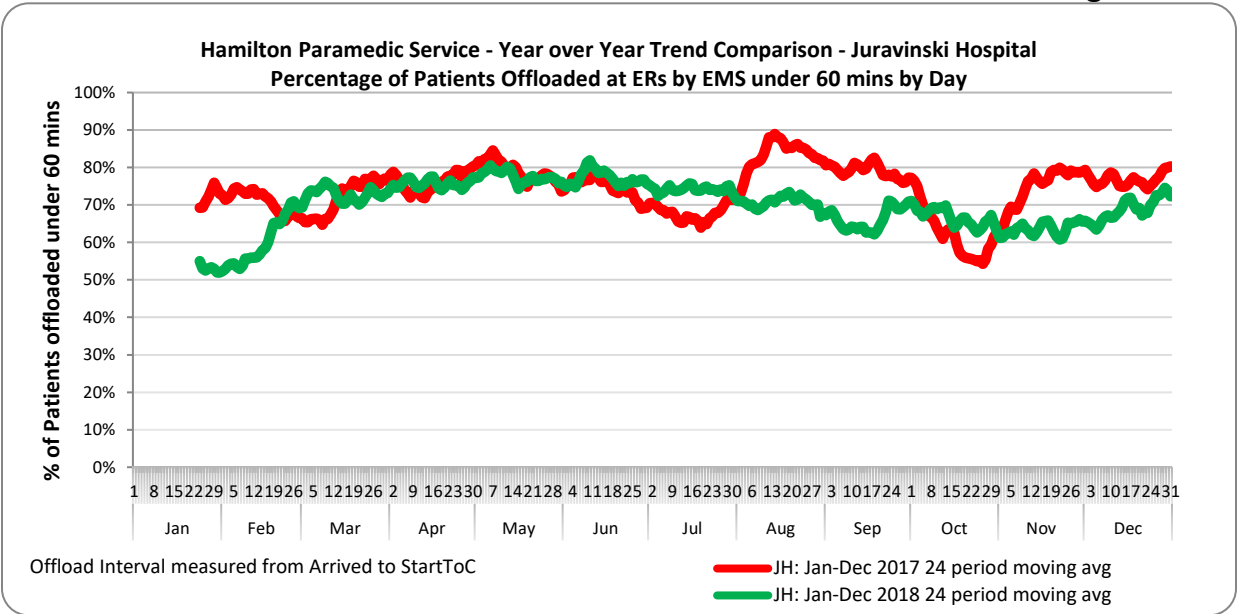
### Code 0 Tones

When there are 1 or 0 ambulances left in the community, the dispatch centre will send out a second alert tone to hospital and paramedic staff. This results in an even higher urgency to return paramedics to the community.

### Transfer of Care (TOC) Monitor

When a Paramedic arrives at the hospital, they are required to record both their arrival time and time the patient was placed in a hospital bed. This software provides real time awareness of Paramedics’ arrivals at hospital based on manual information inputs. Daily reports are provided to each hospital Emergency Department Manager, and weekly run charts are provided at the Director level. These reports help to illustrate the length of time for off-loading, that is, the time it takes to transfer the responsibility of care from the Paramedic to the hospital. The 2018 charts of the 90<sup>th</sup> percentile of patients offloaded in 60 minutes or under as compared to 2017 for each of the hospitals is below.





### Supervisory Oversight

The HPS has dedicated one Paramedic Supervisor to work with hospital officials to ensure the most expeditious return of Paramedics to the community during time of off-load delays.

## Doubling up of Patients by Paramedic Staff

Collaboration occurs internally as well to help mitigate limited resources. When there is a shortage of available ambulances, a Paramedic Supervisor may have a paramedic crew monitor a patient who is in the care of other Paramedics who are also waiting in the emergency department until there is a transfer of care to the hospital. Thus, one crew will be caring for their own patient as well as another crew's patient which frees up the other crew who can then return to the community to answer another emergency call.

## Alternate Destination Guidelines

As a result of recent legislative changes, the HPS is currently investigating opportunities to transport patients with minor illnesses or injuries to facilities other than hospitals. This will help to ease the burden of off-loading times in hospitals and result in the patient being seen more quickly by a health care professional in medical facility.



**77% of citizens responding to the HPS Survey felt that they should be transported to a medical facility determined by Paramedics to be most appropriate for their condition rather than to a hospital of their choice.**

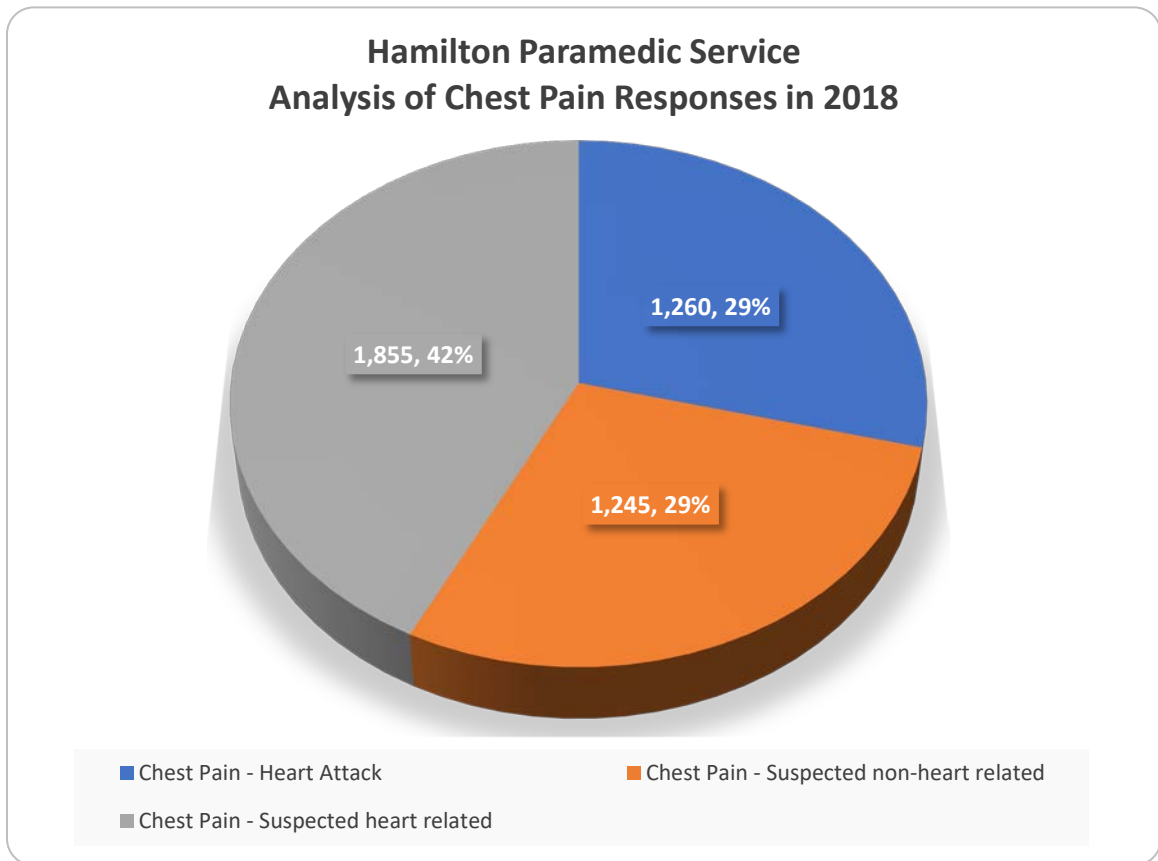
## Specialty Programs

Hamilton is fortunate to have some of the best hospitals in the province providing leading edge specialized clinical services for residents. In collaboration with the MOHTLC and Hamilton Health Sciences Centre (HHSC), the HPS is able to transport patients to these specialized services directly, minimizing the time for patients to access these specialized services.

In addition to both trauma and stroke programs, the HPS now transports patients that are having heart attacks directly to the Heart Investigation Unit (HIU) at HHSC-General site. The Paramedic will acquire and interpret a heart ECG in the field and notify the HIU when the patient is having a heart attack. This allows the HIU to prepare for the patients arrival and receive advanced treatment in the catheterization suite.

Once arriving at Hamilton General HIU, a physician and specialized team will assess and if necessary open the artery which is causing the heart attack. This reestablishment of blood flow not only decreases injury to the heart muscle, but can lead to 6.5% decrease in mortality (Michel R. Le May, 2012) compared to being transported to a hospital not having the same services available.

The chart below shows the number of chest pain related calls in 2018 as determined by Paramedics:



### Community Paramedicine

During the past 15-20 years, paramedic services around the world have increasingly become a frontline health care resource to citizens for low acuity illnesses. The reliance on their services has resulted in a cohort of patients known as “high-users” that utilize paramedic services on a continual basis.

As a result of this, the HPS in collaboration with a variety of community partners including Hamilton Police Service, McMaster University’s Department of Family Medicine, CityHousing Hamilton and Catholic Family Services initiated the Community Paramedic Program in 2014.

The goal of the Program is to assist patients that have utilized 911 and hospital services on multiple occasions due to chronic medical and/or social issues. Community Paramedics (CP) collaborate with community organizations to help alleviate patients’ issues in their homes, thereby decreasing the amount of times they are taken to hospital by Paramedics.

In 2018, the HPS Community Paramedic Program refined its strategy to focus on the following key areas:

- Navigate – the CP will be aware of the wide range of resources and service available within the community and how to connect with them



- Advocate – the CP will help to ensure that resources are in place to support the client prior to discharge from the program. If not, the CP will contact the appropriate organization to ensure the organization helps the patient/client access the resources and services they require.
- Collaborate – the CP will work with community partners to ensure the patient/client receives and benefits from the services and resources they require

Of the total events that took place between January 1,2018 and December 31,2018 (63,115), approximately 32% or 19,991 calls were generated by 9% (4,167) of all unique 911 callers (47,291). These callers can be divided into 5 categories of 911 users from “very low” (3-4 calls) to “very high” (40+ calls). This categorization helps to identify which Community Paramedic Program is most appropriate for the different needs of clients.

In 2018, the following Community Paramedic Programs were delivered in collaboration with community partners to support the health and well-being of residents while helping to ease the burden on hospitals due to unnecessary emergency visits:

- ✓ @Home Visit
- ✓ @Clinic
- ✓ Flu Immunization Clinic
- ✓ Social Navigator
- ✓ Remote Patient Monitoring
- ✓ Public Access Defibrillator

Each of these programs is described below.

### **@Home Visit**

Established in 2014 with funding for one year provided by the MOHLTC, the @Home Visit Program sees a speciality trained CP visit a client in their home. Once identified as having used 911 services on a variety of occasions through the HPS electronic patient care record (ePCR), CPs mobilize quickly and provide an in-depth assessment of the client’s needs. The CP provides a rapid assessment of the health care needs of the client. Referrals are then made to the appropriate service providers in the community. This approach promotes the efficient use of all health care partners and helps to reduce the need for hospital visits. In 2018, the @Home Visit Program served 197 clients and saw a 67% reduction in their ambulance use after they were enrolled in the program.

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### @Clinic

This program is led in partnership between the HPS and the Community Paramedicine Research Program at the Department of Family Medicine, McMaster University. The clinics are located in selected CityHousing Hamilton buildings and the intervention focuses on health promotion and the prevention of high blood pressure, diabetes, cardiovascular disease, social isolation and falls in senior residents at these buildings. This program has multiple benefits, including



improvement in risk profile for chronic diseases, improved quality of life, and decreased paramedic responses to these buildings with resultant resource savings. In 2018, the @Clinic Program was in eight vulnerable seniors' buildings throughout the city with a total of almost 2,200 visits.

### Flu Immunization Clinic

In December 2018, the @Clinic Program expanded to include flu immunization. This initiative was funded by the HHNB LHIN and established in partnership with Public Health Services at the City of Hamilton. All 42 recipients of the flu shot that month completed a survey and all agreed that having the flu immunization available at their building was convenient and they would like the program to return next year.

### Social Navigator

The Social Navigator Program is collaboration with the Hamilton Police Service, and the Urban Renewal section of Economic Development. Introduced in 2012, the Social Navigator Program's objectives were to reduce contacts with persons interacting with police, coordinating and advocating for the appropriate care to meet their specific needs. The program is part of the Hamilton Police Service ACTION Strategy and consists of one Paramedic, a police Constable and a Case coordinator.



by

In 2018, there were 264 referrals made to the Social Navigator Program by a variety of agencies including front-line Paramedics. Through this program other agencies and providers were enlisted for their resources and services 205 times. This program continues to be successful at bringing together community partners and providers to assist at-risk individuals in getting the supports they need.

### Remote Patient Monitoring

The Remote Patient Monitoring (RPM) program by Future Health was introduced as a community paramedicine initiative in 2014. The uniqueness of this initiative is it leverages technology to allow the patient to stay in their own home while being proactively monitored by a CP.



Chronic conditions such as congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD) and diabetes can be managed utilizing a variety of technology devices such as wireless transmitting scales, blood sampling machines, blood pressure cuffs and oxygen monitors. The information is then transmitted wirelessly to a Community Paramedic database, which analyzes the information and if predetermined thresholds are exceeded, the CP is notified and a response is generated. Once the patient is assessed, information is relayed to their primary care practitioner who in turn can schedule a follow up appointment with the patient or provide adjustments to medications directly over the phone. The result is that the deterioration in the patient’s condition is intervened prior to the condition warranting a 911 response and subsequent hospitalization. These interventions allow for significant cost savings and resource utilization for both paramedic and hospital organizations. The Remote Patient Monitoring program expanded in 2018 allowing for an increased capacity for early flagging and intervention of some problems for high risk clients while in their own homes.



**The HPS began working with St. Joseph’s Healthcare Hamilton in October 2018 to implement the RPM program with 21 patients. The HPS responded to 174 alerts for these patients and reported a reduction in their calls to 911 by 79%**

### Public Access Defibrillation

As a continued effort into moving towards a “Cardiac Safe City” as declared by Hamilton’s City Council, the Community Paramedic Program coordinates the maintenance, and where possible, the expansion of Automated External Defibrillators (AEDs) throughout the city. Reestablishment of blood flow is time critical, to preserve the function of the heart and brain. Every minute in which cardiopulmonary resuscitation (CPR) and defibrillation from an AED is not completed the chance of survival decreases

by 7% as demonstrated in the chart below. The red area indicates the time in which a citizen could make the greatest impact on survival prior to paramedic arrival. By calling 911, beginning CPR and attaching an AED, the citizen may increase the rate of survival by 7%-28%.



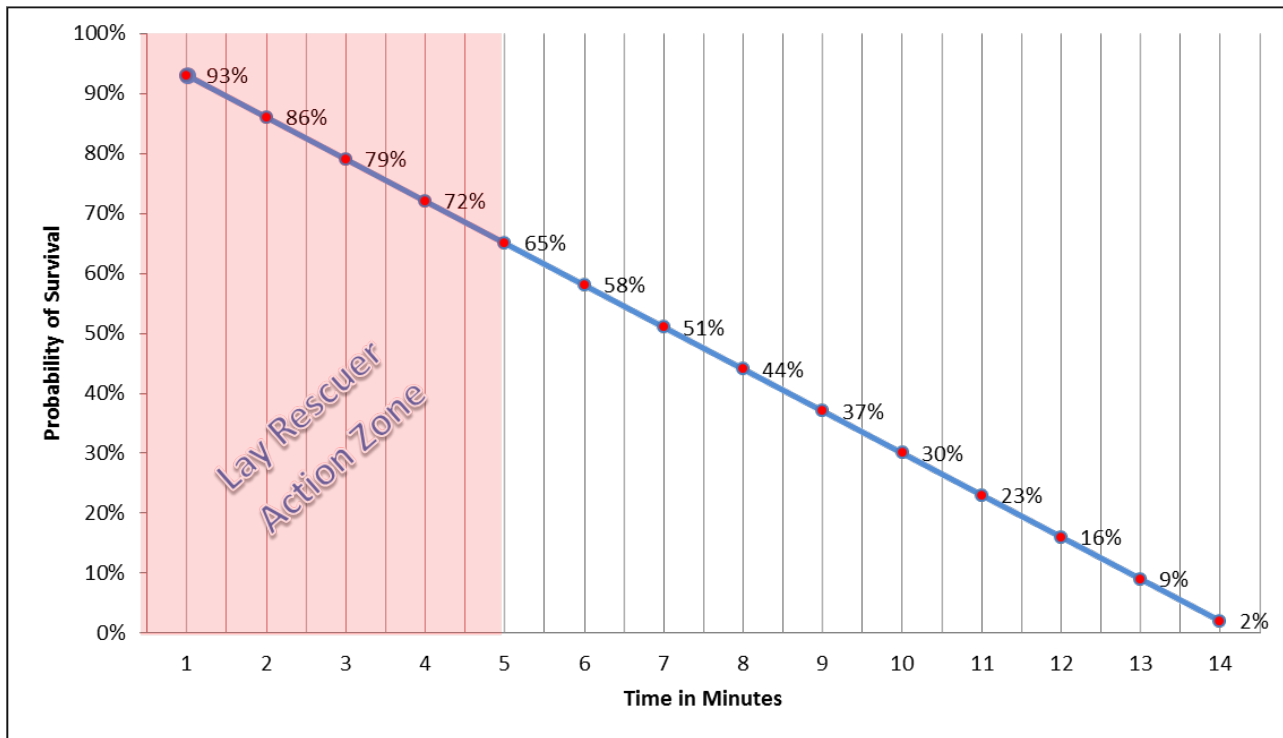
Call 911



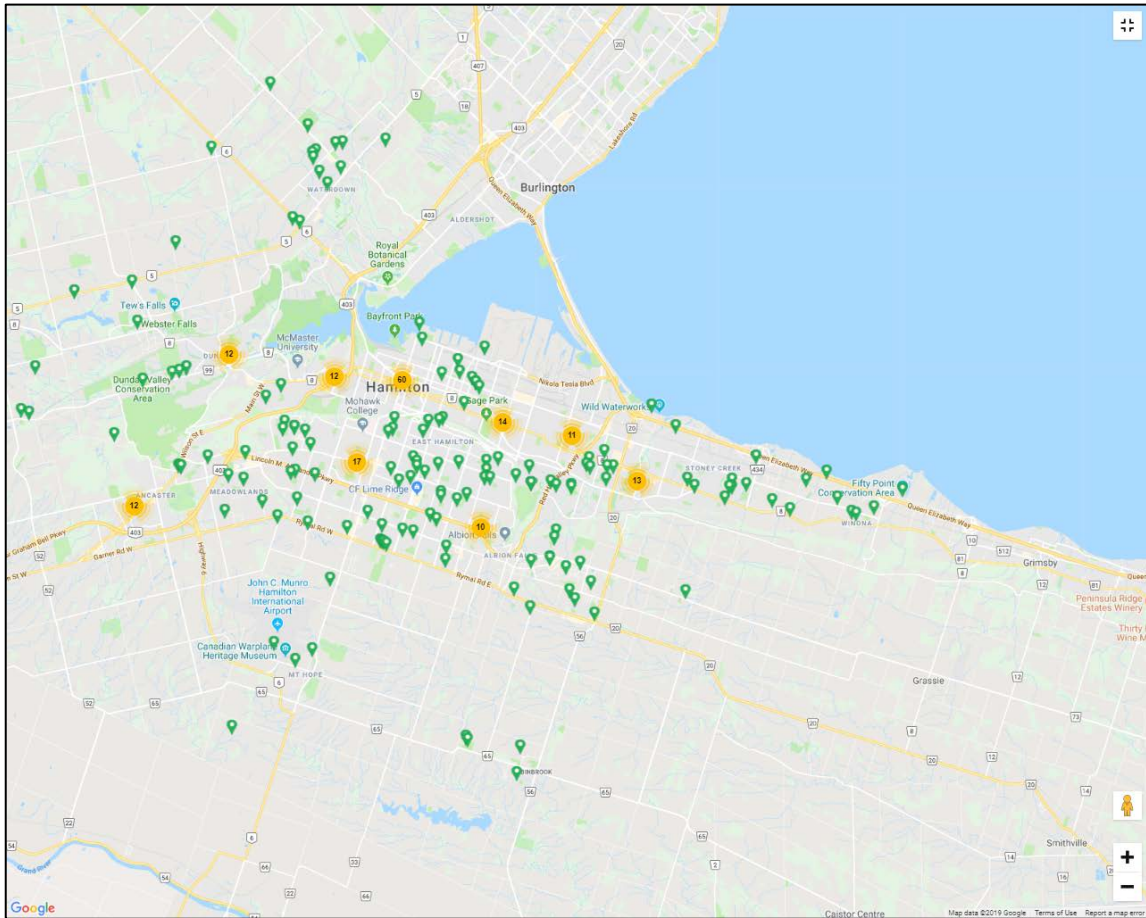
Begin CPR



Get an AED



The Community Paramedic Program is responsible for ensuring that AEDs throughout the city are maintained and tracked. The tracked information is made available to the dispatch centre, who relay this information to a 911 caller in the event of a sudden cardiac arrest. The Community Paramedic Program also advocates to increase the number of AEDs in the community that can be accessed by the public. Through collaboration with local businesses, agencies and City of Hamilton Departments, in 2018 there were 461 AEDs in the city, an increase of 29 from 2017. The placement of the AEDs throughout the city is indicated by the green markers in the map below. They are located in public buildings, such as City of Hamilton office buildings, schools, libraries, local event arenas, fitness centres, recreational facilities, hockey arenas and seniors' centres.



The HPS partners with a third party to track, maintain and report on the AEDs placed in sites throughout the city. The database allows for quick referencing of “AED Readiness” using a dashboard as seen here. Through the Community Paramedic Program, CPs are deployed to service, answer any questions and provide necessary follow-up related to AEDs for agencies and businesses that have AEDs and are tracked in the database.





**In collaboration with the local media agencies and the City of Hamilton's Communications Office, the Community Paramedic Program implements a media campaign using social media, television and print to make residents aware of these programs available to residents in need to help them avoid hospital visits**

## Summary

The HPS relies on community partnerships to ensure Hamilton's residents and visitors receive the care they need while reducing unnecessary hospital stays. As described above there are a variety of programs in place to return Paramedics to the community when a Code 0 occurs. In addition to this, the dispatch centre will assign calls to other agencies in the following ways:

- Ambulances from other communities that are transient within the Hamilton area
- Request coverage and/or response of ambulances from other communities directly
- Paramedic Response Units (PRU) staffed with one qualified Paramedic that can initiate advance assessment and treatment prior to ambulance arrival

The HPS will continue to collaborate with community organizations and hospital partners to alleviate the pressures caused by offload delay and deliver quality care to the community.

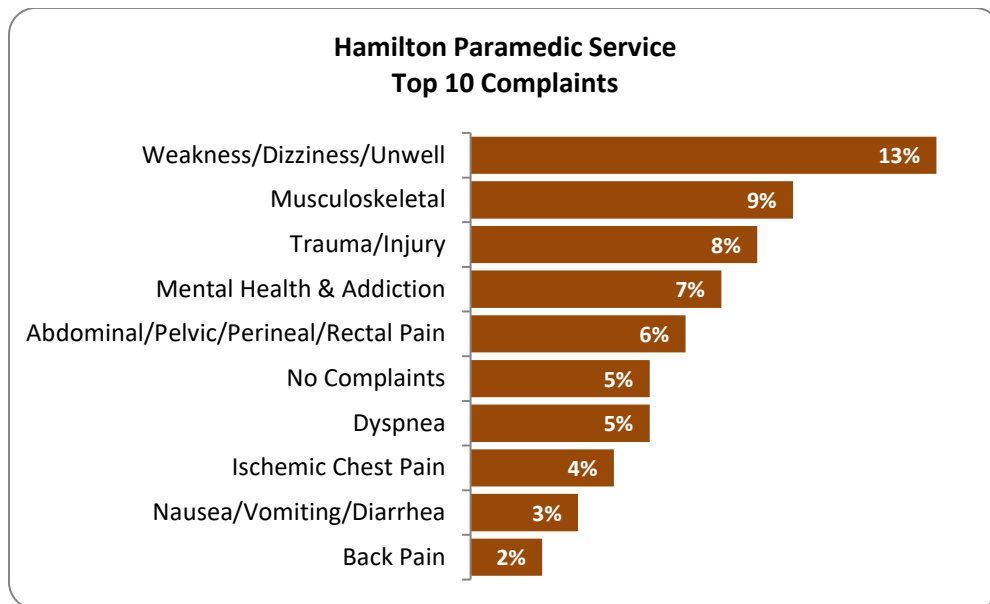


**HPS is involved in several quality improvement initiatives with Hamilton hospitals and community organizations to reduce off-load delay and prevent Code Zeros**

# Clinical Overview

## Call Types

HPS reviewed 67,836 Electronic Patient Care Records (ePCR) in 2018 and noted an increase of 3.5% from 2017. This total includes the number of patients transported to hospital as well as patients who were seen by Paramedics but declined transport after initial assessment. As a mobile health care provider, HPS responds, assesses, treats and transports patients with a variety of physical and mental health conditions. The top ten health concerns following paramedic assessment as recorded in the ePCRs for 2018 are as follows:



## Sudden Cardiac Arrest Outcomes

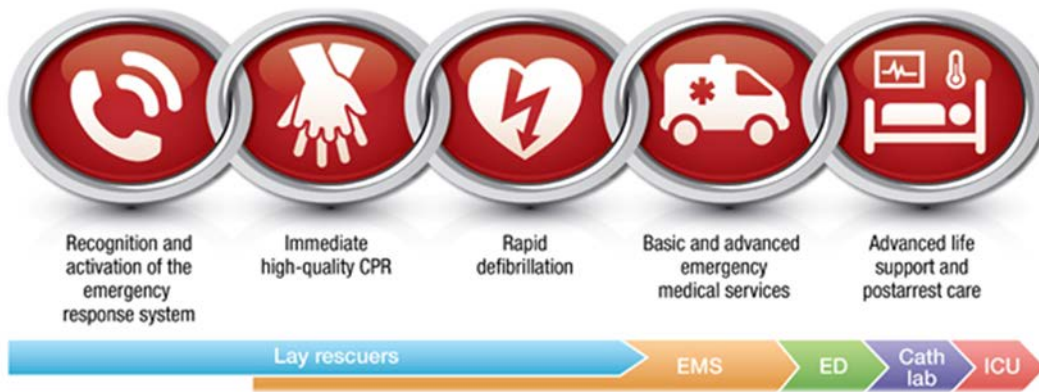
Sudden Cardiac Arrest (SCA) is defined as when “the heart suddenly stops beating normally and cannot pump blood effectively” (Heart and Stroke, 2018). The Heart and Stroke Foundation also predicts that eight out of 10 SCAs occur in the home or a public place and only one in 10 survive such events.



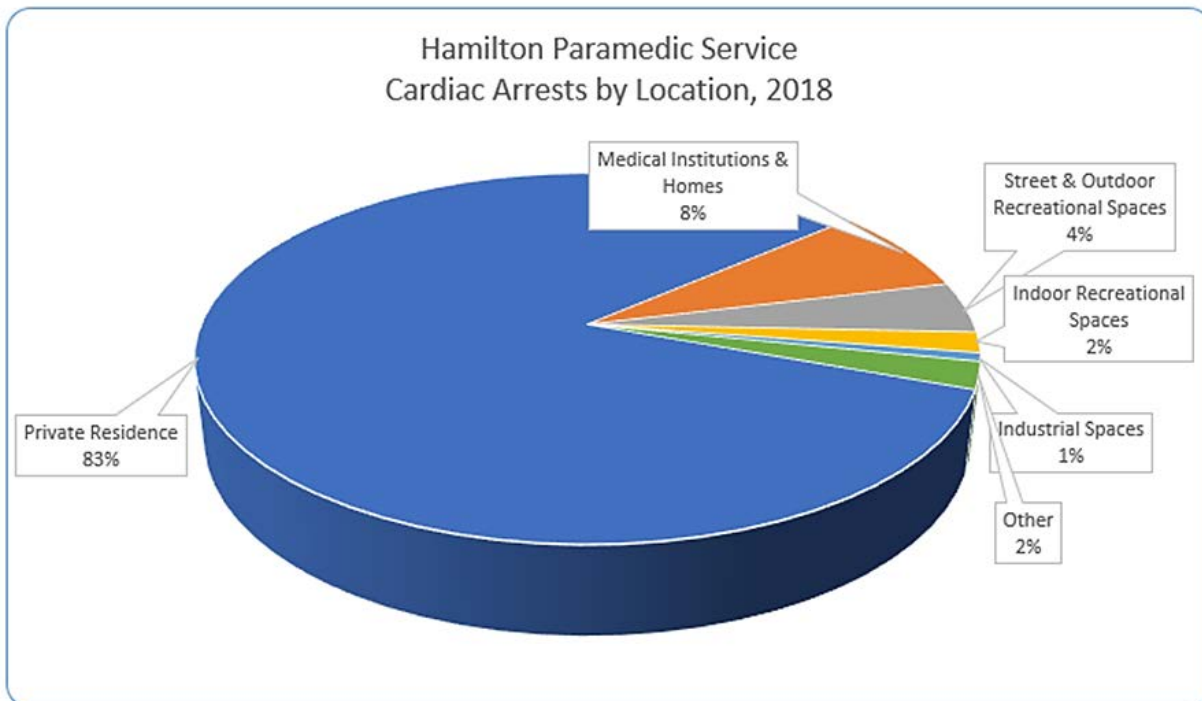
In 2018, HPS responded to a total of 1,244 SCAs an increase compared to 1,187 SCA events in 2017. With the partnership of allied agencies and our Public Access Defibrillator Program, the HPS recorded an Automated External Defibrillator (AED) to a SCA 88% of the time in less than 6 minutes in 2018. In collaboration with first responders, Paramedics successfully resuscitated 102 medically suspected cases or approximately 9.7% (2018). It should be noted, that due to privacy legislation, the HPS cannot

confirm if these patients were discharged from hospital, which is the true measure of successful resuscitation. We will be working in 2019 to improve our ability to track the discharge outcomes.

In 2018, 83% of SCA events occurred in a private residence. As a result, the HPS continues to advocate for residents to become familiar with signs of a SCA and 911 activation, early hands-only CPR and greater access and use of AEDs. These steps are consistent with the American Heart Association (AHA) Chain of Survival which emphasizes key factors in increasing the survivability of out-of-hospital SCA:



In addition, the focus of the HPS efforts is on improving the survival rate of SCAs in public places in the community. As per the chart below, approximately 6% of SCA events occur in public places.





# Education & Training

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2018 proved to be a very busy year for Hamilton Paramedics as they continued to expand their knowledge and skills. Continuing Medical Education or CMEs are mandatory for all Paramedics. Through CMEs Paramedics learn about new and updated procedures, policies, programs, pharmaceuticals and equipment as well as review of existing information. In 2018, over 8,300 hours of training were delivered to Hamilton's Paramedics through CMEs.



In collaboration with the Centre for Paramedic Education and Research (CPER) as well as other partners such as McMaster University's Department of Health Physics, City of Hamilton's Talent and Diversity Office, City of Hamilton's Healthy Workplace Specialist, MOHLTC, Heart and Stroke Foundation and the Ministry of Labour, the HPS delivered education in the following areas:

- CPR
- Sepsis Alert
- Tourniquets/Hemostatic Dressings
- Community Paramedic Programs
- Health and Safety
- Personal Protective Devices
- Toxicology
- Patient Safety
- HPS Policy and Procedures
- CAD Link and CF20 Computers
- Corporate Information
- Controlled Substance
- Adrenal Crisis and Insufficiency
- Ketamine
- Skills Review

In addition, due to legislative changes in 2018, CMEs included Stroke Protocol education as well as training related to new initiatives introduced in 2018 such as Closed Suction Catheters, radiological hazards and semi-annual training for the Peer Support Team.

When a Paramedic is absent from the workplace for greater than 90 days, they are required to complete a "Return to Clinical Practice" educational workshop. During the workshop, staff obtain and refresh their knowledge and skills through a variety of simulated scenarios. The Paramedic will also be interviewed, and if necessary, tested by the delegating physician to ensure competence in all controlled

medical acts. In 2018, HPS conducted 18 Return to Clinical Practice workshops that ensured clinical competency of staff returning from absences.



**In partnership with the Talent and Diversity Office of the City of Hamilton, all Paramedics received gender protocol training to expand their knowledge when dealing with diverse populations**

# Quality Assurance

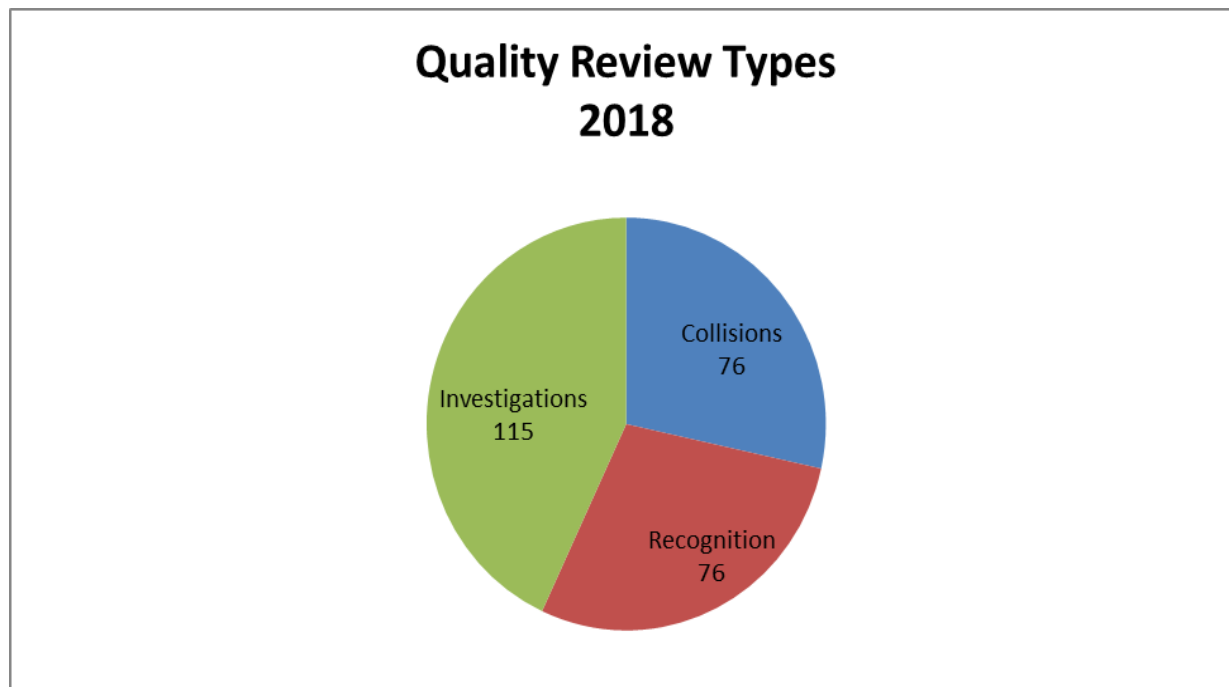
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The HPS is dedicated to providing the highest quality of care and customer service to anyone that utilizes its programs and services. In addition to a robust quality assurance process, patient and customer feedback from both external and internal partners is integral to continuous improvement of the HPS programs and services.

The Commander of Quality Improvement and Regulatory Affairs (QIRA) in cooperation with the Operations Section of the HPS is responsible for the coordination and follow up with patients and clients who have given feedback to HPS.

When a customer service inquiry is received, a file is created which the Commander of QIRA reviews and assigns a Risk Priority Number (RPN). The lower the number, the higher the risk is to the patient, public and/or Paramedic. Therefore, a priority one file would require immediate attention.

In 2018, the HPS received a total of 267 inquiries that required further investigation to determine potential system and/or performance improvements. A description of the reviews conducted in 2018 is in the following sections.



## Vehicle Collisions

The HPS had a total of 76 vehicle collisions in 2018. The HPS classifies collisions by amount of vehicle damage. The following chart shows the number of accidents that occurred in 2018 per each classification:

Level	Amount of Vehicle Damage	Number of Collisions in 2018
0	0	5
1	Less than \$1,000	40
2	\$1,000 to \$10,000	29
3	Over \$10,000	2

The majority of the collisions were minor in nature and involved side clearance issues with no injuries to the public, although two resulted in minor injuries to staff. These collisions would be when an ambulance’s mirror strikes an object, for example.

As a result, HPS will be conducting a review of the following in an effort to improve on these results:

1. Driver education for new staff through the HPS and external experts
2. Staff also complete a Ministry Driver Improvement assignment following a collision

As there are currently no industry standards it is difficult to determine if the number of accidents incurred by the HPS vehicles is comparable to other services. As a result, the HPS has taken the lead to collaborate with other services in the region to identify key performance indicators in the areas of clinical reporting, quality reviews and audits. Determining standardized measures will enable direct comparisons across services and establish baselines and benchmark standards for services.



**The HPS is partnering with other EMS in the region to identify standards and/or benchmarks to determine frequency comparability.**

## Investigations

Service Inquiries are generated from both external and internal customers of the HPS. When a patient and/or citizen have a question or concern regarding the service they received, a Customer Service Inquiry file is generated and a Quality Review (investigation) is conducted. In 2018, HPS conducted a total of 115 reviews of investigations.

Reviews are conducted to determine how to improve the system and/or the behaviour that may have contributed to the question or concern of the citizen/patient. The types of inquiries received by the HPS include the following:

- Dispatch issues
- Clinical practice
- Professional conduct
- Response issues
- Vehicle operations
- Equipment failures

## Recognition

Paramedics continually face risk and danger in their day-to-day duties. In a city such as Hamilton, they have busy shifts dealing with a diverse range of people and challenges. The HPS believes it is important to recognize the work of Paramedics. One of the ways to do so is to ensure when a citizen/patient contacts the HPS with praise about the care they have received or witnessed by a Paramedic going above and beyond their duties, a CSI file is created and they receive a card and a 'Sensational Service' pin from their Supervisor.



"I wanted to give a strong regards to the two paramedics that came to assist us yesterday with my grandmother.

These two were amazing in their dealings with my grandmother and the assistance they provided me and my family in this time of need. They were so helpful not to just us but to all surrounding people they came in contact with at the hospital during the time we required to wait for her admittance in emergency. These two deserve to be acknowledged with praise because they make a tough time be a lot easier.

Thank you, we appreciate you."

"I met two of the kindest and most compassionate (people), Paramedics who had come to take me to the (hospital). Their compassion was evident in their every word and action. From making me comfortable, getting a chair for my young daughter who had been with me from 1.30 a.m., somehow persuading the emergency staff to find me a room and finally getting me a warm blanket before they left.

Thank you...may you and your families will always be blessed with the kindness you showed to a stranger."



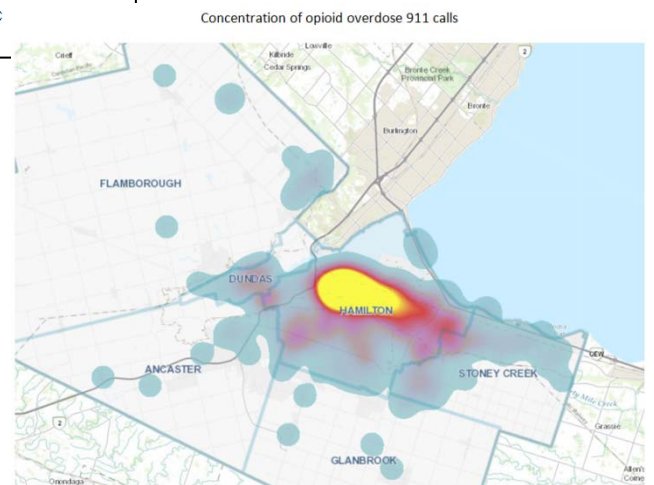
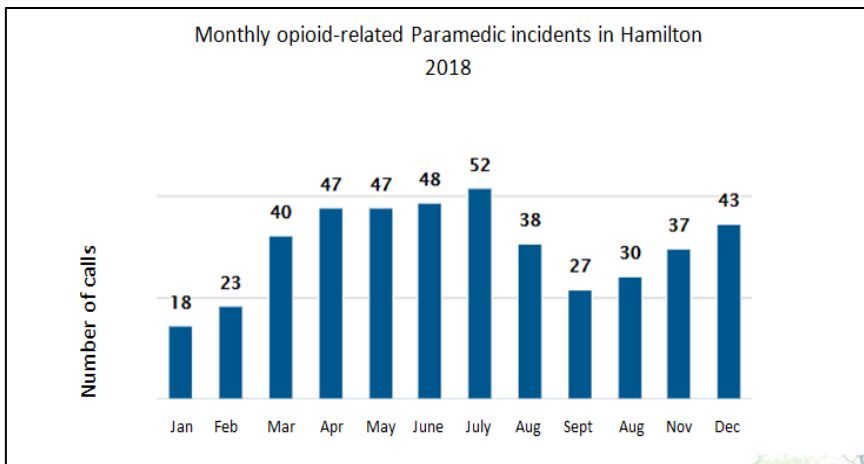
# Innovation

## Opioid Reporting

In 2017, in partnership with the City of Hamilton’s Public Health Services, the HPS developed a process to assist Public Health Services in reporting on opioid-related emergencies in the city. Through the collaboration of the HPS’s data analysts and Public Health Services’ epidemiologists, the HPS provides “street level” data on opioid related responses to Public Health Services. As a result the following was actioned:

1. The HPS Electronic Patient Care Record (ePCR) provides information related to suspected opioid related emergencies. This information is shared with Public Health Services, but no personal health information was included in the data
2. The information is then shared with the Public Health Services for their epidemiologists to evaluate, but no personal health information was included in the data
3. This information is shared publicly and for strategic purposes as to assist in efforts to help those affected by opioids

The result of this collaboration is best demonstrated in the reports that are produced in collaboration with the HPS and Public Health Services as seen below that provide information of both the frequency and approximate location of suspected opioid-related emergencies encountered by Paramedics. This information helps to inform ways to address this issue in the community.



## Remote Patient Monitoring

As described earlier, the Remote Patient Monitoring (RPM) program of the Community Paramedic Program has Community Paramedics proactively monitor patients at home. As noted, this focus on prevention and intervention will help to reduce 911 calls and reduce emergency department visits.

The RPM program is collaborating with the McMaster SmartHome program to pilot combining wearable devices and smart home technology to enable enhanced monitoring. In addition to participation from Hamilton's hospitals, the capability of in-home monitoring will be expanded and supported through digital technology by partnering with the Ontario Telemedicine Network (OTN). OTN's full suite of digital tools, including those to support chronic disease self-management and virtual eVisits will increase the depth of access to medical services within our community. OTN will use Hamilton to test existing and new products and services that can benefit residents of Hamilton and be scaled across Ontario if successful.

The pilot would launch an initial 500 patients to test capability and demonstrate results. After successfully enabling that group another 500 patients would be added in a model that can continue to be scaled.



**In partnership with the City of Hamilton and the Heart and Stroke Foundation, the HPS leads the Public Access Defibrillation Program to ensure these life-saving devices are in public places.**

## Medical Information Sheet

The Community Paramedic Program collaborated with community partners to develop an online form that will provide Paramedics with the critical medical information they require in order to provide more efficient care to 911 callers.

The form is on the Hamilton Paramedic Service's webpage of the City of Hamilton's website (<https://www.hamilton.ca/emergency-services/paramedics>) and can be completed online and printed. Vital information such as the patient's emergency contact, allergies, health history and medication list are all recorded. The patient is instructed to put the completed form in a plastic bag and tape it to their refrigerator so that it is easily seen by the Paramedic. Quick access to this important information can save time and lives.

## Peer Support Team

In continuing to build on the successes of the Road to Mental Readiness (R2MR) program that was delivered to staff in 2016, the HPS in collaboration with local union representatives established the HPS's Peer Support Team in 2017 under the direction of Dr. Paulette Laidlaw and Canuckcare. The Peer Support Team is comprised of 16 trained volunteer Paramedic members and a mental health advisor. The program focuses on the 4 Rs of mental health:

1. Resiliency
2. Recognize
3. Respond
4. Recuperate

R2MR program helped Paramedics to recognize a decline in their or their peers' mental health and to break the stigma around seeking assistance. The Peer Support Team responds to their colleague's needs once they have identified a potential mental health issue. As a 24/7 service, the Peer Support Team's objectives are as follows:

1. To provide a trained resource for peers to confide in, when faced with occupational and/or personal stressors that affect the person's mental health
2. Bridge peers to an appropriate health care institution or health practitioner with the expertise to best assist with the person's challenges

The Peer Support Team completed their first full year in December 2018. Throughout the year the Team accomplished a variety of work including:

- Developing the logo, brochure, business cards and a poster for all stations and bases
- Participated in Mental Health Week at City of Hamilton - Team members attended to obtain resources, so they could bridge members to community resources
- Participated in the Unity run for 2018 to raise awareness - A run/walk to promote mental wellness, education and reduce stigma within First Responders.
- The Team arranged for the City of Hamilton's Healthy Workplace Specialist to attend Paramedic training to discuss the mental health resources available at the City
- Team members began a newsletter to keep staff informed of the activities within the HPS
- The Team created a survey to gather Paramedics' input and feedback about the Team's work. It will be administered in 2019





## National Paramedic Competition

The National Paramedic Competition (NPC) began in 2001 hosted by the Durham Paramedic Association in Whitby, Ontario. Since that time, a committee of volunteers organizes the event annually.

In the beginning, the competition was called the Durham Paramedic Skills Competition. Over the last several years the event has grown tremendously. Interest and participation by both Paramedic Services and sponsors has pushed this event to the level of a National Competition and in 2008, the Durham Paramedic Skills Competition officially became the National Paramedic Competition (NPC). Paramedics from across the country take pride in competing in the Advanced Care Paramedic Division, the Primary Care Paramedic Division and the Paramedic Student Division, which puts 'soon-to-be' paramedics to the test.

Although based in Ontario, teams have travelled from across the country to compete in this event. Provinces represented over the years include Alberta, British Columbia, Ontario, and Quebec. The NPC is also honoured to have hosted teams from the Canadian Forces. In 2009, for the first time, an international team from Holland competed.

With the motto "Excellence Through Challenge" the NPC embodied what paramedics in the HPS strive for: Clinical excellence. As such, in 2017 the HPS entered the NPC for the first time since its inception in 2001. In 2018, the HPS returned, this time to Canada's Wonderland, with 2 teams of Paramedics one in each of the Primary and Advance Care categories. Teams were tested for their knowledge, skills and problem solving through variety of patient simulated scenarios and written examinations. The HPS placed an exceptional 4<sup>th</sup> for the PCP team and the 9<sup>th</sup> place for the ACP team. The experience and knowledge gained from this competition, directly transfers to the patients we serve in Hamilton. Congratulations to all the Paramedics and staff involved who were involved!



# Public Relations



The HPS receives a variety of requests from the community to participate in public events. This is an opportunity for the HPS to support the community, meet and educate residents and help raise awareness of the HPS and the paramedic profession overall. In 2018, the HPS attended a total of 50 public relations events such as festivals, community events and public education events. Below is a list of the events attended in 2018.



## HPS Public Relations Events 2018

Brigadoon Public School
Career Day - Hamilton Christian High School
Pink in the Park Anti Bullying
Pathways to Education Hamilton Career Gala
Move over Campaign with Hamilton Police
McHappy Day - Ronald McDonald House
Beaver Scout Meeting - Emergency Responders
National Puddle Day – Glanbrook Curling Club
"Chopperee" Mount Nemo Scout Camp
City Hall Mental Health Week BBQ
North American Occupational Safety and Health Day
Janet Lee Book Fair and Auction
Unity Run
Police in the Park
School Fun Fair – Brock Road
Gatestone Elementary School Fun Fair
Learning about community helpers - Kindergarten
Joint Emergency Services Career Day
Touch a Truck
Community Appreciation Day - 447 RCAF Association
Tim Hortons Camp Day
Royal Canadian Legion Day of Red
End of Year Picnic with First Responders
School Presentation
Toth School Presentation

City of Hamilton Summer Splash
Movie Night in the Park – Gore Park
Wagner School Presentation
Rosedale Community Fun Fair
Community Helpers Event
Emergency Responders Education (Ancaster Kindergarten)
Joe Sams Leisure Park
Sirens For Life - Kick Off
NICU graduate picnic
Summer Camp Presentation – Mount Albion School
Ti-Cats ECGs 911 Fundraiser Night
Huntington Park Rec Center Comm Event
Heroes in the Community - Grandparents Day at "The Meadows"
Hamilton Newcomers Day
Riverdale Fallfest
Hamilton Santa Claus Parade
Flamborough Santa Claus Parade
Paramedic Ride
HPS Toy Drive
Food Drive – Ancaster
Take your Kids to Work day
Food Drive – Main West
Food Drive – Main West
Food Drive – Stoney Creek
Grimsby Secondary School Presentation



The HPS is able to attend these events through utilizing Paramedic volunteers, Paramedics on modified duties as a result of injury/illness and in rare circumstances frontline staff and/or Superintendents are able to attend these events. This ensures that no Paramedics are taken away from their primary duty of being able to respond to emergency calls. As a result, only 3 event requests for the HPS to attend a public event were not able to be fulfilled.

These events allow the public to have an inside look at what a Paramedic does, the vehicles and equipment they use and be educated on health-related issues.



In addition, the HPS has a strong media presence. Through local television, newspaper, Facebook and Twitter the HPS is able to share real-time information about the HPS and its work, support for health and well-being such as how to find a doctor, community issues such as Code Zeros, awareness campaigns such as International Women's Day the local Stunt Driving Campaign with Hamilton Police Service and recognize the work of Paramedics across the region.

### Vehicle Donation

"I am proud of the leadership of our Paramedic Service. Through this incredible donation, we have the wonderful opportunity to demonstrate the supportive nature of our city by providing humanitarian aid beyond our borders to those who need it most"

Fred Eisenberger, Mayor  
City of Hamilton

In 2018, the HPS donated a total of 3 decommissioned ambulances and 2 Emergency Response Vehicles (ERV) to Caribbean North Charities Foundation and the David McAnthony Gibson foundation both registered Canadian charities, the latter one is in partnership with the Consulate-General of St. Vincent and the Grenadines.

St. Vincent and the Grenadines is located in the Caribbean Sea between Saint Lucia and Grenada. The ambulance will be managed by the Milton Cato Memorial Hospital as part of the Ministry of Health, Wellness and the Environment, serving a population of 110,000 citizens.



PARTNERSHIP

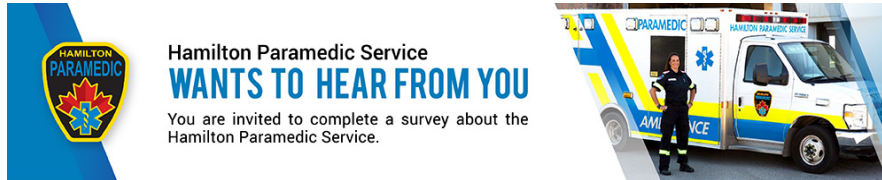


**The donation of retired vehicles to the Caribbean was made possible in partnership with the Government of St. Vincent and the Grenadines and the Caribbean North Charities Foundation**

# Community Connections

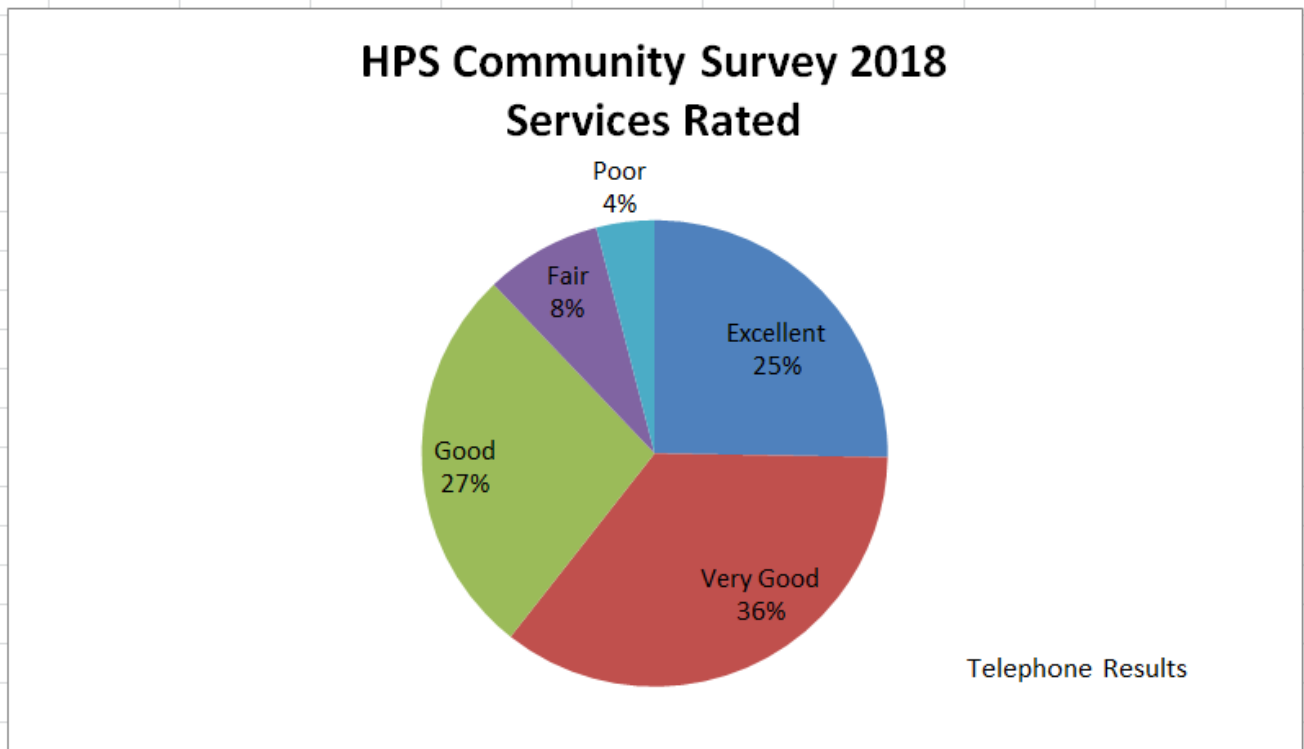
## Community Survey

In 2018, in partnership with the City of Hamilton's Performance, Planning & Evaluation section, the HPS sought the input of citizens through a survey that was administered via telephone as well as online on the City's website.



The goal of the survey was to gain a better understanding of residents' expectations and satisfaction levels regarding the services provided by the HPS. Over 800 residents responded to the survey in total (550 by phone and 277 online).

Results showed that the majority (87%) of telephone respondents rated the services provided by the HPS as good, very good or excellent.



Telephone respondents also indicated their expectations for response times. The majority (94%) felt it was acceptable that Paramedics arrive within 10 minutes for a life-threatening emergency but could take more than 10 minutes for non-life-threatening issues.

The information gathered in the survey will help to inform the HPS 10-year Master Plan in development for Council in 2019.

## Community Garden

The Hamilton Community Garden was developed in partnership with Neighbour 2 Neighbour, Toronto Dominion Bank and the City of Hamilton in 2014. Under the leadership of Paramedics Joe Cox and Heather Little, the objective of the garden is to raise food for local food banks to increase the availability of nutritious foods to those in need. Furthermore, seniors who reside right next to the garden are always welcome to “pick their own” produce whenever they wish.



From early spring preparation and planting of seeds, to ongoing maintenance followed by multiple harvests, Joe, Heather and local volunteers ensure a great harvest every year that is organic and free of chemicals. On average the community garden produces 1,500 pounds of produce per year that is contributed to local food banks for distribution. In 2018, we harvested an exceptional crop with over 1623 pounds donated to community organizations.



## Medical Venturers (MedVents)

Through the motto "Challenge and Service", the MedVent program was created as part of the vocational scouting program in 1994 with Scouts Canada. There are now approximately 29 MedVent groups across Canada with the following objectives:

1. Provide first aid assistance at community events
2. Encourage youth leadership
3. Personal development
4. Expose youth to a future vocational opportunity

As a Scouts Canada organization, participation in the MedVent program is inclusive and is open to anyone between the ages of 15+ irrespective of their sexual orientation, cultural or religious background or disability.

To remain as an active member, youth must complete 96 hours of volunteering in the community and remain certified in Standard First Aid and CPR.

Former MedVents have gone on to successful careers as physicians and paramedics.

In addition to this great developmental opportunity, having the presence of a MedVent group in the community at events increases safety and potentially decreases the calls to paramedic services for minor illness/injuries.

In 2018, the MedVents of Hamilton presented Hamilton's City Council with their charter and colours that are represented in their scarf to show appreciation to the City for their continued support.



## Christmas Toy Drive

During the Christmas holidays, the HPS collaborates with City Kidz for their annual Christmas toy drive. City Kidz is a local organization committed to improving the lives of children growing up with the challenges of poverty, for their annual Christmas Toy Drive. The toy drive is led by HPS's Craig McCleary and Santo Pasqua, partnered with Walmart Canada and the Ontario Provincial Police (OPP) to gather toys and raise funds for the youth at City Kidz.



With a variety of volunteers including family, youth, City of Hamilton employees, retired and current Paramedics, the City Kidz toy drive was able to achieve a new record in 2018 raising \$7,082.85 double the amount raised in 2017. In addition, 1,370 toys were donated by the community, filling two ambulances. The HPS would like to thank the generous residents of Hamilton for their donations. A special thanks to Doug Mason, James & Anne Masterton and Walmart Stoney Creek for helping to make this event a huge success.





## Christmas Food Drive

In 2018, the HPS partnered with the O.P.P. (Burlington Auxiliary), Neighbour to Neighbour (N2N) and three local Fortinos grocery stores for the tenth year for the Christmas Food Drive. The HPS's Darren Radtke is one of the coordinators of this two-day drive and has been involved since the first year. Year over year this drive continues to be successful in providing essential food to Hamilton's families in need during the holiday season.

In 2018, the food drive brought in 15,000 pounds of food and raised \$20,000 in cash donations for N2N. The HPS is thankful to all those who participated in this year's food drive and for the generosity of the community!



# Acronyms

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ACP – Advance Care Paramedic

PCP – Primary Care Paramedic

CACC – Central Ambulance Communications Centre

ACO – Ambulance Communications Centre

SCA – Sudden Cardiac Arrest

VSA – Vital Signs Absent

CTAS – Canadian Triage Acuity Scale

PAD – Public Access Defibrillator

AED – Automated External Defibrillator

ePCR – Electronic Patient Care Record

BLS – Basic Life Support

ALS – Advance Life Support

BLSPCS – Basic Life Support Patient Care Standards

ALSPCS – Advance Life Support Patient Care Standards

MOHLTC – Ministry of Health and Long-Term Care

LHIN – Local Health Integration Network

COH – City of Hamilton

STEMI – ST Elevation Myocardial Infarction (Heart Attack)

CPER – Centre for Paramedic Education and Research

SNP – Social Navigator Paramedic

CHAPEMS – Cardiovascular Health Awareness Program by Emergency Medical Service

HPS – Hamilton Paramedic Service

CPSO – College of Physicians and Surgeons of Ontario

RPM – Remote Patient Monitoring


CP – Community Paramedic

SNP – Social Navigator Paramedic



Hamilton

## INFORMATION REPORT

<b>TO:</b>	Chair and Members Emergency and Community Services Committee
<b>COMMITTEE DATE:</b>	July 11, 2019
<b>SUBJECT/REPORT NO:</b>	Establishing a Gender and Equity Lens on Housing Services (HSC19036) (City Wide) <b>(Outstanding Business List Item)</b>
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Greg Tedesco (905) 546-2424 Ext. 7168 Yolisa de Jager (905) 546-2424 Ext. 3863
<b>SUBMITTED BY:</b>	Edward John Director, Housing Services Division Healthy and Safe Communities Department
<b>SIGNATURE:</b>	

### COUNCIL DIRECTION

Emergency and Community Services Committee at its meeting on February 21, 2019 approved the motion regarding Establishing a Gender and Equity Lens on Housing Services which directed:

- (a) That staff be directed to develop and integrate a consistent gender & equity framework, inclusive of evaluative tools, to the City's Housing & Homelessness Strategy and service delivery;
- (b) That staff identify projects, both existing and new, which fit the GBA+ requirements of the National Housing Strategy Investment program, to ensure that the City of Hamilton is serving gendered and equity seeking populations adequately, and to increase Hamilton's opportunities to receive investment from the Federal Fund; and,
- (c) That staff report back to the Emergency & Community Services Committee on what the City of Hamilton has done to contribute to, inform, design, and coordinate housing solutions for women in Hamilton.

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**SUBJECT: Establishing a Gender and Equity Lens on Housing Services  
(HSC19036) (City Wide) - Page 2 of 6**

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**INFORMATION**

The Housing Services Division commits to utilizing and strengthening Equity, Diversity, and Inclusion (EDI) principles already in practice within the Division to articulate and inform decisions on funding and service delivery. This includes recognizing and working to address disproportional structural barriers faced by individuals and groups, ensuring equity in policy, program and funding decisions, and engaging in meaningful consultation throughout these processes with those directly impacted. The work of the Housing Services Division in this area will continue to be strengthened and supported through the implementation of forthcoming corporate-wide and specific housing-focused EDI frameworks. In the interim, Gender Based Analysis Plus (GBA+) provides structured processes in which to assess policy and planning priorities related to housing and homelessness so as to better understand and respond to the specific needs of a diversity of individuals and households.

There is recognition within the Housing Services Division that policy development and implementation related to housing and homelessness must consider the unique needs of diverse populations. There is also an acknowledgement that a person's experience of stable housing is impacted by intersecting aspects of their identities related to race, gender identity, and sexual orientation, which must be taken into account when assessing the experiences of housing instability and homelessness as well as our subsequent responses related to policy, planning, and funding allocation.

While acknowledging strength and resiliency of unique populations, there is also an awareness of unique and differing structural and institutional barriers that each group may experience linked to systemic discrimination and oppression. This may include experiences related to discrimination in employment, education or the housing market, limited access to social or health supports, and restricted access to various public and private settings. The responses of the Housing Services Division must not be a one-size-fits-all approach, and in utilizing a formalized EDI framework, housing models and accompanying person-centred support programs can be effectively adapted to meet the specific needs of the people they serve.

**Gender Based Analysis Plus (GBA+):**

GBA+ can be applied to a wide range of issues and is described by Status of Women Canada as an analytical process used to assess how diverse groups of women, men and non-binary people may experience policies, programs and initiatives. The "plus" in GBA+ acknowledges that GBA goes beyond biological (assigned sex) and socio-cultural (gender) differences. GBA+ also considers many other identity factors, like race, ethnicity, religion, age, and mental or physical ability.

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**SUBJECT: Establishing a Gender and Equity Lens on Housing Services (HSC19036) (City Wide) - Page 3 of 6**

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A GBA+ framework assesses the potential impacts that public policy, programs and services may have on diverse populations who traditionally face barriers to full inclusion. This analysis contributes to ensuring that public policy decisions reflect and result in more equitable and inclusive impacts. Applying GBA+ to decisions involves seven steps: identify the issue; challenge the assumptions; gather the facts; provide options and make recommendations; monitor and evaluate; document; and communicate.

In the context of housing, GBA+ can assist in challenging and moving beyond assumptions that may lead to unintended and unequal impacts of policy, planning, and funding allocation. Existing GBA+ tools can provide an immediate resource to assess diversity and inclusion considerations and implications by exploring who may be impacted (i.e. considerations around gender, gender identity and expression, race, ability, sexual orientation, immigration status, socioeconomic status, etc.), how they are impacted and why. They also provide an ability to develop communication, consultation and engagement plans centred on those who are directly impacted.

**Canada's National Housing Strategy:**

Canada's National Housing Strategy (NHS) has committed to ensuring that at least 25% of investments will support projects that specifically target the unique needs of women and girls. The NHS has specifically committed to prioritizing populations facing distinct housing barriers, including 2SLGBTQ+ communities, women experiencing homelessness, women and children fleeing family violence, seniors, Indigenous peoples, people with disabilities, those dealing with mental health and addiction issues, veterans and young adults.

The \$13.2 B National Housing Co-Investment Fund, launched in May 2018, will help build 60,000 new units and repair or renew 240,000 units over 10 years. This includes 4,000 shelter spaces for survivors of family violence, which will help reduce wait times for beds, and help women who might otherwise access or return to unsafe housing options due to a lack of available supports.

The Co-Investment Fund is also encouraging partnerships between housing projects and support services to help those experiencing mental health or addiction challenges. Launched in November 2017, the initiative sets ambitious targets of removing 530,000 families from housing need, cutting chronic homelessness by 50%, renovating and modernizing 300,000 housing units and building 100,000 new units for families in need.

In addition, a redesigned federal homelessness program, called Reaching Home, launched in April 2019. Reaching Home supports the goals of the NHS, including equity considerations around improving services and supports to those who are experiencing homelessness or at risk of homelessness. Core features of Reaching Home include implementation of Coordinated Access Systems, enhanced focus on evidence and

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**SUBJECT: Establishing a Gender and Equity Lens on Housing Services  
(HSC19036) (City Wide) - Page 4 of 6**

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outcomes-based program interventions, as well as the recognition of Housing First as a foundational approach in community strategies.

**Housing Services Division, Strategic Priorities and Investments:**

Funding investments, as well as program and policy development within the Housing Services Division are informed through ongoing analysis and engagement using a person-centred approach. This includes applying a gender and equity analysis so as to meet identified outcomes aligned with Hamilton's Housing and Homelessness Action Plan, and Federal and Provincial direction for housing and homelessness initiatives.

Currently, there is no prescribed investment model that the City uses to allocate funding to specific population groups within the community. However, through consultation with existing tables and working groups and best practice identified by research provided by the Federal and Provincial governments, a gender and equity analysis is applied to ongoing policy and program development on homelessness in Hamilton. Recent examples in which the City has supported and prioritized equity, diversity, and inclusion through policy, planning and investments include:

- Council recommended that \$10 M (20%) of the \$50 M allocated through the Poverty Reduction Investment Fund be allocated to Indigenous-directed poverty reduction over the course of 10 years (\$1 M a year) since 2017. The funding is administered by the Hamilton Executive Directors Aboriginal Coalition to address disproportionate rates of poverty, housing insecurity and homelessness as outlined in Report CES16043.
- Canada's National Housing Strategy is grounded in and supportive of the Government's commitment to a Gender Based Analysis to ensure that programs will not negatively impact Canadians on gender and other identity factors. The Strategy will provide \$40 B in investment. At least 25% of the Strategy's investments will support projects that specifically target the unique needs of women. The City currently allocates 30% of funding to women's services specific to homelessness operating funding, greater than the allocation percentage of the Federal government. In assessing policy, program and funding decisions related to the unique needs of women through Reaching Home, there is recognition that we must also explicitly address the unique needs of trans women.
- The YWCA's development project of 35 new affordable housing units for women and their children and 15 for women with a developmental disability at 52 Ottawa Street North is being supported by the Housing Services Division. The Division recommended the project for \$5.25 M in Federal/Provincial funding, and the Poverty Reduction Fund has provided funds for development charges and other fees

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**SUBJECT: Establishing a Gender and Equity Lens on Housing Services (HSC19036) (City Wide) - Page 5 of 6**

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(approximately \$1.15 M), while CMHC is providing approximately \$10 M in funding and financing to the project.

- Sacajawea is building 23 new affordable units for Indigenous residents at 18 West Ave. with the support and oversight of the Housing Services Division. \$1.92 M in Federal/Provincial funding and \$118,000 in municipal funds are allocated for development charges and other fees.
- From 2016-2018, Women's and Indigenous housing providers received the following amounts for capital repairs of their buildings: women only housing, \$283,800; Indigenous only housing, \$263,000.
- Over the last five years, the City has increased its investments in women's homelessness by 82%. In 2014/15 the City funded \$2.2 M in women specific services and by 2018/2019 the budget allocation increased to \$3.9 M.
- Approximately 64% of all new federal and provincial funding has been allocated to women-specific homelessness services; since 2014/2015 there was an increase of \$2.6 M (Homelessness Partnering Strategy/Community Homelessness Prevention Initiative/Home for Good) in homelessness funding and of that \$1.6 M was allocated to women-specific homelessness services.
- As Service Manager, the City of Hamilton funds Housing First and Rapid Rehousing supports for single women to be able to house up to 144 individuals per year.
- In 2018, the Housing Services Division distributed and assisted in the completion of over 600 applications for the provincial Housing Benefit for Survivors of Domestic Violence, working with the VAW shelters to ensure as many women as possible had information about and access to this program. 95% of applications went to women-led households.

**Next Steps:**

The Housing Services Division's commitment to implementing an EDI framework is guided by the City's process of developing a corporate framework and is supported through Outcome 5 in Hamilton's Housing and Homelessness Action Plan, which states that all people experience equity in housing and housing-related services. In order to effectively implement an EDI framework in the context of best practices in housing, the Housing Services Division will:

- Conduct an environmental scan of best practices for implementation of EDI frameworks within the housing sector;

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**SUBJECT: Establishing a Gender and Equity Lens on Housing Services  
(HSC19036) (City Wide) - Page 6 of 6**

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- Engage in a consultation process for the framework implementation that will actively seek out a diversity of perspectives within communities, including voices that are traditionally not heard from or consulted by the housing sector;
- Monitor implementation of the EDI framework in the Housing Services Division and engage in ongoing consultation with stakeholders to ensure effective outcomes and results are being achieved; and,
- Consult with Human Resources on ongoing matters pertaining to the implementation and monitoring of the EDI framework within the Housing Services Division, including adaptations or changes to internal processes or practices.

Through the rollout of Canada's NHS, the Housing Services Division is well positioned to build upon existing practices to formally integrate GBA+ to decision-making around evidence-based and outcomes-focused investments. Through this process, one key area in which GBA+ will be applied will be the homelessness funding call for applications (CFA).

All applicants seeking funding in the CFA will be required to outline EDI considerations regarding the potential implementation of any specific service or programming, including an assessment of potential impacts and outcomes for population(s) served. The upcoming CFA process will also support the inclusion of EDI and GBA+ considerations through the use of adapted assessment tools built into the CFA evaluation matrix (currently in development). Members of the Community Advisory Board responsible for recommending programs will also receive training relevant to EDI and GBA+ to ensure that equity remains a key principle actioned throughout the evaluation process.

**APPENDICES AND SCHEDULES ATTACHED**


None





Hamilton

## INFORMATION REPORT

<b>TO:</b>	Chair and Members Emergency and Community Services Committee
<b>COMMITTEE DATE:</b>	July 11, 2019
<b>SUBJECT/REPORT NO:</b>	Addictions Services Initiative (HSC19027(a)) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Kerry Lubrick (905) 546-2424 Ext. 4855 Melissa Eberhardt-Markle (905) 546-2424 Ext. 5165
<b>SUBMITTED BY:</b>	Bonnie Elder Director, Ontario Works Division Healthy and Safe Communities Department
<b>SIGNATURE:</b>	

### COUNCIL DIRECTION

At the June 6, 2019 Emergency and Community Services Committee Meeting the following motion carried:

“That the Emergency and Community Services Committee support the application for the three-month extension offered by the Province of Ontario to provide continued support to help transition current participants in the Addiction Services Initiative.”

### INFORMATION

Staff provided an update on the Ontario Works Addiction Services Initiative (OWASI) (Report HSC19027) and the status of the winddown of the program to the Emergency and Community Services Committee on June 6, 2019, following the announcement by the Ministry of Children, Community and Social Services on ending the service contract with the City of Hamilton effective July 31, 2019. At that meeting, staff were directed to submit an application for the three-month extension offered by the Province of Ontario. The extension will assist with the continuity of the addiction treatment for approximately 28 participants until October 31, 2019.

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**SUBJECT: Addictions Services Initiative (HSC19027(a)) (City Wide) - Page 2 of 3**

The following is an update on the OWASI caseload and wind down activities:

1. Average ASI caseload

- Since 2011, the average caseload in OWASI was 248 per year with average of 187 of those participants engaged in addiction treatment. This represents an average of 398 unique participants per year.
- The average number of new OW/ODSP participants accepted into ASI each month was 7.
- The average length of time in the ASI program was 22 months.
- The average number of participants leaving ASI per month was 15.
- The Caseload ratio to OWASI Case Facilitator was 59:1.

2. ASI outcomes since 2016

- 112 participants secured employment
- 52 participants transferred over to ODSP
- 47 participants attended school/training
- 208 participants attended trauma counselling

Overall participants also self-identified improvement in the areas of mental health and substance use.

3. Number of people needing to be transitioned to addiction services as of May 31, 2019

- The OWASI caseload as of May 31, 2019 was 246
  - 28 participants are actively working with the Addictions Social Worker in ASI and it is anticipated that treatment will be required past July 31, 2019.
  - 12 participants have been referred to Alcohol Drugs and Gambling Services main program.
  - 23 participants were connected to other Ministry of Health funded treatment providers (i.e. Womenkind, Suntrac, Wayside, Suboxone, Methadone, Regional Indian Centre).
  - 9 participants were engaged in other non-ministry funded treatment supports (Alcohol Anonymous, Narcotics Anonymous).
  - The remaining 174 participants are working through trauma, relapse and crisis. As a result, they are not actively engaged in addiction treatment. Intensive case management support is provided to those individuals through referrals to community supports and at times accompaniment to community supports.

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**SUBJECT: Addictions Services Initiative (HSC19027(a)) (City Wide) - Page 3 of 3**

## 4. Other community supports being accessed by OWASI Participants

- Mental Health and Addictions Services:
  - Canadian Association of Mental Health
  - St. Joseph's Hospital Concurrent disorders and Rapid Access Addiction Medicine clinic
  - Family health teams and family doctors
  - Native Women's Centre
  - Catholic Family Services
  - March of Dimes
  - SACHA Sexual Assault Centre
  - Children's Aide Society
  - Woman's Centre
  - Aboriginal Health Centre
  
- Other Supports:
  - Transition to Homes
  - Dental
  - Optometrist
  - Employment Counselling
  - Access to Housing
  - Childcare Subsidy
  - Legal Aid
  - Public Health Smoking Cessation Program

Since April 2019, OWASI Staff have connected directly with 31% of the caseload. ASI Case Facilitators continue to meet with ASI participants by scheduled appointments, drop in sessions, programming, home and community visits and by telephone. Active outreach and intensive case management will continue until July 31, 2019 at which time the participants will be transferred, along with the Case Facilitator to regular case management through the Ontario Works or Ontario Disability Support Program, as applicable.

Staff have received verbal approval to the City's request and it is expected that a letter will be provided by the Ministry approving the use of unspent ASI funds beyond the July 31, 2019 termination date up to October 31, 2019.

**APPENDICES AND SCHEDULES ATTACHED**

None

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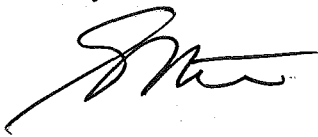
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Hamilton

## INFORMATION REPORT

<b>TO:</b>	Chair and Members Emergency and Community Services Committee
<b>COMMITTEE DATE:</b>	July 11, 2019
<b>SUBJECT/REPORT NO:</b>	Child Care Fee Subsidy Wait List (HSC19039) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Brenda Bax (905) 546-2424 Ext. 4120 Jessica Chase (905) 546-2424 Ext. 3590
<b>SUBMITTED BY:</b>	Grace Mater Director, Children's Services and Neighbourhood Development Division Healthy and Safe Communities Department
<b>SIGNATURE:</b>	

### COUNCIL DIRECTION:

Not Applicable

### INFORMATION:

On June 7, 2019, staff received the Ministry of Education 2019 Child Care and Early Years funding allocations and corresponding Child Care Service Management and Funding Guidelines. These guidelines outline the Ministry's direction for the various funding envelopes that support the City to effectively manage a high-quality child care and early years system in Hamilton. They also outline the service targets for the Child Care Fee Subsidy program.

Child Care Fee Subsidy provides financial assistance towards the cost of licensed child care for children 0 to 12 years of age. Eligibility is based on a reason for service and an income test. Staff have reviewed the Ministry funding, guidelines and year to date fee subsidy utilization and found that the current child care fee subsidies are 13% higher than last year and the caseload is 9% higher than the 2019 Ministry targets.

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**SUBJECT: Child Care Fee Subsidy Wait List (HSC19039) (City Wide) - Page 2 of 2**

The 2019 fee subsidy budget is capped and supports an average of 4,087 children each month, however, approximately 4,464 children are currently receiving a fee subsidy. In order to remain within the budget allocation and maintain the Ministry targets, staff are now implementing a child care fee subsidy wait list. The wait list only applies to new applicants and does not impact families who are currently receiving a child care fee subsidy from the City of Hamilton.

Although staff are implementing a wait list strategy, we recognize that there are children who require immediate placement; therefore, the wait list will not apply to families who meet the following criteria:

- Eligible families with a child in need of special needs resources;
- Eligible families in high-risk situations; and,
- Young parents who are 16 to 25 years of age.

Families who do not meet these criteria will be placed on a wait list.

Staff will continue to monitor the caseload and when a subsidy becomes available, families will be removed from the wait list on a first come first serve basis.

**APPENDICES AND SCHEDULES ATTACHED**

None

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# CITY OF HAMILTON

## MOTION

Emergency & Community Services Committee: July 11, 2019

**MOVED BY COUNCILLOR S. MERULLA .....**

**SECONDED BY COUNCILLOR .....**

### **CityHousing Hamilton’s 3<sup>rd</sup> Annual Community Health Fair**

WHEREAS, CityHousing Hamilton’s 3<sup>rd</sup> Annual Community Health Fair is scheduled on Thursday, August 15, 2019; and,

WHEREAS, this free event will host over 20 health care professionals, organizations, and vendors with the goal of familiarizing the community with the services available to them;

THEREFORE, BE IT RESOLVED:

- (a) That \$1,500 from the Ward 2 Cell Tower Fund, project number 3301609602, be used to fund CityHousing Hamilton’s 3<sup>rd</sup> Annual Community Health Fair; and,
- (b) That the Mayor and City Clerk be authorized and directed to execute any required agreement(s) and ancillary documents in relation to funding CityHousing Hamilton’s 3<sup>rd</sup> Annual Community Health Fair, with such terms and conditions in a form satisfactory to the City Solicitor.

# CITY OF HAMILTON

## MOTION

Emergency & Community Services: July 11, 2019

MOVED BY COUNCILLOR N. NANN.....

SECONDED BY COUNCILLOR .....

### Summer Programming for Ward 3 Kids

**WHEREAS** the Average family income in Ward 3’s North End is \$25K and it is difficult to cover basic necessary life costs, as well as camp and social programs for children;

**WHEREAS** the Eva Rothwell Centre summer camp provides the opportunity for Ward 3 children between the ages of 5-12 years to engage in a safe, educational, active, healthy and nutritional camp program;

**WHEREAS** Kiwanis East Hamilton will offer a Play day for children and their families, allowing children to build physical, social and cognitive skills;

**THEREFORE BE IT RESOLVED** that through the Ward 3 Cell tower account (3301609603):

- a) That \$1,500 be awarded to the Eva Rothwell Centre to subsidize the cost for 23 children to attend camp, fostering their curiosity and learning.
- b) That \$1,500 be awarded to Kiwanis East Hamilton for their summer Play Day at Woodlands Park to support volunteers, cover equipment rentals and supplies.