District of Nipissing Social Services Administration Board

Conseil d'administration des services sociaux du district de Nipissing

# REGULAR BOARD MEETING AGENDA

**Healthy Communities without Poverty**

**Date:** **Wednesday, November 24, 2021**

**Time:** **Regular DNSSAB Board Meeting at 12:30 PM** (or following the adjournment of the Community Services Committee)

**Location:** By video conference while pandemic protocols are in place

https://zoom.us/j/99767906610?pwd=aldJWWpKRzRZSlpINmd6eXhkT2lsUT09

**Meeting ID**: 997 6790 6610
**Passcode**: 432535
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**Members:** **Councillor Mark King (Chair)**, Councillor Dan Roveda (Vice-Chair), Mayor Dean Backer, Councillor Mac Bain, Mayor Jane Dumas, Councillor Terry Kelly, Councillor Chris Mayne, Councillor Dave Mendicino, Mayor Dan O'Mara, Councillor Scott Robertson, Representative Amanda Smith, Councillor Bill Vrebosch.

| Item | Topic |
|---|---|
| 1.0 | **1.1 Call to Order**<br><br>**MOTION: #2021-88**<br>*Resolved* THAT the Board of Directors accepts the Roll Call as read by the Recording Secretary for the Regular Board meeting of November 24, 2021 at _____PM.<br><br>**1.2 Declaration of Conflict of Interest** |
| 2.0 | **Opening remarks by the Chair** |

| Item | Topic |
|---|---|
| **3.0** | **Approval of Agenda for November 24, 2021**<br><br>**MOTION: #2021-89**<br>*Resolved* THAT Board members accept the Agenda as presented. |
| **4.0** | **Approval of Minutes**<br><br>**4.1 MOTION: #2021-90-A**<br>*Resolved* THAT the Board adopt the minutes of the proceedings of the Regular Board meeting of October 27, 2021.<br><br>**4.2 MOTION: #2021-90-B**<br>*Resolved* THAT the Board adopt the minutes of the proceedings of the Community Services Committee meeting of October 27, 2021. |
| **5.0** | **Delegations**<br>**EMS 11-21 EMS Direct Delivery Business Case**<br><br>**MOTION: #2021-91**<br>WHEREAS a transition of paramedic services to direct delivery by the DNSSAB will permit a more nimble and responsive service delivery model; AND,<br><br>WHEREAS such a transition may provide a reduced cost; AND<br><br>WHEREAS such a transition will permit system efficiencies that will be patient centric and community focused;<br><br>THAT DNSSAB approve in principle the direct delivery model for paramedic services effective prior to January 1, 2023; AND<br><br>THAT staff take appropriate steps to finalize a transition implementation plan with stakeholders; AND<br><br>THAT the financial impact for the direct delivery decision be built into the 2022 budget. |
| **6.0** | **6.1 CAO VERBAL UPDATE:**<br><br>**MOTION: #2021-92**<br>THAT the District of Nipissing Social Services Administration Board (DNSSAB) receives the CAO Verbal Report for November 24, 2021. |
| **7.0** | **CONSENT AGENDA –** *All items in the consent agenda are voted on collectively. The Chair will call out each item for consideration of* |

| Item | Topic |
|---|---|
| | *discussion. Any item can be singled out for separate vote; then, only the remaining items will be voted on collectively.*<br><br>**MOTION: #2021-93**<br>THAT the Board receives for information or approval purposes, Consent Agenda items 7.1 to 7.3.<br><br>**7.1 HS41-21 Sale of Affordable Housing project located at of 145 Main Street, Sturgeon Falls – for approval**<br><br>THAT the District of Nipissing Social Services Administration Board receives, for approval, report HS41-21 regarding the sale of the Canada-Ontario Affordable Housing Program (AHP) (2003) project located at 145 Main Street in Sturgeon Falls.<br><br>**7.2 B23-21 NOMA/FONOM Resolution –** a recommendation presented to a multi-ministerial delegation at AMO 2021 that expresses a desire for to create a strategy in consultation with northern service deliverers and agencies to address concerns about mental health, homelessness and the opioid crisis.<br><br>**7.3 B13-21 Soft Phones Implementation -** an update on the workplace softphone solution, for information purposes. |
| **8.0** | **MANAGERS REPORTS** |
| | **8.1 B25-21 Healthy Communities Fund – Annualized Funding**<br>**MOTION: #2021-94**<br>That the District of Nipissing Social Services Administration Board accepts Briefing Note B25-21 describing the allocation and distribution of funding for 2021/22 to four community organizations and;<br><br>That the District of Nipissing Social Services Administration Board accepts the staff recommendation to commit $170,000 in annual municipal funding to the four organizations (above) by way of contract, starting in 2022/23 and remaining in effect through annual renewal or until the contract is amended or terminated pursuant to the terms in the contract. The funding allocations and distribution will follow this year's allocation as shown in Table 1. |
| | **8.2 Move in Camera**<br>**MOTION: #2021-95**<br><br>THAT the District of Nipissing Social Services Administration Board (DNSSAB) move in-camera at _____ PM to discuss a matter of labour relations and a personnel matter. |
| | **8.3 Adjourn In Camera**<br>**MOTION: #2021-96** |

| Item | Topic |
|---|---|
| | THAT the District of Nipissing Social Services Administration Board (DNSSAB) adjourns in-camera at _____PM. |
| | **8.4 Approve In Camera**<br>**MOTION: #2021-97**<br>THAT the District of Nipissing Social Services Administration Board (DNSSAB) approves the direction/action agreed to in the in-camera session. |
| **9.0** | **OTHER/NEW BUSINESS** |
| **10.0** | **NEXT MEETING DATE**<br>Wednesday, December 15, 2021 |
| **11.0** | **ADJOURNMENT**<br>**MOTION: #2021-98**<br>*Resolved* THAT the Board meeting be adjourned at _____. |

District of Nipissing Social Services Administration Board

Conseil d'administration des services sociaux du district de Nipissing

MINUTES OF PROCEEDINGS

**REGULAR BOARD MEETING – October 27, 2021**
**Directly following the Community Services Committee**
**Virtually via Zoom**

**MEMBERS PRESENT:**

Councillor Terry Kelly (East Ferris)
**Councillor Mark King - Chair (North Bay)**
Councillor Dave Mendicino (North Bay)
Mayor Dan O'Mara (Temagami)
**Councillor Dan Roveda Vice Chair (West Nipissing)**
Councillor Bill Vrebosch (North Bay)
Mayor Dean Backer (East Nipissing)
Representative Amanda Smith (Unincorporated)
Councillor Mac Bain – (North Bay)
Councillor Chris Mayne (North Bay)
Mayor Jane Dumas (South Algonquin)
Councillor Scott Robertson (North Bay)

**STAFF ATTENDANCE:**

Catherine Matheson, CAO
Marianne Zadra, Executive Coordinator and Communications
Melanie Shaye, Director of Corporate Services
David Plumstead – Manager Planning, Outcomes & Analytics
Justin Avery, Manager of Finance
Stacey Cyopeck, Director, Housing Programs
Tracy Bethune, Manager, Housing Operations
Lynn Demore-Pitre, Director, Children's Services
Michelle Glabb, Director, Social Services and Employment

Tyler Venable, Community Projects Planner
Dawn Carlyle, Project Manager

**1.1 CALL TO ORDER**
**Resolution No. 2021-78**

**Moved by:** Chris Mayne
**Seconded by:** Mac Bain

**Resolved THAT the Board of Directors accept the Roll Call as read by the Recording Secretary for the Regular Board meeting of October 27, 2021 at 1:01 PM.**

The regular Board Meeting was called to order at 1:01 PM by Chair Mark King.
***Carried.***

**1.2 DECLARATION OF CONFLICTS OF INTEREST**

No conflicts were declared.

**2.0 CHAIR'S REMARKS**
The Chair welcomed thanked everyone for attending.

He indicated he was looking forward to the delegation on the Homelessness Action Plan - a strategy to assist vulnerable people over the next 12 months- which follows the Homelessness Landscape Report, presented last month.

He updated the Board on the Point in Time Count and the By Name Registry surveys conducted two weeks ago at 58 locations across the district including North Bay, Mattawa, Sturgeon Falls, Temagami, Chisholm, and South Algonquin. More than 30 partner agencies and 75 volunteers were involved. He indicated an analysis of the aggregate survey data is underway and that the results should be ready to share in a few months. The Chair thanked all who participated.

He reminded members that the safety of staff and clients is important to remember when looking at the proposed new Workplace COVID Vaccination Protocol on the agenda.

**3.0 ADOPTION OF THE AGENDA**
**Resolution No. 2021-79**

**Moved by:** Dan Roveda

**Seconded by:** Dean Backer

**Resolved THAT the Board accepts the agenda as presented.**
***Carried.***

**4.0 APPROVAL OF MINUTES**
**4.1 Resolution No. 2021-80-A**

**Moved by:** Amanda Smith
**Seconded by:** Dan O'Mara

**Resolved THAT the Board adopts the minutes of the proceedings of the Regular Board meeting of September 22, 2021.**
***Carried.***

**4.2 Resolution No. 2021-80-B**

**Moved by:** Bill Vrebosch
**Seconded by:** Terry Kelly

**Resolved THAT the Board adopt the minutes of the proceedings of the Finance and Administration Committee meeting of September 22, 2021.**
***Carried.***

**5.0 DELEGATIONS**

**5.1 HS46-21 Action Plan for Homelessness**
**Resolution No. 2021-81**

**Moved by:** Scott Robertson
**Seconded by:** Terry Kelly

**BE IT RESOLVED THAT the Board accepts the report "Homelessness Action Plan in the Nipissing District" as described in HS46-21; and**

**THAT any financial implications for the Board associated with the respected actions in the Plan be brought forward to the board for decision prior to commitment; and**

**THAT staff provide quarterly updates to the Board on the progress of the plan and achievement of the priorities.**

CAO Catherine Matheson introduced the presentation by stating that a low barrier shelter and

transitional housing didn't exist pre-pandemic and that two key pre-pandemic guiding documents, the District's 10-Year Housing and Homelessness Plan and the Mayor's Roundtable, helped to inform the priorities, as did engagement with community partners. She explained the different between absolute homelessness and functional homelessness and that functional homelessness is the realistic goal of the plan.

David Plumstead, Manager Planning, Outcomes & Analytics reviewed the purpose of the plan and outlined the seven priorities therein.

Tyler Venable, Community Project Manager, went into further detail reviewing the Action Plan section by section, in accordance with the first sections of the housing continuum from emergency shelter services, transitional and supportive housing, to homelessness prevention services.

He indicated that information and data collection and analysis is key to measure outcomes and that system coordination is also recommended to support the plan with a shared vision. He noted that implementation of the plan outlines how financial implications will be brought to the board before carried out, partnerships in community will be sought and quarterly action plan updates will be brought to the board.

There was discussion about who is responsible for managing homelessness in municipalities, and how the Board has been aggressive in lobbying the government for ongoing funding. It was noted that moving to a model of housing and supports is the accepted best practice and that an admission policy is part of the model, which will help in determining who is from the District and who is not, and the housing situation of each individual. There was further discussion about making supports mandatory for those accessing shelter, aligning CHPI funding to current needs, working with local services to achieve the desired outcomes, and how this aligns with many district community safety and wellbeing plans.
***Carried.***

**6.0 CAO VERBAL UPDATE**
**Resolution No. 2021-82**
**Moved by:** Jane Dumas
**Seconded by:** Dave Mendicino

**Resolved THAT the District of Nipissing Social Services Administration Board (DNSSAB) receives the CAO Report for October 27, 2021.**

CAO Catherine Matheson updated the Board on the following items:
She recognized the significant work of the organization, the board and community partners throughout the pandemic, indicating the priority has been to provide continued services across the program areas of child care, social services, EMS and housing.

She noted the Provincial Government has provided a total of $11.8 million in SSRF funds since the onset of the pandemic, and that all of the funds have been utilized to support vulnerable persons during the pandemic with shelter, supports including PPE and food, and services to prevent and mitigate homelessness.

In referring to the presentation of the Homelessness Action plan for the next 12 months, she noted the objective is to get to functional zero homelessness in the community which means sufficient services, housing and shelter beds exist for anyone who needs them along with a systematic response to prevent homelessness. She also noted that with the approval of the action plan today, DNSSAB can continue to plan and support the changes that are necessary to achieve that outcome. She reiterated that quarterly status updates and budgetary impacts will be brought to the board for consideration.

She also informed the board that the EMS direct delivery analysis will be brought to the board next month.

***Carried.***

**7.0 CONSENT AGENDA**

**RESOLUTION: #2021-83**

**Moved by:** Mac Bain
**Seconded by:** Chris Mayne

**THAT the Board receives for information or approval purposes Consent Agenda items 7.1 to 7.2.**

**7.1 B21-21 COVID-19 Employee Survey Results -** information on the COVID-19 employee survey results.

**7.2 B20-21 COVID-19 Workplace Vaccination Protocol –** (for approval)
**THAT the District of Nipissing Social Services Administration Board (DNSSAB) approves Briefing Note B20-21, outlining the COVID-19 Workplace Vaccination Protocol.**

There was some discussion about apparent inconsistencies with vaccination policies for paramedics. It was explained that paramedics are employees of the hospitals, not the DNSSAB, so the DNSSAB policy does not apply to them.
***Carried.***

**8.0 MANAGER'S REPORTS**

**8.1 In Camera**
**RESOLUTION: #2021-84**

**Moved by:** Dan Roveda
**Seconded by:** Dean Backer

**THAT the District of Nipissing Social Services Administration Board (DNSSAB) move in-camera at 2:06 PM to a discuss matter of negotiation and a personnel matter.**
***Carried***

**[In-camera minutes are filed separately.]**

**8.2 Adjourn In Camera**
**RESOLUTION: #2021-85**

**Moved by:** Dave Mendicino
**Seconded by:** Jane Dumas

**THAT the District of Nipissing Social Services Administration Board (DNSSAB) adjourns in-camera at 3:06 PM.**
***Carried***

**8.3 Approve In Camera**
**RESOLUTION: #2021-86**

**Moved by:** Amanda Smith
**Seconded by:** Dan O'Mara

**THAT the District of Nipissing Social Services Administration Board (DNSSAB) approves the direction/action agreed to in the in-camera session.**

**9. NEW BUSINESS**
There was no new business brought forward.

**10. NEXT MEETING DATE**

Wednesday, November 24, 2021

**11. ADJOURNMENT**
**Resolution No. 2021-87**

**Moved by:** Bill Vrebosch
**Seconded by:** Dan Roveda

**Resolved THAT the Board meeting be adjourned at 3:08 PM.**
***Carried.***

MARK KING
CHAIR OF THE BOARD

CATHERINE MATHESON
SECRETARY OF THE BOARD

Minutes of Proceedings Recorder: Marianne Zadra, Executive Coordinator

District of Nipissing Social Services Administration Board
Conseil d'administration des services sociaux du district de Nipissing

MINUTES OF PROCEEDINGS

**COMMUNITY SERVICES COMMITTEE MEETING**
**WEDNESDAY, OCTOBER 27, 2021**
**12:00 PM – VIRTUALLY VIA ZOOM**

## MEMBERS PRESENT:

Mayor Dean Backer (East Nipissing)
Councillor Mark King – (North Bay)
**Councillor Dave Mendicino - Vice Chair (North Bay)**
Mayor Dan O'Mara (Temagami)
Councillor Scott Robertson (North Bay)
**Councillor Dan Roveda - Chair (West Nipissing)**
Representative Amanda Smith (Unincorporated)
Councillor Bill Vrebosch (North Bay)
Mayor Jane Dumas (South Algonquin)
Councillor Mac Bain – (North Bay)
Councillor Chris Mayne (North Bay)

## REGRETS:

Councillor Terry Kelly – (East Ferris)

## STAFF ATTENDANCE:

Catherine Matheson, CAO
Marianne Zadra, Executive Coordinator and Communications
Melanie Shaye, Director of Corporate Services
Michelle Glabb, Director of Social Services and Employment
Lynn Demore-Pitre, Director Children's Services
Stacey Cyopeck, Director, Housing Programs
Tracy Bethune, Manager, Housing Operations
Robert Smith, EMS Chief
Justin Avery, Manager of Finance
Dawn Carlyle, Project Manager

David Plumstead – Manager Planning, Outcomes & Analytics

**1.1 CALL TO ORDER**
The Community Services Committee was called to order at 12:02 PM by Chair Dan Roveda.

**1.2 DECLARATION OF CONFLICTS OF INTEREST**

No conflicts were declared.

**2.0 CHAIR'S REMARKS**
The Chair welcomed members, staff and guests. He indicated he was impressed with the Ontario Works service plan and how it marries with other programs and that it is good to see EarlyOn programs open up again. He thanked both program areas for their efforts.

**3.0 ADOPTION OF THE AGENDA**

**RESOLUTION: #CS28-2021**

MOVED BY: Chris Mayne
SECONDED BY: Scott Robertson

**That the agenda for the Community Services Committee is accepted as presented.**

***Carried.***

**4.0 DELEGATIONS**
**4.1 SSE10-21 Ontario Works Services Plan** – Michelle Glabb, Director Social Services and Employment and David Plumstead, Manager Planning, Outcomes & Analytics

**RESOLUTION: #CS29-2021**

MOVED BY: Jane Dumas
SECONDED BY: Dean Backer

**THAT Briefing Note SSE10-21 on the Ontario Works 2021-2022 Service Plan, attached as "Appendix 'A", be approved by the Board as presented.**

Michelle Glabb and David Plumstead highlighted the key points and overarching themes in the 2021-2022 Ontario Works Service Plan. She reviewed the Ministry priorities and

how the service delivery model will change with things like employment moving to Employment Ontario and how the pandemic affected caseload numbers. Michelle also reviewed key strategies going forward so that Ontario Works aligns locally with planned provincial changes. David reviewed demographics and trends including changes in caseload and reasons for this, and the time on assistance, which is now longer.

There was discussion about how federal benefits during the pandemic led to job-ready candidates leaving social assistance and how some are expected to return later this year when the federal program ends. There was discussion about how the Ministry tracks job placements but doesn't take into consideration the majority of the caseload that is in the life stabilization category, and not ready for employment. There was discussion about the number of younger adults receiving social assistance. It was suggested more interaction may be needed with school boards to do employment planning with senior high school students may be under the erroneous impression that social assistance provides adequate income.

***Carried.***

**5.0 CONSENT AGENDA**
**RESOLUTION: #CSC30-21**

MOVED BY: Mark King
SECONDED BY: Scott Robertson

**THAT the Committee receives Consent Agenda items 5.1 to 5.5.**

**5.1 SSE11-21 Social Assistance Recovery and Renewal Plan-Social Assistance Modernization-Employment Services Transformation Updates -** an update on the Ministry of Children, Community and Social Services Recovery and Renewal Plan inclusive of the Employment Services Transformation and modernization initiatives, for information.

**5.2 CS07-21 EarlyON Child and Family Centres and Mobile Unit – Program Update -** information on a program update for EarlyOn and Family Centres and Mobile Unit.

**5.3 CS08-21 Child Care Policy Update Quality Assurance and Non-Compliance (for approval)**
THAT DNSSAB's Community Services Committee accept and endorse the updated policy related to Quality Assurance and Non-Compliance as described in briefing note CS08-21 and attached as Appendix A.

**5.4 CS09-21 Child Care Policy Update – General Operating Funding – (for approval)**
THAT DNSSAB's Community Services Committee accept and endorse the updated policy related to General Operating Funding as described in briefing note CS09-21 and attached as Appendix A.

**5.5 CS10-21 Skill Development Fund – Round 2: Pre-ECE Skills Building Program Application -** information on Round 2 of the Pre-ECE Skills Building Program application.

In answer to a question, Children's Services Director Lynn Demoré-Pitre confirmed mail outs will include students in South Algonquin.

***Carried.***

**6.0 MANAGERS' REPORTS –** there were none.

**7.0 OTHER BUSINESS**
There was no other business.

**8.0 NEXT MEETING DATE**
Wednesday, November 24, 2021

**9.0 ADJOURNMENT**

**RESOLUTION: #CSC31-2021**

Moved by: Bill Vrebosch
Seconded by: Chris Mayne

***Resolved* That the Community Services Committee meeting be adjourned at 12:44 PM.**

***Carried.***

DAN ROVEDA
CHAIR OF THE COMMITTEE

CATHERINE MATHESON
SECRETARY OF THE BOARD

Minutes of Proceedings Recorder: Marianne Zadra, Executive Coordinator

District of Nipissing Social Services Administration Board

Conseil d'administration des services sociaux du district de Nipissing

# BRIEFING NOTE EMS11-21

**☐ For Information or ☒ For Approval**

**Date:** November 24, 2021

**Purpose:** **EMS Direct Deliver Business Case**

**Prepared by:** Robert Smith, EMS Chief

**Reviewed by:** Justin Avery, Finance Manager

**Approved by:** Catherine Matheson, CAO

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## RECOMMENDATION

WHEREAS a transition of paramedic services to direct delivery by the DNSSAB will permit a more nimble and responsive service delivery model; AND,

WHEREAS such a transition may provide a reduced cost; AND

WHEREAS such a transition will permit system efficiencies that will be patient centric and community focused;

THAT DNSSAB approve in principle the direct delivery model for paramedic services effective prior to January 1, 2023; AND

THAT staff take appropriate steps to finalize a transition implementation plan with stakeholders; AND

THAT the financial impact for the direct delivery decision be built into the 2022 budget.

## BACKGROUND

In October of 2020, the Nipissing District Social Services Administration Board (DNSSAB) Board of Directors permitted the development of a plan that would assess and inform them on the impact of assumption of Emergency Medical Services (EMS) for direct delivery.

This framework document (EMS04-21) established the basis for the business case. Report EMS11-21 EMS Direct Delivery Business Case further investigates sustainability of Paramedics Services across Nipissing District through a strong strategic vision, stakeholder engagement, system adaptability and service level improvement, with an additional focus on financial responsibility to the communities being serviced. The business case also integrates evidence-based practice and continuous quality improvement to inform organizational decisions and direction.

**CONCLUSION**

Report EMS11-21 details the trend toward direct delivery of paramedic services in Ontario, and captures the rationale put forward by a number of organizations. The report also examines operational, financial, and human resource factors, and measures the complexity of such a transition decision as it dovetails to Board established principles, and strategic priorities. The review laterally compares direct delivery to a status quo options across these measures to fully inform the DNSSAB Board of Directors of advantages and disadvantages for each option.

# District of Nipissing Social Services Administration Board: A Business Case for Direct Delivery of Paramedic Services

Prepared By: Robert Smith

EMS11-21

# Table of Contents

## EXECUTIVE SUMMARY

On January 1, 2001, the Provincial Government transferred responsibility for the provision of Ontario's land ambulance services to Upper Tier Municipalities (UTMs) and Direct Delivery Agencies (DDAs) as part of the local services accountability realignment process. In the District of Nipissing, legislative accountability for the provision of the service was assigned to the District of Nipissing Social Services Administration Board (DNSSAB).

Prior to download, the Province contracted land ambulance delivery to several third party agencies in Nipissing District and at the time of transition, there were some compelling reasons for the DNSSAB to continue with that model. Firstly, the organization had not yet developed internal operational expertise, something that already existed within the contracted service provider systems. Secondly, a decision to operate in a status quo environment permitted the necessary time to learn about this new and evolving service and to calculate the benefits for any future model of service provision in the District. The initial decision to contract out the service was not unlike system decisions made in 2001 by many other UTMs/DDAs who transitioned to paramedic services direct delivery in the years following.

Under the Ambulance Act and its Regulations, the DNSSAB has the authority to determine the method for provision of land ambulance service. Across the Province, the trend is to direct delivery, but the following models are available:

- Direct delivery by the DNSSAB;
- Contracted service delivery through one or more hospital systems;
- Contracted service delivery through one or more lower tier municipalities; or
- Contracted service delivery through one or more private companies.

Over the past two decades, the DNSSAB has continued to contract out land ambulance service delivery while more than 90% of UTMs/DDAs have transitioned to a direct delivery model as shown in Appendices A and C. Additionally, 85% of the organizations have rebranded as paramedic services. The DNSSAB web site was last updated in 2015 and used the paramedic service naming convention. The current paramedic service branding across the district also employs this branding. For these reasons, the term paramedic services will be used throughout the remainder of this report.

The migration to direct delivery of paramedic services was one consideration that resulted in a 2021 DNSSAB Board decision to complete a wide-ranging paramedic services review, with a focus on delivery model options. Board direction was to identify reasons to remain status quo, or alternatively a rationale for transition to a direct delivery model for paramedic services.

This report is the result of an extensive evaluation of the current contracted service delivery model, an assessment of decisions and processes in comparator municipalities to move to direct delivery, and a lateral comparison of the direct delivery option. It focuses on the DNSSAB Board of Directors' approved framework and scope, and concludes that a direct delivery model for paramedic services is ideal, permitting a nimble and responsive community focused service. Direct operational delivery by the DNSSAB allows for the greatest flexibility to address emerging community needs while being responsive to resource efficiencies and financial factors.

Beyond the comparison of status quo and direct delivery models for paramedic services, a section of this report is dedicated to the assessment of opportunities for paramedic service evolution/enhancement, specifically focusing on deployment, provision of care, and infrastructure design. The findings are detailed within this document, but any recommendations for service enhancements will be brought forward through the annual budget deliberation process.

The first phase of this project includes the purposeful examination of paramedic service model comparisons, a detailed analysis of the current system coordination, and the development of this Report, in order to inform the Board and offer a recommendation. The second phase of the work, pending Board approval, would be the tactical implementation of a direct delivery paramedic service, to be completed, barring any unforeseen circumstances, by January 1, 2023.

## METHODOLOGY

The paramedic services review project for the DNSSAB engaged with internal staff, external partners, contracted service providers, legal representatives, allied agency partners, and specifically explored areas including:

- A historic review of the Ontario Land Ambulance (Paramedic Services) system and its evolution preceding and following the 2001 Provincial download, in order to compare and contrast system models adopted by UTMs/DDAs;
- The development and subsequent DNSSAB approval of a framework and principles to be engaged throughout the project;
- A detailed review of Regulatory accountability borne by DNSSAB within the two model options;
- A detailed financial assessment, including a 2021 annual budget Operational efficacy measurements when comparing the models;
- A service level enhancement review to examine necessary system changes regardless of the delivery model decision.

## PRINCIPLES

This report focuses on a specific set of principles that the DNSSAB Board of Directors approved in April of 2021. These eight principles have been established to ensure the project framework offers a detailed analysis that has both depth and breadth while ensuring the scope of the project is maintained. The principle outcomes of direct delivery of paramedic services have been encapsulated in table format as part of the report conclusion.

### Sustainability of Paramedics Services

The concept of business sustainability generally surrounds the influence of environmental and financial factors. The United Nations Brundtland Report defines social, economic and environmental factors as the three pillars of sustainability (Keeble, 1988). More recently Purvis, Mao & Robinson (2019) support this position as one developed to address social and ecological global challenges.

Health care sustainability is a more challenging issue. While there is significant literature pertaining to health system bricks and mortar infrastructure, sustainable health care delivery is poorly defined. Mackay & Wolbring (2013) submit that sustainability of a health system requires an engaged and effective governance structure, as well as a strong connection to the community. This concept easily applies to the provision of paramedic services in Ontario. Governance at arms length, through contracted service providers, presents a challenge to success as the responsible organization has little ability to anticipate and immediately respond to emerging community needs.

Paramedic service sustainability will require greater engagement with stakeholders and partner agencies and further collaboration with these services, something that has become a standard model for paramedic services across the Province, and something that has resulted in holistic program growth.

### Strong Strategic Vision

The Board is currently working on finalizing its strategic plan to inform and direct the organization's future as a public service agency. This process has included some significant work around the current state in paramedic services and has allowed the discussion to begin on how the DNSSAB strategic vision may dovetail to paramedic services, and develop into something exceptional.

As part of developing the Board's current Strategic Plan, a paramedic services Strength, Weakness, Opportunity, and Threat (SWOT) analysis was completed using the existing delivery model.

The efficacy of the strategic vision extends beyond simply the provision of paramedic services to the community; it requires alignment of paramedic service delivery with DNSSAB Strategic Goals and Priorities. As an example, while the organization works to address homelessness and expand affordable housing opportunities across the district, paramedic service personnel can play a valuable role in achieving these priorities. Paramedics work in communities throughout Nipissing District with vulnerable clients who in addition to needing health services are also in need of affordable housing. Thus, the paramedics are an important link to these vulnerable populations and can collaborate on strategies to address the needs and develop solutions.

A direct delivery model for paramedic services would also permit for a single approach to coordination of services across the district and work towards the Board's goal of seamless access to services. The status quo model adds layers to such coordination, and may cause barriers around clients accessing the services they need and specific capacity in differing areas. A number of UTMs/DDAs operating paramedic services directly have systems that allow for client referrals across departments, something that has demonstrated substantial benefit in avoiding hospital admissions, or other adverse outcomes.

Additionally, the close alignment with the DNSSAB and its municipal partners would strengthen the collaboration with allied agencies. The paramedic services leadership team could directly address Board priorities and community social determinants of health in a way not possible before with contracted services.

### Stakeholder Engagement

Paramedic services have evolved to become an integral partner in Ontario's holistic health care model and as an emergency service. Engagement and collaboration with both partners and stakeholders has been a cornerstone to this success. Organizations who have migrated to a direct delivery model have become leaders in the area of service progression, often because the allied partners operate within the same organization. A direct delivery model in the District of Nipissing would facilitate collaboration both internally and externally, something that has not been fully explored previously.

### System Adaptability

The ability for a UTM/DDA to amend the paramedic service program delivery in response to community needs or to address emerging evidence of system improvement is necessary. The desire of the DNSSAB Board of Directors to include this principle was clear and unambiguous. Organizations who direct deliver paramedic services have demonstrated their nimbleness over the last 20 years, in advancing care for patients and collaborating with community partners. The Peel Report assessment of paramedic services direct delivery identified the process of changing agreements with contractors as time consuming as the contractors would only be accountable for the performance requirements made in the contract, not to changes desired by the region. As such, they reported that contracted systems might adversely affect system flexibility and responsiveness and result in a model that is not proactive. The Peel Region report findings are directly applicable to the current DNSSAB environment.

### Service Level Improvement

The DNSSAB Board ensured that an outcome from any decision to move to direct delivery of paramedic services would include the principle of service level considerations and improvement. The concept of service level improvement would include not just deployed resource numbers, but also a review of scope of practice and advancement of a holistic approach to care.

Finally, service enhancement is a principle that integrates a holistic approach that leverages partnerships and technologies. Paramedic services have become a collaborative partner in programs such as Community Paramedicine (CP), and representation in emergency operations centres (EOCs) and as a public safety agency. Enhancement of technology to leverage information sharing is necessary to improve not just the operational resources, but also quality assurance. The assessment of the service has revealed that the adoption of technologies and engagement with partner agencies has been stagnant. This topic is further discussed in the Service Evolution/Enhancement Opportunities section of this report.

### Financial Responsibility

The legislated responsibility for provision of paramedic services across the District of Nipissing belongs to the DNSSAB. The funding source for this service is a shared funding model, equally supported by the Provincial Government and the DNSSAB. As such, the oversight of paramedic services provision is a significant responsibility. Oversight is not simply an operational activity, but must consider the ability to leverage the funds necessary to operate effectively.

The method for service provision in the District of Nipissing is through contracted services by the Municipality of Temagami, Mattawa Hospital, and North Bay Regional Health Centre (NBRHC). Each year, each contractor submits their proposed annual operating budgets, which are scrutinized by the DNSSAB and approved. This process may involve adjustments to the contractor budgets based on DNSSAB review before final approval. In contrast, paramedic services operated directly by UTMs/DDAs, are subject to intensive budget deliberation processes.

## Evidence-based Practice

The evolution of evidence-based practice in health care is a methodology that has matured over the last number of years, and is essential in order to provide quality health care. Improved patient outcomes are a main factor that supports this process, but such outcomes require multifaceted organizations and a holistic approach to healthcare delivery (Saunders et al, 2019).

The growth of Paramedics as a part of the health care system has required evidence-based practice as a linchpin of success, but success also requires significant engagement of service delivery organizations. Back et al, (2020) suggest that there is an important need for strong support of, and a sound understanding of evidence-based practice by an organization as a prerequisite for success. Further, organizations must adopt processes to allow implementation of advancements in a manner that supports this practice. The challenge with a contracted service model arises where there is conflict in the perception of an evidence-based practice. In such cases, the parties would rely on contract language that that might be outdated or inaccurate. Any effort to amend such language would not be timely and might have unanticipated financial impact.

The direct delivery model would allow the DNSSAB to introduce emerging processes, in a proactive way, using evidence-based practice. The use of evidence-based practice requires collaboration between the paramedics, medical oversight, and the operational agency. Limiting the layers of these participants permits a more streamlined approach to efforts and will offer improved patient outcomes.

## Continuous Quality Improvement

The advancement of paramedic service provision requires ongoing and committed acceptance of system evolution and engagement across a number of health and emergency systems. Campeau et al, (2021) assert that the capacity to improve the quality of patient care requires services accept responsibility to collaborate with other agencies, something that requires a focused approach and organizational buy in. Where

service operations are delivered at indirectly, the ability to direct quality improvement is impacted by contract language/positions.

The 2006 Peel Region assessment of paramedic service direct delivery found that the ability to achieve high performance in a contract model necessitates inclusion of significant incentives, incentives that are limited in the regulated framework for paramedic service provision in Ontario. Contracting services limit the ability to adapt to emerging possibilities without complex workload management.

DNSSAB has the legislated responsibility to ensure provision of paramedic services. Improved patient care has to be central to this provision, and efforts to be a performance-based agency must incorporate the development of quality programs. The transition to a direct delivery model would permit the DNSSAB to engage and develop services that meet evolving community needs that consider the changing social determinants of health, and based on evidence.

## HISTORY/BACKGROUND

The first ambulance services in Ontario date as far back as 1832. In 1965, the first evolution began with the responsibility for ambulance services being reassigned from the Department of Highways to the Department of Health (now Ministry of Health), and implementation of the first Regulations around service provision (1974, Ghent). Since that time, the Provincial Government has provided legislated oversight for ambulance services in Ontario. Under the Ambulance Act, the Minister of Health has the responsibility to ensure the existence of a balanced and integrated system of ambulance services throughout Ontario, but in 2001, the province transferred responsibility for land ambulance provision to Upper-tier Municipalities (UTMs) and Designated Delivery Agents (DDAs). This fundamental change stemmed from the Provincial Government's decision to attempt to disentangle the provision of social services (Graham & Phillips, 1998).

In the late 1960's, there were 425 different ambulance service providers in Ontario. Over the following three decades, regulation and evolving expectations led to amalgamations and elimination of services, and prior to the 2001 downloading the number had shrunk to approximately 175. These services were publicly contracted land ambulance services, operated by a variety of private vendors, health sector agencies, and in the case of 10 services, operated directly by the Ministry of Health.

In early 1999, the Association of Municipalities of Ontario (AMO) and the Ministry of Health and Long Term Care (MOHLTC) established the Land Ambulance Implementation Steering Committee (LAISC) to help develop a framework for funding,

and for procurement and transition of the land ambulance services designed to be the responsibility of forty-two municipalities, and eight designated delivery agents (DDAs). These communities became responsible for provision of land ambulance services following the January 2001 download. Each of these UTMs/DDAs had authority and autonomy to determine their service delivery model(s).

More than half of the UTMs and DDAs chose to contract out service delivery to third parties, evenly split between hospital providers, and private contractors. 54% of UTMs/DDAs contracted out fully or in-part, but since that time there has been a steady trend toward direct delivery of the service by UTMs/DDAs (Prno, 2002).

By 2012, there were 60 certified land ambulance operators (UTMs/DDAs) with 85% being directly delivered (Ontario Auditor General Report, 2013), and by the writing of this report, the number of Ontario UTMs/DDAs who contracted out their land ambulance service delivery had fallen to six.

In Northeastern Ontario, thirty-seven (37) individual paramedic services operated prior to 2001. Following the download, provision of services was delegated to fourteen (14) UTMs/DDAs and First Nations. Only three initially opted to direct deliver paramedic services, but by 2020 only the DNSSAB and the Town of Parry Sound continued to contract out paramedic services.

DNSSAB is in a unique position regarding the paramedic services design. The organization is one of only six organizations who continue to contract out paramedic services, but it is the only organization in Ontario to use multiple contractors. This process was not unusual in the past, but since the 2001 download, almost every UTM/DDA transitioned to direct delivery. The remaining five organizations who continue to contract out paramedic services consolidated to just one contractor (appendix A).

## ACCOUNTABILITY AND RESPONSIBILITY

UTMs/DDAs are responsible for costs associated with paramedic services, subject to any provincial grants. The current model speaks to grant funding at a rate of 50% of eligible costs, after consideration of First Nations, Territory without Municipal Organization (TWOMO) funding, and any other provincial funding. The provincial funding design is based on the prior year budget expenditures, meaning that cost increases and funding shortfalls are borne by the UTM/DDA in the first year, and any new funding from the Province is subject to retroactive approval.

The current contracted service delivery model in place in Nipissing District involves paramedic services operational delivery by three external organizations; however, the

overarching reality is that DNSSAB is legislatively responsible for level of service provision, scope of practice designation, and operational modeling. Additionally DNSSAB is responsible for the provision of services, ensuring capital inventory, and to ensure infrastructure oversight. Legislation places the responsibility for service continuity with UTMs/DDAs, regardless of any decision to contract or direct deliver paramedic services. This means that there remains a significant onus on agencies like the DNSSAB around effective service delivery. Choosing a contracted paramedic services delivery model may relieve the designated organization from the need to maintain a fulsome internal organizational structure, but it does not remove the overall accountability and responsibility from the Provincial Government (Essex, 2008).

DNSSAB continues to have staff engaged in planning, procurement, budgeting and reporting despite the contracted service model. During direct delivery deliberations, many other municipalities confirmed that the UTMs/DDAs had a significant investment in paramedic services (Regional Municipality of Peel, 2004). Ministry of Health, Emergency Health Services (MOH EHS-B) staff confirmed the DNSSAB responsibility for service provision during discussions held during this project review.

Mew et al (2017) reported the 2015 Auditor General Report finding of inequitable health services availability amongst remote First Nations (FN) communities, and identifying paramedic services among the most deficient for these communities. The DNSSAB is legislatively responsible for provision of paramedic services across a vast geography, including remote FN communities. Some FN communities have, MOH EHS-B designed emergency first response teams (EFRT) in place; however, the provision of paramedic services into remote communities remains DNSSAB's responsibility.

Drennan, Blanchard & Buick (2021) explored provision of safe, appropriate and patient-centred care, and the role of paramedics in an environment of increasing call volume, and new emerging health challenges. The emergence of the COVID-19 pandemic and the role of paramedics in managing the response is one example of such challenges.

## STRATEGIC AND OPERATIONAL FLEXIBILITY

The healthcare system in Ontario continues to evolve. The COVID-19 pandemic has exposed system gaps and opportunities around improved patient care, and enhanced public health measures. Paramedics are on the frontlines and play a pivotal role in community safety. There is increasing opportunity to leverage expertise in paramedic practice and community care to do more for Ontarians and for the health system (Smith & Dundas, 2021). Paramedic services have recognized the evolving community needs resulting from aging populations, lack of acute care and long-term care capacity, the inability to meet client needs by community care, homelessness, a growing crisis in

substance abuse, health disparities in First Nations Communities and the impact of mental health service gaps on patients. UTMs/DDAs possess the unique capacity to implement mitigation strategies that can flex and scale to meet the changing community's needs. Direct delivery of paramedic services permits rapid engagement and response, allowing for high quality, patient-centered care in a manner that is nimble and that can adapt to rapidly evolving needs (subject of course to any limitations pursuant to the specific provisions that are negotiated as of the collective agreement)

In 2006, the Peel Region Paramedic Service direct delivery report described level of service provision as something managed through a contractual agreement between the Operator and UTMs/DDAs. They concluded that effecting changes to these agreements during the lifetime of the contract would require significant investment and negotiation in order to build consensus, adding that this would not be a challenge for UTMs/DDAs who directly deliver paramedic services. They concluded that contracted paramedic services could lack flexibility and responsiveness within the system, adding that one of the most desirable factors surrounding the direct delivery of paramedic services is the ability to evolve the service based upon the community needs.

In Nipissing District, paramedic service call volume continues to grow. In 2021, district-wide volumes are expected to exceed 24,000 calls. The single largest area of growth is urgent and emergent on-scene assignments, while global non-urgent activities have steadily decreased. Programs such as Community Paramedicine have been proven to help reduce 9-1-1 emergency responses, emergency department visits and hospital admissions, but the service has still experienced emergency call volume increases of 20.5% since 2019 (appendix H). These increases have a significant impact on service capacity. A direct delivery model would permit system agility, while negating the requirement to revise service contracts in advance of any mitigation strategy (again, subject to any limitations pursuant to the collective agreement).

Paramedic service response times (RTS) are reported publicly by each UTM/DDA every year. The RTS system was implemented by the MOH in 2013. It allows for transparent information sharing. The system also allows municipalities to examine service delivery status, and to adopt system improvements. Prior to the RTS, the Province used a method for response reporting where each UTM/DDA was required to ensure the 90th percentile emergency response times achieved in 1996 were maintained. Paramedic services use evidence-based methods to determine best practices and in doing so have worked to improved response times to their residents.

In 2021, the Ministry of Long term Care (MLTC) funded DNSSAB to develop and deliver a Community Paramedicine (CP) program for residents on LTC wait lists, or people at

risk for requiring LTC placement. The program goal is to help these patients remain in their homes, living independently. The DNSSAB, as the funding recipient, determined that the program would operate district-wide. This required multiple hirings in each of the three separate services, and the development of three separate contracts for funding of the dollars to each contracted service provider. DNSSAB contracted a CP medical director to provide oversight to delegated activities.

CP funding in 2013 and in 2020 was provided by the MOH through Ontario Health-north, but these programs were flowed directly to NBRHC. The DNSSAB was not the funding recipient in these two programs. Importantly, the MOH CP funding process prohibits the flow of dollars directly to UTMs/DDAs, forcing funds to be issued to hospitals, who would then have to fund the UTM/DDA. This funding challenge has recently been raised by the both the OAPC and AMO. This challenge does not exist with MLTC funding.

The evolution of paramedic services across Ontario has resulted in system changes in order to meet community expectations. One notable change is an increasing number of urgent and emergent responses. Services have become far busier as the population ages and this demographic become a greater consumer of health care services. Additionally, social determinants of health are causal to increasing community needs. In order to ensure capacity for emergency services, many UTMs/DDAs have transitioned away from the business of non-urgent transportation. In response, many health care facilities, Ontario Health, and non-urgent service providers have assumed responsibility for funding and delivering these activities.

The current paramedic services delivery model in the District of Nipissing includes contracting out to two hospital systems. Across Ontario, paramedic services and hospital organizations have diverging priorities with respect to non-urgent interfacility and discharge transportation of patients.

Ontario's paramedic system has experienced a variety of chronic and complex challenges including under-funding, (psychological wellness of paramedics) hospital offload delays, conflicting system design, under-resourcing, lack of recognition for advanced care skills, call volume growth, degrading response times, rapidly changing medical protocols and technology developments. The DNSSAB will be able to foster the expertise and relationships to lead and be instrumental in this role. This model will enable responsive, rapid and coordinated implementation of system improvements for maximum control, accountability, monitoring and operational changes within the system.

As comorbidities, aging population demographics, and other emerging health challenges strain healthcare systems across Canada, there is a need to find creative and innovative ways to leverage existing health care resources. Paramedic Services can help reduce the healthcare burden from social determinants, and to improve quality of care. Paramedics have a demonstrated ability to adapt to meet emerging community needs. This concept of adaptability is compatible with evolving work to expand trends in paramedic education, culture and governance (Allana & Pinto, 2021).

## PROFESSIONAL STANDARDS AND QUALITY ASSURANCE

Regulation requires that organizations operating paramedic services maintain specified records related to personnel and service provision. The DNSSAB model currently has a requirement for each of the contractors to manage specific details and to report them to the DNSSAB.

Under Regulation, each paramedic service is subject to a prescriptive certification process every three years. These events require significant investment of time to prepare responses. Given that DNSSAB contracts out paramedic service delivery, the requirement is that each of the three (3) operators are subject to the review process. This triplication of efforts affects the organizational workload. Migration to a single direct delivery model would reduce these redundant efforts.

## FINANCIAL ANALYSIS

A decision by any UTMs/DDAs to move to a direct delivery model for the paramedic services should be premised on a desire to ensure greater system oversight and municipal responsiveness, along with a desire to ensure an equitable district-wide approach. The vast majority of paramedic services costs (80%) relate to staffing, wages and benefits. In almost every service, these budget lines are reached through collective bargaining. Without altering the staffing profile/deployment model there is very little that can be done to realize savings in this area.

DNSSAB staff prepared a shadow budget for the 2021 year in order to permit a lateral financial analysis of the status quo contracted service model against a direct delivery model. The result of the process revealed an incremental 2021 budget reduction associated with the direct annual delivery budget of approximately $600,000.

The current model of contracted paramedic service delivery requires the preparation and implementation of four (4) separate budgets to manage the different programs. Each contractor has to prepare and submit their own operating budget, a document that then requires review and response by DNSSAB staff. Additionally, DNSSAB has to

prepare an annual budget to address items not managed by the contract agencies. In 2021, the three contractor budgets and the DNSSAB budget totaled slightly more than $12 million. As a financial consideration, each contractor and the DNSSAB must prepare annual audits that are then compiled and made available to the MOH. DNSSAB staff are then subject to ongoing interaction with the MOH to address concerns related to any of the four audits.

The cost analysis for the direct DNSSAB specific budget items was unchanged in order to permit a lateral assessment. Any service enhancements introduced into the design would have altered the process methodology. Future service or program enhancements will be brought forward as to the Board as due process such as budget deliberations.

## SERVICE EVOLUTION/ENHANCEMENT OPPORTUNITIES

The evolution of public services is inherently tied to community expectation and financial impacts. Paramedic services are no different in that the development of a service delivery model will be successful where it meets the evolving community needs and is considerate of the influence on that community.

As was previously discussed, paramedic service enhancements can be categorized as service deployment, service delivery and infrastructure. Each of these items must be regularly evaluated to ensure expectations and impact are managed efficiently.

In 2021, the district-wide paramedic services call volume is expected to be 10% higher than in 2016. While call volume increases are notable, more importantly is evolving patient severity. In 2016 non-urgent workload, medical appointment transportation and repatriation and balanced coverage assignments accounted for 41.4% of the total workload. In 2021, staff anticipate that non-urgent and standby workload will represent only 20.4% of volume.

Urgent and emergent responses now represent 79.6%, with urgent responses up by 49.7% and emergent responses up by 59.9%. This evolving response dynamic has a significant impact on the service's ability to manage workload and mitigate the affect of resource degradation.

Information from the UTMS/DDAs across Northern Ontario who are operating with on-call deployment reveals that only one other service still utilizes a model of 16-hour daily on-call staffing, and that service will be amending their model in 2022.

Paramedics in Ontario are classified by their provincial certification. The three classifications are; Primary Care (PCP), Advanced Care (ACP) and Critical Care (CCP). Nipissing District does not deploy Critical Care paramedics but there are both PCPs and ACPs.

Service enhancement must also consider both technical and physical infrastructure examination. Technological solutions intended to improve service delivery continue to become available.

Bidirectional data transfer between the MOH Central Ambulance Communications Centres (CACCs) and the paramedics is one new technology. The program permits information sharing, leading to reduced need for direct communication, while permitting routing options, and auto-population of much of the patient records. Work done by some early adopters of these systems reported reduced time on task for documentation, improved response times, and greater employee satisfaction. A second technology involves new generation vehicle monitoring functions and integration of each paramedic services vehicle as a wireless hotspot that will permit a number of initiatives to be realized. Each of the technological enhancements discussed in this report are not currently in use by DNSSAB, but will require assessment.

As detailed previously, DNSSAB contracts with three service providers who operate from stations in five separate communities. Station sites provide for heated vehicle storage, and an area for paramedics between responses. In North Bay, West Nipissing and Temagami a designated deployment facility with both vehicle and staff accommodation exists. The Mattawa Hospital accommodates paramedics in a small designated crew area within their hospital and in South Algonquin, arrangements have paramedics sharing a municipal building (fire station) for on-site hours. There are some compelling reasons to explore station facilities to ensure each site is appropriate. Despite any decision regarding the model for paramedic service delivery, discussions will need to take place to study options for station designs where changes are necessary, and investment in such options would be required.

Finally, an assessment of paramedic services fleet design will be necessary as part of any service enhancement potentials. The current DNSSAB fleet makeup includes 16 ambulances. There are also three Paramedic Response Units (PRUs) that are utilized by the 24/7 supervisory staff, and by senior staff. These vehicles are not part of

deployment. The vehicle deployment includes two ambulances positioned at the Temagami station, Mattawa station and Whitney station. This permits a front line resource and a mechanical spare. The purpose of the spare is to ensure redundant capacity in the event the front line response unit fails mechanically, requires scheduled or unscheduled maintenance, or becomes inoperable for any other reason. The design ensures response capacity. In West Nipissing, there are three ambulances (two deployed on day shifts, and one on nights). The three vehicles are required for daily deployment, meaning that there is no mechanical spare. The North Bay station has seven ambulances positioned on site, permitting the deployment of four ambulances on each day shift, and three ambulances on night shifts. Again, there is no ambulance fleet redundancy should any ambulance be mechanically out of service. The final piece of the DNSSAB paramedic services fleet includes three vehicles utilized for Community Paramedicine. These vehicles are not emergency response up-fitted, nor are they designed for such a purpose. These vehicles are designed with low conspicuity features, and to mitigate stressors for clients when positioned at residences.

An in depth assessment of the ambulance fleet design should be completed in 2022, but the DNSSAB will need to consider addressing the extremely lean ambulance fleet. Additionally, the DNSSAB needs to better define and enforce the utilization and replacement cycle of the ambulance fleet.

Consideration for service enhancement is not simply increasing hours of deployment. It includes the types of service delivered. It also means the ability to be proactive as the health environment changes. A direct delivery model would allow the Board to determine best use of resources in a manner that can be responsive and not subject to unnecessary contractual challenges.

## CONCLUSION

A review of DNSSAB's current model for paramedic service system delivery was completed between March of 2021 and November 2021. The review followed the DNSSAB Board of Directors decision to compare the contracted service current model against a direct delivery model. The direct delivery model would involve the DNSSAB operating paramedic services and employing the personnel required for service provision.

Since the Ontario Government's decision to transition paramedic services from a provincial to municipal responsibility more than two decades ago, the direct delivery model has become the standard for service provision of this essential emergency and health service. While, almost every UTM/DDAs have shifted to direct delivery since the

downloading of service provision, many organizations maintained a contracted service arrangement for a period of time (the length of which varied from organization to organization), and only later determined that direct delivery was the desired strategy. The decision followed organizational maturation, education and evolution.

Organizational expertise of paramedic services within UTMs/DDAs has grown over the last 20 years allowing for confidence in a transition to program delivery and internal oversight. Such expertise exists within the DNSSAB and can be leveraged with a decision to develop a direct delivery model.

In North Eastern Ontario, there were 37 individual paramedic services in 1999 (see Appendix B). The 2001 download of service responsibility to UTMs/DDAs resulted in a total of nine agencies in the Northeast. Only Algoma District and the City of Greater Sudbury moved to a direct delivery model at that time, while the remaining organizations continued to contract out the services. In 2021, only Nipissing DSSAB and the Town of Parry Sound continue to contract out paramedic services. Across Ontario, only six UTMs/DDAs continue to contract out paramedic services (Appendix A). The trend to direct delivery is clear.

This report not only details the trend toward direct delivery of paramedic services in Ontario, but also captures the rationale put forward by a number of organizations. The report also examines operational, financial, and human resource factors, and measures the complexity of such a transition decision as it dovetails to Board established principles, and strategic priorities. The review laterally compares direct delivery to a status quo options across these measures to fully inform the DNSSAB Board of Directors of advantages and disadvantages for each option.

The information in this report was developed through a focused assessment of current Provincial Regulations, a review of several paramedic services who had already transitioned from contracted to direct delivery, and through collaboration with paramedic services leaders from across Ontario. The past experiences shared by the County of Essex, the Regional Municipality of Peel, Muskoka District, Rainy River District, Sault Ste. Marie District, Manitoulin-Sudbury Districts, and Cochrane District were explored in depth. Each of these organizations were able to provide information crucial to the development of a sound transition plan, and each of the organizations affirmed the decision to move to a direct delivery model was the correct decision.

The review of service delivery options includes the detailed assessment of human resource, labour management, and administrative support considerations. These factors were examined through the lens of both ongoing and a one-time basis.

A decision to transition to a DNSSAB direct delivery paramedic service model is one that will achieve success while supporting the principles of adaptability and service sustainability, continuous quality improvement through evidence-based processes and partner engagement, and service sustainability and growth through financial responsibility and strategic vision. Incorporating each of these principles necessitates the transition to direct delivery to ensure organization oversight and responsiveness can be integrated into the DNSSAB vision and not reside externally where others can determine its direction.

Finally, the decision to move to a direct delivery paramedic service model across Nipissing District is defensible and appropriate. It will afford the DNSSAB and member municipalities' capacity to ensure legislated responsibilities are met, while the operation is delivered in an efficient manner that is determined by its residents into the future.

The following table captures both the Pros and Cons for direct delivery, considering the Board established principles.

## Principles- Pros/Cons Comparison

| Issue | Direct Delivery Pros | Direct Delivery Cons |
|---|---|---|
| System Sustainability | A direct delivery model will permit the DNSSAB and its member municipalities to ensure the provision of paramedic services can be monitored and managed through direct oversight. The DNSSAB would be able to evolve the system fairly and consistently. | |
| Strategic Vision | DNSSAB strategic vision will dovetail to that of the paramedic services, and will permit alignment of service delivery with DNSSAB strategic priorities.<br><br>The process will permit a single coordinated paramedic service across the district. | |

| | | |
|---|---|---|
| System Adaptability (Nimbleness) | The direct delivery model will permit the organization to employ nimbleness to improve a holistic approach to patient care, unrestrained by the status quo model, and will allow greater engagement community partners. | |
| Service Level Improvement | The DNSSAB will have streamlined capacity to examine and alter resource deployment, address community needs for increased scope of care, and integration of a more holistic approach to care. | |
| Financial Considerations | The lateral comparison of operational budgets revealed an annualized budget decrease of approximately $600,000, as of 2023. | There will be transitional (one-time) costs. In 2022, any operational cost savings will be negated in order to permit transitioning of the service.<br><br>While staff are confident in the financial assessment, the intent is to hold any contingent savings in 2022 to address unknown factors. This presents a risk of the unknown.<br><br>Some costs, like WSIB costs, will become direct for the DNSSAB as the employer and these may or may not be significant over time. |
| Evidence-based Practice | There would be capacity to assess and respond to emerging processes, proactively.<br><br>Increased collaboration between the paramedics, medical oversight, and the operational agency. | There would be a need to establish relationships with partners that currently are not in place. |

| | | |
|---|---|---|
| | Elimination of contractor layers and potential challenges to introduction of new processes. | |
| Continuous Quality Improvement | The ability to achieve high performance improvements in such a regulated environment can be observed and actioned rapidly. | Not unlike the challenge with evidence-based practice, the transition to direct delivery would require establishment of additional relationships with partners. |

## RECOMMENDATION

WHEREAS a transition of paramedic services to direct delivery by the DNSSAB will permit a more nimble and responsive service delivery model;
AND WHEREAS such a transition may provide a reduced cost;
AND WHEREAS such a transition will permit system efficiencies that will be patient centric and community focused;
THAT DNSSAB approve in principle the direct delivery model for paramedic services effective prior to January 1, 2023;
AND THAT staff take appropriate steps to finalize a transition implementation plan with stakeholders;
AND THAT the financial impact for the direct delivery decision be built into the 2022 budget.

## Appendix A

**UTM/DDA Current List of Paramedic Services**

| UTM/DDA | Paramedic Service Name | Delivery Model |
|---|---|---|
| Algoma District | Algoma District Paramedic Services | Direct delivery |
| Brant County | County of Brant Paramedic Service | Direct delivery |
| Bruce County | Bruce County Paramedic Service | Direct delivery |
| Chatham/Kent | Chatham/Kent EMS (Medavie) | Contracted |
| Chippewas of Rama FN | Rama Paramedic Services | Direct delivery |
| Christian Island FN | Beausoleil First Nation EMS | Direct delivery |
| Cochrane District | Cochrane District EMS | Direct delivery |
| County Essex-Windsor | Essex-Windsor EMS | Direct delivery |
| Dufferin County | Dufferin County Paramedic Service (Headwater) | Contracted |
| Durham Region | Region of Durham Paramedic Services | Direct delivery |
| Elgin County | EMS Elgin (Medavie) | Contracted |
| Frontenac County | Frontenac Paramedic Services | Direct delivery |
| Greater Sudbury | Greater Sudbury Paramedic Services | Direct delivery |
| Grey County | Grey County Paramedic Services | Direct delivery |
| Guelph/Wellington | Guelph-Wellington Paramedic Services | Direct delivery |
| Haldimand County | Haldimand Paramedic Services | Direct delivery |
| County of Haliburton | Haliburton Paramedic Services | Direct delivery |
| Halton Region | Halton Region Paramedic Services | Direct delivery |
| City of Hamilton | Hamilton Paramedic Service | Direct delivery |
| Hastings County | Hastings Quinte Paramedic Services | Direct delivery |
| Huron County | Huron County Paramedic Services | Direct delivery |
| Kawartha Lakes | Kawartha Lakes Paramedic Service | Direct delivery |
| Kenora District | Northwest EMS | Direct delivery |
| Lambton County | Lambton Emergency Medical Services | Direct delivery |
| Lanark County | Lanark County Paramedic Services (Almonte Hospital) | Contracted |
| Leeds & Grenville Leeds | Leeds Grenville Paramedic Service | Direct delivery |
| Lennox & Addington | Lennox Addington Paramedic Services | Direct delivery |
| Manitoulin-Sudbury DSB | Manitoulin-Sudbury Paramedic Service | Direct delivery |
| Muskoka District | Muskoka Paramedic Services | Direct delivery |
| Naotkamegwanning FN | Naotkamegwanning EMS | Direct delivery |
| Niagara | Niagara Emergency Medical Services | Direct delivery |
| Nipissing District | District of Nipissing EMS (NBRHC, Mattawa, Temagami) | Contracted |
| Norfolk County | Norfolk County Paramedic Services | Direct delivery |
| Northumberland County | Northumberland Paramedics | Direct delivery |
| Oneida Nation of the Thames FN | Oneida Nation Paramedic Services | Direct delivery |
| City of Ottawa | Ottawa Paramedic Service | Direct delivery |
| Oxford County | Oxford County Paramedic Services | Direct delivery |
| Peel Region | Peel Regional Paramedic Services | Direct delivery |
| Perth County Perth County | Perth County Paramedic Services | Direct delivery |
| Peterborough County | Peterborough County-City Paramedics | Direct delivery |
| Prescott & Russell | Prescott Russell Paramedic Service | Direct delivery |
| Rainy River District | Rainy River District Paramedic Services | Direct delivery |
| Renfrew County | County of Renfrew Paramedic Services | Direct delivery |
| Sault Sainte Marie District | Sault Ste. Marie Paramedic Services | Direct delivery |

| | | |
|---|---|---|
| Simcoe County | Simcoe County Paramedic Services | Direct delivery |
| Stormont/Cornwall | Cornwall SD&G Paramedic Services | Direct delivery |
| Thunder Bay City | Superior North EMS | Direct delivery |
| Timiskaming District | District of Timiskaming EMS | Direct delivery |
| Town of Parry Sound | Parry Sound EMS (WPSHC) | Contracted |
| Waterloo Region | Region of Waterloo Paramedic Services | Direct delivery |
| Weeneebayko Area Health Authority | Weeneebayko Area Health Authority Paramedic Service | Direct delivery |
| York Region | York Region Paramedic Services | Direct delivery |

## Appendix B

**Ministry of Health Listing: Northeastern Ontario Land Ambulance Services – 1999**

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|---|---|
| Blind River | Matheson |
| Espanola | Mattawa |
| Haileybury | Gore Bay |
| Hearst | Hornepayne |
| Kirkland Lake | Wawa |
| Sudbury, Hagar | White River |
| Dubreuilville | Smooth Rock Falls |
| Elliot Lake, Massey | Killarney |
| Little Current, Mindemoya, | Gogama |
| Temagami | Foleyet |
| Bracebridge | **Total Services: 37** |
| Huntsville | |
| Parry Sound, Burks Falls, Point Au Baril, Mactier | |
| Iroquois Falls | |
| Englehart | |
| Mactier | |
| Sturgeon Falls | |
| Kapuskasing | |
| Cochrane | |
| Wikwemikong FN | |
| Noelville | |
| Chapleau | |
| North Bay, Argyle, Powassan | |
| Moosonee, Moose Factory | |
| Timmins | |
| Sault Ste. Marie, Thessalon | |
| South River | |

*listing provided by the MOH, EHS-B Northern Field Office

## Appendix C

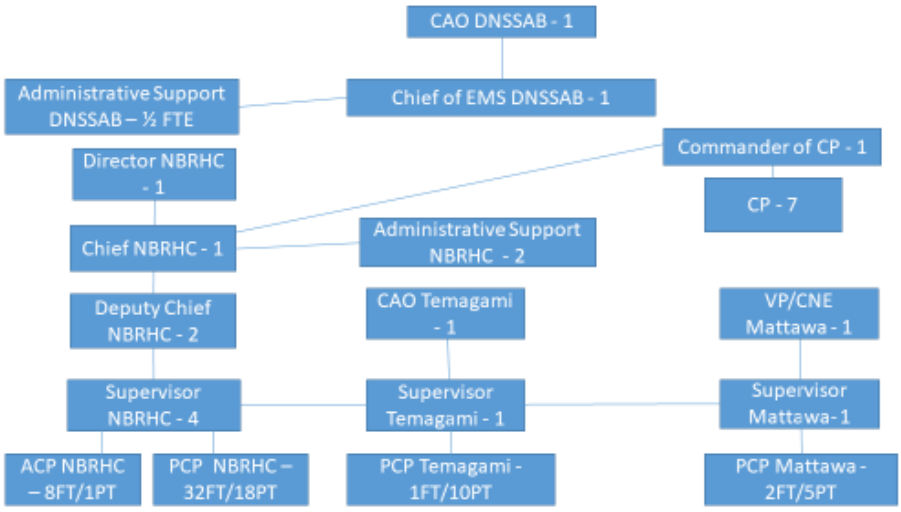
**Northern Ontario UTM/DDA Service Assumption History**

| UTM/DDA | Current Model | Move to Direct Delivery | Pre-2001 Service #s | Pre-2001 Service Composition |
|---|---|---|---|---|
| Kenora DSSAB | Direct Delivery | 2001 - 2002 | 9 | Hospital (6)<br>Municipal (3) |
| Rainy River DSSAB | Direct Delivery | 2005 | 2 | Hospital (2) |
| Thunder Bay | Direct Delivery | 2002 - 2003 | 8 | Hospital (5)<br>Private (3) |
| Sault Sainte Marie DSSAB | Direct Delivery | 2018 | 2 | Hospital (1)<br>FN (1) |
| Naotkamegwanning FN | Direct Delivery | 2007 | 0 | NA |
| Algoma DSSAB | Direct Delivery | 2001 | 7 | Hospital (3)<br>Municipal (4) |
| Manitoulin-Sudbury DSB | Direct Delivery | 2004 | 11 | Private (3)<br>Hospital (2)<br>Municipal (5)<br>FN (1) |
| City of Greater Sudbury | Direct Delivery | 2000 | 1 | Private (1) |
| Parry Sound District | Contract Delivery | NA | 5 | Hospital (2)<br>Municipal (3) |
| Timiskaming DSSAB | Direct Delivery | 2005 | 3 | Private (1)<br>Hospital (2) |
| Muskoka District | Direct Delivery | 2016 | 3 | Private (1)<br>Hospital (2) |
| Cochrane DSSAB | Direct Delivery | 2005-2019 | 7 | Hospital (6)<br>Private (1) |
| Weeneebayko Area Health Authority | Direct Delivery | 2001 | 1 | Hospital (1) |

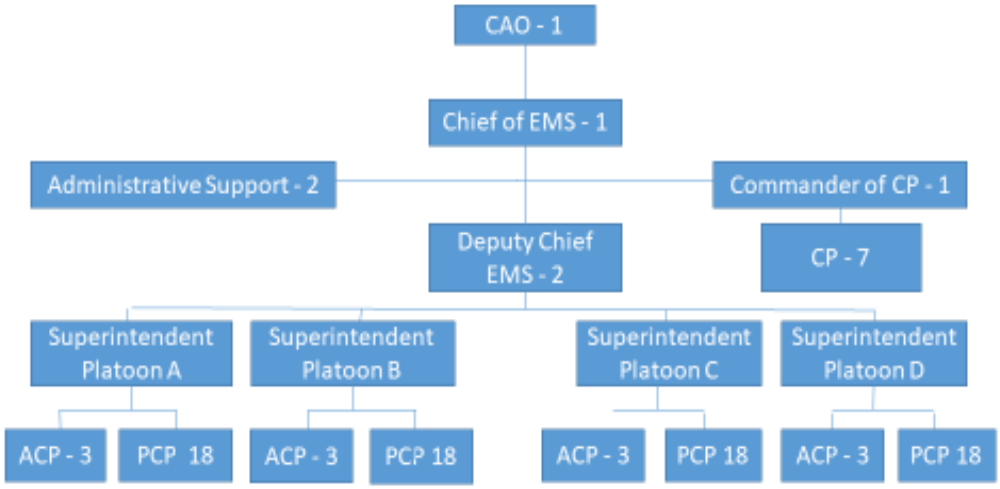
| | | | | |
|---|---|---|---|---|
| Nipissing DSSAB | Contract Delivery | NA | 4 | Municipal (1)<br>Hospital (3) |
| Total | 11 Direct Delivery Systems<br>2 Contract Service System Designs | | 61 | |

# Appendix D

**Status Quo Model Organizational Structure**




**EMS Direct Delivery Organizational Structure**
**(Without Service Enhancements)**



## Appendix H

**Response Volume Changes: 2019 to 2021**

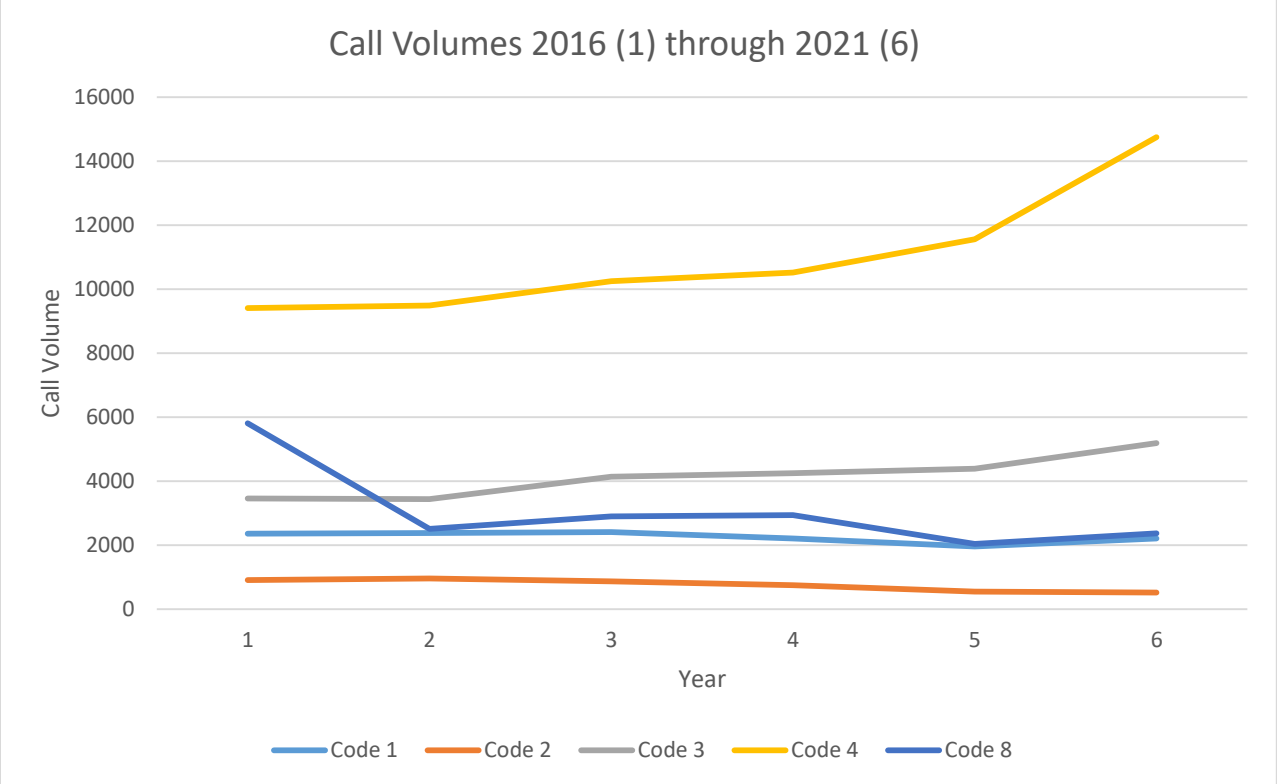
| Nipissing District | Non-Urgent | | Urgent/Emergent | | Balanced Standby | |
|---|---|---|---|---|---|---|
| Date Range | Priority-1 | Priority-2 | Priority-3 | Priority-4 | Priority-8 | Total |
| Jan 1 to Dec 31 2019 | 2,211 | 751 | 4,249 | 10,526 | 2,945 | 20,714 |
| Jan 1 to Dec 31 2020 | 1,962 | 554 | 4,391 | 11,563 | 2,041 | 20,511 |
| 19-20 Change (%) | -11.3% | -26.3% | +3.3% | +9.9% | -30.7% | -0.09% |
| 2021 (Extrapolated) | 1,921 | 502 | 4,793 | 13,892 | 2,373 | 24,958 |
| 20-21 Change (%) | +13.0% | -5.3% | +18.2% | +27.6% | +16.3% | +21.7% |

*2021 volumes extrapolated from the actuals for the period through October 20th.

**Data from MOH ADRS System.

**2016 Volumes**

| Date Range | Priority-1 | Priority-2 | Priority-3 | Priority-4 | Priority-8 | Total |
|---|---|---|---|---|---|---|
| Jan 1 to Dec 31 2016 | 1,956 | 855 | 3,201 | 8,685 | 5,801 | 21,498 |
| 16-21 percent change | -1.8% | -41.3% | +49.8% | +60.0% | -59.1% | +9.3% |



## Appendix I

### 2021 Vehicle Deployment/Staffing Hours

| Deployment Community | Daily Assignment | Annual Deployment | Annual Staffing |
|---|---|---|---|
| North Bay | 12 Hours - Days | 4,380 | 8,760 |
| North Bay | 12 Hours - Days | 4,380 | 8,760 |
| North Bay | 12 Hours - Days | 4,380 | 8,760 |
| North Bay | 8 Hours - Days | 2,920 | 5,840 |
| North Bay | 12 Hours - Nights | 4,380 | 8,760 |
| North Bay | 12 Hours - Nights | 4,380 | 8,760 |
| North Bay | 12 Hours - Nights | 4,380 | 8,760 |
| West Nipissing | 12 Hours - Days | 4,380 | 8,760 |
| West Nipissing | 12 Hours - Nights | 4,380 | 8,760 |
| West Nipissing | 8 Hours - Days | 2,920 | 5,840 |
| Mattawa | 8 Hours - Days (16 on-call) | 2,920 | 5,840 |
| South Algonquin | 8 Hours - Days (16 on call) | 2,920 | 5,840 |
| Temagami | 8 Hours - Days (16 on call) | 2,920 | 5,840 |
| **Total** | **124 Hrs. Daily Deployment** | **49,640** | **99,280** |
| | | | |
| Supervisory Coverage | 12 Hours - Days | 4,380 | 4,380 |
| Supervisory Coverage | 12 Hours - Nights | 4,380 | 4,380 |
| **Total Supervisory** | **24 Hours Daily Coverage** | **8,760** | **8,760** |

### 2016 Vehicle Deployment/Staffing Hours

| Deployment Community | Daily Assignment | Annual Deployment | Annual Staffing |
|---|---|---|---|
| North Bay | 12 Hours - Days | 4,380 | 8,760 |
| North Bay | 12 Hours - Days | 4,380 | 8,760 |
| North Bay | 12 Hours - Days | 4,380 | 8,760 |
| North Bay | 8 Hours - Days (Mon. - Fri.) | 2,080 | 4,160 |
| North Bay | 12 Hours - Nights | 4,380 | 8,760 |
| North Bay | 12 Hours - Nights | 4,380 | 8,760 |
| North Bay | 12 Hours - Nights | 4,380 | 8,760 |
| West Nipissing | 8 Hours - Days | 2,920 | 8,760 |
| West Nipissing | 8 Hours - Days | 2,920 | 8,760 |
| West Nipissing | 6 Hours - Afternoons | 2,190 | 4,380 |
| West Nipissing | 8 Hours - Nights | 2,920 | 5,840 |
| Mattawa | 8 Hours - Days (16 on-call) | 2,920 | 5,840 |
| South Algonquin | 8 Hours - Days (16 on call) | 2,920 | 5,840 |
| Temagami | 8 Hours - Days (16 on call) | 2,920 | 5,840 |
| **Total** | **124 Hrs. Daily Deployment** | **46,720** | **93,440** |
| | | | |
| **Total Supervisory** | **24 Hours Daily Coverage** | **0** | **0** |

## Appendix J

**Paramedic Scope of Practice Comparison – PCP/ACP**

| Skills Inventory | Primary Care Paramedic | Advanced Care Paramedic |
|---|---|---|
| Medical Cardiac Arrest (Defibrillation, Termination of Resuscitation) | X | X |
| Trauma Cardiac Arrest (Defibrillation, Termination of Resuscitation) | X | X |
| Hypothermia Cardiac Arrest (Defib) | X | X |
| Foreign Body Airway Obstruction Cardiac Arrest (Defibrillation) | X | X |
| Neonatal Resuscitation | X | X |
| Return of Spontaneous Circulation | X | X |
| Cardiac Ischemia (ASA, Nitroglycerin SL) | X | X |
| Acute Cardiogenic Pulmonary Edema (Nitroglycerin SL) | X | X |
| Hypoglycemia (Dextrose IV, Glucagon IM) | X | X |
| Bronchoconstriction (Salbutamol MDI/neb, Epinephrine 1:1000 IM) | X | X |
| Moderate to Severe Allergic Reaction (Epinephrine IM, Diphenhydramine IV/IM) | X | X |
| Croup (Epinephrine 1:1000 nebulized) | X | X |
| 12 Lead ECG Acquisition & Interpretation | X | X |
| Adult Analgesia (Ibuprophen, Acetaminophen, Ketorolac) | X | X |
| Opioid Toxicity (Naloxone SC/IM/IV) | X | X |
| Auxiliary Intravenous & Fluid Therapy (0.9% NaCl) | X | X |
| PCP Manual Defibrillation | X | X |
| Home Dialysis Emergency Disconnect | X | X |
| Emergency Childbirth | X | X |
| Suspected Adrenal Crisis | X | X |
| Patellar Dislocation Research Protocol | X | X |
| Endotracheal and Tracheostomy Suctioning and Reinsertion | X | X |
| Auxiliary Cardiogenic shock | X | X |
| Auxiliary Continuous Positive Airway Pressure | X | X |
| Auxiliary Supraglottic Airway (King LT) | X | X |
| Auxiliary Nausea and Vomiting (Dimenhydrinate IV/IM) | X | X |
| Auxiliary Special Events Medical Directives | X | X |
| Medical Cardiac Arrest (Epinephrine 1:10,000 IV/IO/ETT, Lidocaine/Amiodarone IV/IO)3 | | X |
| Trauma Cardiac Arrest | | X |

| | | |
|---|---|---|
| Hypothermia Cardiac Arrest | | X |
| Foreign Body Airway Obstruction Cardiac Arrest (Laryngoscopy and Magill forceps) | | X |
| Neonatal Resuscitation (Epinephrine 1:10,000 IV/IO/ETT) | | X |
| Return of Spontaneous Circulation (Dopamine IV) | | X |
| Cardiac Ischemia (Morphine IV) | | X |
| Acute Cardiogenic Pulmonary Edema (Nitroglycerine SL) | | X |
| Cardiogenic Shock (Dopamine IV) | | X |
| Symptomatic Bradycardia (Atropine IV, Transcutaneous Pacing, Dopamine IV) | | X |
| Tachydysrhythmias (Valsalva Maneuver, Adenosine IV, Lidocaine/Amiodarone IV, Synchronized Cardioversion) | | X |
| Intravenous & Fluid Therapy (0.9% NaCl IV/IO) | | X |
| Pediatric Intraosseous (IO) Infusion | | X |
| Seizure (Midazolam IV/IM) | | X |
| Endotracheal Intubation – oral, nasal (Xylometazoline, Lidocaine spray) | | X |
| Tension Pneumothorax – (Needle Thoracostomy) | | X |
| Hyperkalemia (Calcium Gluconate and Salbutamol) | | X |
| Adult Analgesia (Ibuprophen, Acetaminophen-PO Ketorolac IM/IV and Morphine IV/SC and Fentanyl IV/IN) | | X |
| Endotracheal Tube and Tracheal Suctioning | | X |
| Auxiliary Adult Intraosseous (IO) Infusion | | X |
| Auxiliary Central Venous Access Device (CVAD access) | | X |

*Skills Inventory provided by Health Sciences North Centre for Prehospital Care

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District of Nipissing Social Services Administration Board | Conseil d'administration des servicessociaux du district de Nipissing

**BRIEFING NOTE HS41-21**

**☐ For Information or ☒ For Approval**

**Date:** November 24, 2021

**Purpose:** **Sale of Affordable Housing project located at of 145 Main Street, Sturgeon Falls**

**Prepared by:** Stacey Cyopeck, Director, Housing Programs

**Reviewed by:** Catherine Matheson, Chief Administrative Officer

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## RECOMMENDATION

THAT the District of Nipissing Social Services Administration Board receives, for approval, report HS41-21 regarding the sale of the Canada-Ontario Affordable Housing Program (AHP) (2003) project located at 145 Main Street in Sturgeon Falls.

## BACKGROUND:

- On September 24, 2009, the Ministry of Municipal Affairs and Housing (MMAH) and 1732965 Ontario Limited entered into a Contribution Agreement for an 18-unit affordable housing project located at 145 Main Street in Sturgeon Falls, ON.

- On June 18, 2021, 1732965 Ontario Limited informed the DNSSAB that they had entered into a conditional sale agreement with 2830892 Ontario Inc. (owned by Mr. Nazbur Rahman) for the property located at 145 Main Street in Sturgeon Falls, ON.

- This project offers two (2) bachelor, fourteen (14) one-bedroom, and two (2) two-bedroom affordable apartment units for seniors.

## CURRENT STATUS/STEPS TAKEN TO DATE:

- DNSSAB has been facilitating the transfer of this affordable housing project by requesting various documentation required to expedite the transfer.

- As of October 20, 2021, the seller and purchaser have submitted all required documentation to the DNSSAB.

- Following the Housing Program's review of the submitted documents, the following items were noted regarding the purchaser:
    - Mr. Nazbur Rahman is an experienced landlord in the Province of Ontario (including the District of Nipissing and West Nipissing) and a respected small-business owner.
    - Mr. Nazbur Rahman's finances meet the equity requirements.
    - Proper insurance coverage and financing documentation have been received.

**RESOURCES REQUIRED:**

- Final communication from the Ministry regarding the approval/denial of this transfer.

- Final communication from the buyer/seller that the sale has been finalized.

**RISK IDENTIFICATION AND MITIGATION:**

- The potential sale of this project will not have any effect on the program's budget as the agreement for this project is directly with the MMAH and therefore the project does not receive any funding from the DNSSAB.

- The sale of this project will also support and ensure that the 18 units remain affordable.

- The most noteworthy risk facing the DNSSAB will be that the Ministry chooses to deny the transfer of the project. Although unlikely, should this occur the current operator may choose to sell the property in lieu of the agreement and choose to pay out the remainder of the agreement to MMAH, removing the affordability component from the sale, leading to the loss of 18 affordable housing units.

**CONCLUSION:**

After a full review of the information provided by the purchaser, Housing Programs staff are confident that Mr. Rahman will continue to provide quality, affordable housing to the citizens of West Nipissing at the property located at 145 Main Street in Sturgeon Falls. As such, we are seeking the Board's endorsement of Mr. Rahman as an AHP proponent. This endorsement will be provided to the MMAH who will also be required to approve the sale of the property.

The DNSSAB will continue to liaise with both the MMAH and the buyer/seller regarding the sale of this property, and will assist all parties as required/necessary.

District of Nipissing Social Services Administration Board

Conseil d'administration des services sociaux du district de Nipissing

**BRIEFING NOTE B23-21**

**☒ For Information or ☐ For Approval**

**DATE:** November 24, 2021

**PURPOSE:** **FONOM/NOMA/NOSDA Resolution**

**PREPARED BY:** Marianne Zadra, Executive Coordinator

**REVIEWED BY:** Catherine Matheson, CAO

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**INTRODUCTION:**

At the 2021 AMO Conference, FONOM/NOMA/NOSDA participated in a multi-minister delegation on the mental health, homelessness and opioid crisis in northern Ontario. They expressed a desire to create a strategy in consultation with DSSABs/Municipalities, local stakeholders and Northern Ontario Health Teams that consolidates the multitude of agencies working in these fields to better address these concerns. The recommendation below resulted from that delegation.

WHEREAS Communities across the province are addressing an intensified social crisis and Northern Ontario is no different. We recognize that creating solutions will require a multi-ministry approach but if there are lessons to be learned from this pandemic, what were once cracks in the health care foundation, there are now large gaps forming especially around mental health, addictions, and homelessness;

WHEREAS Northern Ontario has significant challenges when it comes to accessing mental health and addictions services for our people in our communities;

WHEREAS over 300 Child care staff who provide services to over 21,000 licenced child care spaces in over 340 locations across the North and they see the effects of Mental Health and Addictions every day in the children they care for and the parents they support;

WHEREAS, the defined area of Northern Ontario is over 800,000 square kilometres. Also, annually over 500 Social Services staff provide financial and employment assistance to over 15,000 families in 37 delivery sites across the North. Over 300 Community Housing staff provide safe and affordable housing to over 17,000 families in the North. In addition, there are many Police Officers and over 900 paramedics who responded to 200,000 medical emergency 911 calls. Paramedics have seen the direct results of the Mental Health and Addictions crisis in the North and in some cases becoming ill themselves trying to cope with what they have seen;

WHEREAS FONOM appreciates the efforts of all the agencies that are working to help and support those addicted to opioids. In some districts, over 30 agencies are providing some

assistance. But we would like to see consolidation of these agencies with the input of Municipalities/DSSAB's and local stakeholders. As we believe, a streamlined agency would be able to put the combined funds to better use;

THEREFORE BE IT RESOLVED that FONOM ask that our Northern Ontario Health Teams, in consultation with Municipalities/DSSAB's and local stakeholders, support a province-wide strategy that supports such consolidation;

FUTHER BE IT RESOLVED that a copy of this Resolution to be shared with Premier Ford, Christine Elliott the Minister of Health, Michael Tibollo the Associate Minister of Mental Health and Addictions, the Leaders of the Provincial Oppositions, and the Association of Municipalities of Ontario (AMO), and Association of Municipalities of Ontario (AMO).

District of Nipissing Social Services Administration Board | Conseil d'administration des services sociaux du district de Nipissing

# BRIEFING NOTE B13-21

**X For information** **For Approval**

**Date:** November 24, 2021

**Purpose:** **Soft Phones**

**Prepared by:** Melanie Shaye Director of Corporate Services

**Reviewed by:** Catherine Matheson, CAO

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Briefing Note B13-21 provides the District of Nipissing Social Services Administration Board (DNSSAB) an update on the workplace softphone solution, for information purposes.

## BACKGROUND

As part of the DNSSAB's new business model, alternative work arrangements including remote work and shared office spaces have been implemented for staff. Technology has been a critical consideration, as the new business model has required a significant shift in terms of connectivity and set up, as well as hardware solutions.

At the onset of the pandemic, a variety of temporary solutions were implemented with the primary goal of getting as many staff as possible into a remote work environment thereby reducing risks associated with COVID-19. Now that a new business model is being rolled out in the workplace, more permanent solutions are being implemented. One solution in the process of being implemented is soft phones.

**Soft phones:** a piece of software that allows users to make telephone calls over the internet via a computer. It can be installed on a laptop, tablet or smart phone that allows the user to remotely leverage the performance and connection of a work phone.

In March 2021, a Request for Proposal (RFP) closed for a Supply and Implementation, Unified Communication and VoIP Phone System. The objectives of the project were to:

a) Implement a unified system that allows staff to communicate with the public and each other;
b) Reduce administration and maintenance costs;
c) Be flexible in how staff can use the service (application on a computer, physical hardware for in the office or at home, App on a cell phone, etc.);
d) Possess consistent features and experience across all platforms;
e) Be scalable system that can add and remove staff as needed;
f) Possess a high level of reliability with no single point of failure;
g) Have high availability;
h) Use robust management tools for administering the system;
i) Offer reporting tools;
j) Provide training for all staff.

The DNSSAB received proposals from eleven proponents and narrowed it down to three through a transparent scoring system. The top three had the opportunity to provide demonstrations to members of the management team. Proponents were graded in the areas of overall experience, system functionality, reporting functionality, backroom functionality, and general experience.

The selected proponent was Zoom. Zoom was selected as the clear top candidate, with staff participating in the demonstrations stating the overall functionality, ease of use and experience made it an easy choice. The Zoom solution is an “all in one” solution that not only provides the video conferencing and soft phone solution, but a chat feature, and staff tracking and reporting functionality.

The negotiation of the terms with Zoom were detailed and lengthy. Now that final contractual terms are determined, staff are now prepared to move forward with the roll out of the soft phone solution.

**CURRENT STATUS**

Adopting the soft phone solution will mean the disposal of hard desk phones, and the discontinuance of land line telephone services. Staff are currently in the process of planning for a staff roll out of the software, which will involve training across the organization, as operations move more concretely to a new business model.

**NEXT STEPS**

As COVID-19 pandemic restrictions lift, staff will continue to reflect on both how staff operate and on the way client and tenant service is delivered to ensure service is maximized. The soft phone solution may lead to opportunities for further innovation for staff.

District of Nipissing Social Services Administration Board | Conseil d'administration des services sociaux du district de Nipissing

# BRIEFING NOTE B25-21

☐ **For information** ☒ **For Approval**

**Date:** November 24, 2021

**Purpose:** **Healthy Communities Fund 2021/2022**

**Prepared by:** David Plumstead, Manager of Planning, Outcomes and Analytics

**Reviewed by:** Catherine Matheson, CAO

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## RECCOMMENDATION:

That the District of Nipissing Social Services Administration Board accepts Briefing Note B25-21 describing the allocation and distribution of funding for 2021/22 to four community organizations and;

That the District of Nipissing Social Services Administration Board accepts the staff recommendation to commit $170,000 in annual municipal funding to the four organizations (above) by way of contract, starting in 2022/23 and remaining in effect through annual renewal or until the contract is amended or terminated pursuant to the terms in the contract. The funding allocations and distribution will follow this year's allocation as shown in Table 1.

## BACKGROUND

Following up from the previous Healthy Communities Fund Briefing Note (B07-21) and the Board's direction in March, staff have allocated the $170,000 in available municipal funding to community service providers shown in Table 1 and described in the following sections. Similar to the methodology used in 2020/21, the community application process was diverted and the distribution of the fund was based on community need during the ongoing pandemic. To establish need, the results from a Community Advisory Board (CAB) survey were used to guide the funding allocations and decisions. The priorities were the same as those identified in the SSRF community survey the previous year (April 2020) and included food security, health equipment (PPE), housing

supports, and homelessness/ shelters. In addition to the survey results the HCF's historical funding allocations and patterns were analyzed, including the services and deliverables for organizations who have regularly accessed the HCF during the past five years. Following the survey results and analysis, discussions were then held with select community organizations around the continuing need for their services, and their general service delivery and required funding levels. The process lead to four community organizations, described below, receiving the funding.

## CURRENT STATUS

The HCF budget for 2021/2022 remains at $300,000 from the previous year when the fund was reduced from $400,000 by the permanent transfer of $100,000 to the Gateway House. Based on the background and allocation methodology described above, the $170,000 in available community funding (i.e., the $300,000 less $130,000 committed to LIPI) is being allocated to the Crisis Centre North Bay, the Gathering Place, True Self Debwewendizwin, and the Salvation Army.

The table below shows the distribution of funds by organization and their respective programs/ services (these programs/ services are described in more detail in the following section). The table also shows the funds that are currently annualized, to provide the Healthy Communities Fund total allocation and distribution for 2021/22:

Table 1.

| **Allocation Method** | **Organization** | **Program / Service** | **HCF, $** |
|---|---|---|---|
| Application/ pandemic priority | Crisis Centre North Bay | ID Clinic | 30,000 |
| | | Food Security (Futures) | 25,000 |
| | The Gathering Place | Souper Suppers | 20,000 |
| | | Food Outreach | 30,000 |
| | True Self Debwewendizwin | Rural Outreach | 55,000 |
| | Salvation Army | Household Setup | 10,000 |
| | ***Sub Total*** | | **170,000** |
| Annualized | LIPI | | 130,000 |
| | ***Total*** | | **300,000** |

The funding contracts for the four organizations for this year's funding cycle, are currently being prepared and put into place.

## MOVING FORWARD: 2022/23 FUNDING AND BEYOND

The previous HCF Briefing Note (B07-21) to the Board in March also included an option to allocate the municipal funds taking a longer-term approach, and this option is referenced below. While this was not the recommended option at the time, staff

indicated that they would be recommending this option ‘once the pandemic affects are primarily over’:

*Option 2. Core Services (Long Term)*

*Staff identify the organizations that deliver core services in the area of poverty reduction and have been accessing the municipal funds over a number of years. The funds are then directly allocated to these organizations on an annual basis going forward. Annualizing the funds helps to stabilize these core community services while also reducing the fund’s persisting administrative burden.*

Source: Healthy Communities Fund 2021, Briefing Note B07-21; March 24 2021.

Given the present status of the pandemic, the waning of the virus, and the easing of public health restrictions back towards a semblance of normal, it is felt that this is a good time to consider the above recommendation and put annualized funding in place for the next funding cycle 2022/2023. Doing so at this point will provide time to transition the selected organizations over to annual funding which includes updating the contracts, reporting requirements and outcomes, and potentially changing the funding cycle to align with the Board’s calendar year and budget. Additionally, this will provide the organizations with more time to plan based on the more stable, annual funding.

In reviewing the community organizations providing core services/ programs and accessing the funds over the last number of years, the organizations noted above and receiving this year’s funding, stand out. The HCF has been supporting The Crisis Centre North Bay, The Gathering Place, and True Self Debwewendizwin since 2016 when the municipal fund was changed from the ‘Innovation Fund’ to focus more on poverty reduction. The fund has also supported the Salvation Army over the past two years for its household startup program which is described further in Table 2.

For the purpose of this discussion ‘core services’ are considered those necessary to meet the most basic needs of healthcare, food security, shelter, and education. For vulnerable populations and those in need, these services are essential to maintain or improve their health and welfare. Without core services, there is a greater chance of falling into poverty or for those experiencing it, not being able to exit poverty.

The table on the following page provides a summary description of the programs and services offered by the organizations and funded through the HCF. It can be noted that by the definition above, these can be considered core programs and services that play an essential role in meeting basic needs and working towards alleviating poverty in Nipissing communities. Furthermore, in most cases these are unique programs and services not provided by other community organizations and service providers:

Table 2.

| Organization | Program/ Service | Description |
|---|---|---|
| Crisis Centre North Bay | *ID Clinic* | The goal of the ID clinic is to assist individuals in navigating the process of applying for identification. The program removes barriers to applying for identification by providing staff assistance for applying on-line, paying for the ID, and providing a safe address for mailing. Without personal identification, people cannot access essential services such as health care, income supports, housing, employment services, and food banks |
| | *Food Security (Futures residence)* | This program continues to support transitionally aged youth who reside at the Futures Residence in acquiring the skills/capacity necessary for successful independent living. Specifically, the program addresses elements relating to food security. Previously, the program was underfunded and its continued viability at risk (closure could result in as many as 20 youth/ yr. accessing the emergency shelter or other social support systems). |
| The Gathering Place | *Souper Suppers* | The Souper Suppers at the Gathering Place provide hot, healthy meals for individuals facing food insecurity. Many of these individuals in the community, including those homeless or near homeless, are forced to choose between food and rent. Many also do not have the facilities to cook a healthy meal. In the past, there has been a gap in the district for an evening meal option and Souper Suppers closes that gap. |
| | *Food Outreach* | The goal of the food outreach program is to improve food outcomes for those experiencing food insecurity. This is accomplished through the program's two main outreach activities, which are *Food Rescue* and the *Good Food Box*.<br>The Food Rescue program rescues food from various locations in North Bay and distributes this food to shelters, food banks, various meal programs, and agencies throughout the district. The Good Food Box provides a monthly box of fresh produce, which is packed and delivered by volunteers. Over 200 boxes/ month are delivered throughout Nipissing District including North Bay, Sturgeon Falls, Mattawa, Temagami, and Bonfield. The food outreach program provides food to individuals and families that would not otherwise have access to healthy food, whether due to transportation issues, accessibility issues, or geography. |
| True Self Debwewendizwin | *Rural Outreach* | The True Self Rural Outreach program offers holistic, healing centered engagement to help individuals break the cycle of abuse and poverty while improving their mental wellness and encouraging the pursuit of education, training, and employment to attain economic autonomy. True self services are delivered through a combination of experiential learning and workshops, mentorship, promotion of multiple career pathways, innovative ideas and solutions, support skills, tools, and experiences that are rooted in Indigenous healing and peer support approaches. |

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|---|---|---|
| | | The services, including street outreach, are delivered in various communities in Nipissing District and are available to individuals with a specific outreach to Indigenous, Francophone, rural, homeless and disability communities as well as those navigating the justice system. Program participants are referred by Victim Services, VWAP, Amelia Rising, CAS, OW, ODSP, Probation and Parole, Women's Shelters, or through the North Bay Jail. Many of the participants identify as living with an addiction or mental health concern and being homeless. |
| Salvation Army | *Household Setup* | This program stabilizes people facing a crisis or emergency by facilitating re-housing and household set-up. The household setup assists with the purchase of household items, furniture, and other household necessities.<br>Many of the individuals in need of the household setup are referred from other community organizations, with about 10-15% of the referrals due to an individual being homeless. Other reasons for referral include fire or other natural displacements and individuals leaving institutions such as the prison. |

Based on the above service and program description and past funding patterns, it is recommended that the $170,000 in available municipal funds be committed to the above organizations with annual funding. The funding allocation and distribution will be the same as this year, as shown in Table 1, and follows past funding allocations with these organizations. Annualizing the remaining HCF will provide the organizations with stable funding and help to ensure that their core services and programs remain viable and sustainable over the long run.

It should be noted that under the corporate purchasing policy, the procurement of the above services from the respective organizations, taken at the organization level over a multi-year commitment for three years, falls within the delegated authority of the CAO. Additionally, in terms of the method of procurement under a multi-year commitment, the total cost of each service needs to be considered over the duration of the term (in this case, three years). Referring to Table 1 and the proposed funding allocations, the services fall in the $25,000 - $99,999 range with the exception of one service, which exceeds $100,000 over the three years. Under normal circumstances, competitive quotes from other service providers would need to be obtained for these services (or an RFP issued in the case of the $100,000 >). However, in accordance with the purchasing policy, the Board will enter into direct negotiation with the organizations based on the condition of single sourcing and recognizing the special knowledge, skills, and expertise the organizations have in delivering these core services (the condition of sole sourcing could also be met in this procurement scenario).

## RISK IDENTIFIED AND MITIGATION

As stated in previous briefing notes, the Board's risk level increases as fewer organizations are able to access the HCF or it is no longer available to support community organizations and their projects /programs in poverty reduction. On the other hand, risk decreases when organizations providing core services and programs can rely on stable funding and their viability is no longer in question. Given the present amount of municipal funds available for the community, it is felt that committing the available funds annually and stabilizing core services presents the least amount of risk while delivering the greatest amount of social benefit.

## NEXT STEPS

Based on the Board's approval of the recommendation, staff will work towards transitioning these organizations to annualized funding based on this year's allocation and distribution (Table 1). As noted earlier, the Board will enter in to contracts with these organizations based on an annual renewal. The transition period will include reviewing the present HCF deliverables, outcomes, and reporting requirements, and making any necessary changes to the service contracts. As mentioned earlier, aligning the funding with the calendar year will also be looked at during this period.