

Item	Topic
4.0	<p>4.1 DELEGATIONS – None at this time.</p>
5.0	<p>CONSENT AGENDA – CONSENT AGENDA – All items in the consent agenda are voted on collectively. The Chair will call out each item for consideration of discussion. Any item can be singled out for separate vote; then, only the remaining items will be voted on collectively.</p> <p>MOTION: #CSC08-22 THAT the Committee receives for information or approval, Consent Agenda items 5.1 to 5.4.</p> <p>5.1 CSC03-22 Canada’s Early Years and Child Care Plan That the District of Nipissing Social Services Administrative Board (DNSSAB) accepts Briefing Note CS03-22 and that the DNSSAB Board send a letter to Minister Stephen Lecce encouraging the Province to finalize negotiations with the Federal government and enter into a national early learning and child care agreement that promotes an affordable, quality and sustainable early years and child care sector.</p> <p>5.2 SSE02-22 Ontario Works Overpayments - information on Ontario Works (OW) overpayments.</p> <p>5.3 SSE03-22 Human Services Integration Maturity Model- information on the Ministry of Children, Community and Social Services (MCCSS) Human Services Integration (HSI) Maturity Model.</p> <p>5.4 HS13-22 Homelessness Action Plan Update - an update on the progress to date on the Homelessness Action Plan, for information purposes.</p>
6.0	<p>MANAGERS REPORTS</p> <p>6.1 PS01-22 Canada – Paramedic Services Response Times for 2021</p> <p>MOTION: #CSC09-22 THAT the District of Nipissing Social Services Administration Board accepts report PS01-22 detailing the Paramedic Services’ target compliance to the Legislated Response Time Standard reporting for calendar year 2021.</p>
6.0	<p>6.2 Move in Camera</p> <p>MOTION: #CSC10-22 THAT the Committee move in-camera at _____ to discuss a matter of negotiation.</p>

Item	Topic
	<p>6.3 Adjourn in Camera</p> <p>MOTION: #CSC11-22 THAT the Committee adjourn in-camera at _____.</p>
	<p>6.4 Approve in Camera</p> <p>MOTION: #CSC12-22 THAT the Committee approves the direction/action agreed to in the in-camera session.</p>
7.0	OTHER BUSINESS
8.0	<p>NEXT MEETING DATE Wednesday, April 27, 2022</p>
9.0	<p>ADJOURNMENT</p> <p>MOTION: #CSC13-22 <i>Resolved</i> THAT the Community Services Committee meeting be adjourned at _____ PM.</p>

BRIEFING NOTE CS03-22

For Information or For Approval

Date: March 23, 2022

Purpose: **Canada's Early Years and Child Care Plan**

Prepared by: Lynn Démoré-Pitre, Director Children's Services

Reviewed by: Justin Avery, Manager of Finance

Approved by: Catherine Matheson, Chief Administrative Officer

Alignment with Strategic Plan: Healthy, Sustainable Communities

Maximize Impact Remove Barriers Seamless Access Learn & Grow

RECOMMENDATION:

That the District of Nipissing Social Services Administrative Board (DNSSAB) accepts Briefing Note CS03-22 and that the DNSSAB Board send a letter to Minister Stephen Lecce encouraging the Province to finalize negotiations with the Federal government and enter into a national early learning and child care agreement that promotes an affordable, quality and sustainable early years and child care sector.

BACKGROUND:

For several years, many in the early years and child care sector have been waiting and advocating for a national child care plan.

In 2021, the federal budget proposed to invest up to \$27.2 billion over five years towards a national early learning child care plan, starting in 2021-22 as part of initial 5-year agreements.

The federal funding is intended to support with the following investments:

- a 50% reduction in average licensed child care fees in all provinces outside of Quebec, to be delivered before or by end of 2022;
- an average of \$10 a day by 2025-26 for all licensed child care spaces in Canada;
- ongoing annual growth in quality affordable licensed child care spaces across the country; and

- improving and expanding before-and after-school child care in order to provide more flexibility for working parents.

The federal government's goal is to ensure that all families have access to high-quality, affordable, and flexible early learning and child care no matter where they live.

CURRENT STATUS/STEPS TAKEN TO DATE:

Since the spring budget, the federal government has been negotiating and working with provincial, territorial, and Indigenous partners to build a Canada-wide early learning and child care system.

The Province of Ontario is still in discussion with the Federal Government and is the last province to negotiate an agreement.

RESOURCES REQUIRED, RISKS AND MITIGATION:

The federal government has announced that families can expect a 50% reduction in their licensed child care costs by end of 2022. By end of five years, licensed child care fees would average \$10 day. While the reduction in fees has been well received by most families, adequate funding will be needed to reach this goal. Currently, approximately 73% families in receipt of fee subsidies locally pay less than \$10 day and could not afford the additional costs. It will be important for the Province to maintain a fee subsidy system to ensure that all families have equitable access to affordable early learning and child care no matter where they live.

In order to implement the national early learning and child care plan, important investments will be required to strengthen and stabilize the early years and child care workforce and the overall sector to ensure quality programs (i.e. increase to wages and benefits, recruitment and retention strategies to increase the number of professionals in the sector, professional learning opportunities, etc.). The federal plan does reference professional learning opportunities and wages to support and grow a professional workforce; however, it does not state a wage target. In order to stabilize the system, it is essential that there is an ability to ensure adequate compensation for early years and child care professionals. Supporting inclusive and culturally appropriate environments will also be essential to the delivery of a quality early years and child care sector.

The federal government has identified annual growth in quality affordable licensed child care spaces, however, it does not provide specific targets. In order to meet anticipated demands, address waitlist pressures and increase access to flexible licensed child care options throughout the district, significant capital and operational funding investments will be needed. Based on the 2016 census data and current licensed capacity in the Nipissing district, 32% of children (infancy up to 12 years of age) currently have access to licensed child care. Services to support families outside of “regular” work hours will also be needed in order to support families working in retail, health care, hospitality or tourism where shift, part-time, evening and weekend work is more prevalent.

The national child care plan does stipulate a preference for growth through non-profit and public service providers. It is important to note that in the Nipissing district, both not-for profit and for-profit child care providers play a vital role in ensuring that services are accessible to families. Centre based and home child care services are provided by both. Over 300 child care spaces (or 10% of spaces) located in North Bay are provided through for-profit child care agencies and 66% of licensed home child care providers have a service agreement with a for-profit home child care agency. A collaborative approach will be required when planning for additional child care spaces, therefore, it will be important that local flexibility be permitted in order to maintain the well-established relationships and services that currently exist.

CONCLUSION:

DNSSAB will continue to work closely with the early years and child care service providers to ensure that the sector is well supported as the national early learning and child care plan is negotiated.

Once a signed national early learning and child care agreement is in place, collaboration between the Ministry of Education, early years and child care service providers, school boards, municipalities, community partners and stakeholders will be required to meet local needs and meet desired outcomes.

The Board will receive updates as more information becomes available.

BRIEFING NOTE SSE02-22

For Information or **For Approval**

Date: **March 23, 2022**

Purpose: Ontario Works Overpayments

Prepared by: **Michelle Glabb, Director of Employment and Social Services**

Reviewed by: Justin Avery, Manager of Finance

Approved by: Catherine Matheson, Chief Administrative Officer

Alignment with Strategic Plan: Healthy, Sustainable Communities

Maximize Impact **Remove Barriers** **Seamless Access** **Learn & Grow**

Briefing Note SSE02-22 provides information on Ontario Works (OW) overpayments.

Background

The Ontario Works Act and related regulations provide the legislative framework for the provision of employment and financial assistance to eligible recipients. OW delivery agents are responsible to ensure that recipients only receive the amount of assistance for which they are entitled based on prescribed eligibility criteria relating to assets, income, living arrangements and benefit unit status. To support accountability and to help mitigate the misuse of public funds, the Act provides authority to establish and recover overpayments when a recipient receives financial assistance to which they are not entitled.

There are a variety of circumstances that lead to a recipient incurring an overpayment. For instance, overpayments often result from a misrepresentation or non-disclosure of information, delayed reporting of a change in circumstance or an administrative error. There are a number of mechanisms built into the system that strengthen program accountability by identifying changes in entitlement, preventing the misuse of funds, verifying eligibility, managing overpayments and addressing situations of fraud. These mechanisms include:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Eligibility Verification Process • Trusteeships • Statement of Income • Pay Directs to Landlord • File Updates • Investigation of Fraud Allegations | <ul style="list-style-type: none"> • Police Referrals • Third Party Checks • System Interfaces • File Audits for Quality Assurance • Internal Review/Appeal Process • Monitoring of Reports |
|--|---|

Outstanding Overpayments

As illustrated in Figure 1 and 2, an average of 82 new overpayments were created each month in 2021, which represents approximately 5% of the caseload. While the average number of new overpayment cases created across the North in 2021 varies between regions, the percentage of new overpayment cases created in relation to the caseload size is equivalent to Nipissing at 5%.

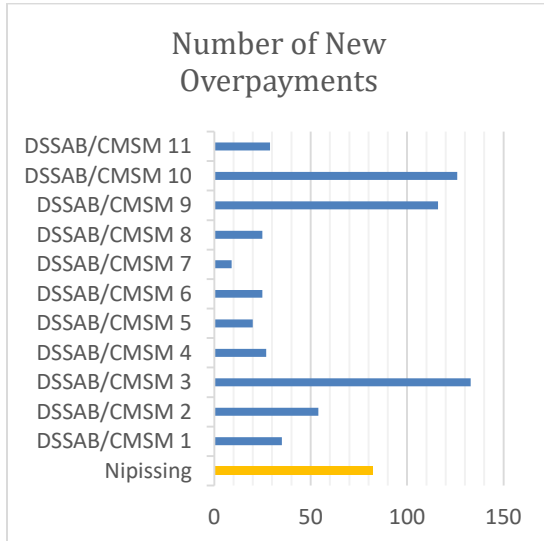


Figure 1

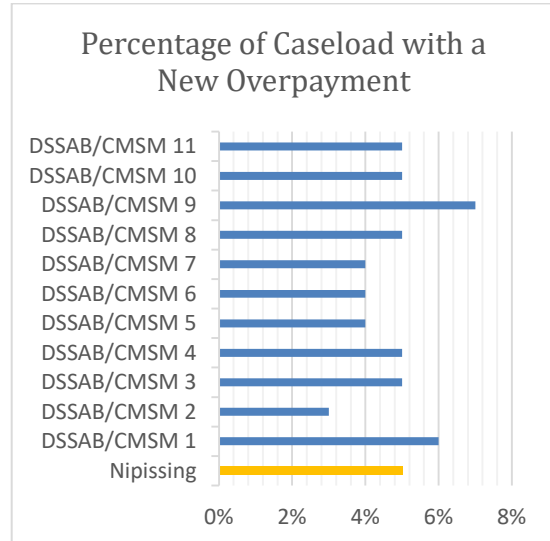


Figure 2

Data is from Social Assistance Operations Performance Report for the period of January to December 2021

Overpayment Recovery

Overpayments are transferrable between Ontario Works (OW) and Ontario Disability Support Program (ODSP) offices across the province. The responsibility to collect on an outstanding overpayment lies with the office in which the recipient is currently receiving or last received social assistance. This means that offices often collect on overpayments established by another office.

Overpayments on both active and inactive cases are recoverable. The recovery of an overpayment on an active case involves deducting funds from a recipient's monthly entitlement and applying that deduction to the outstanding overpayment balance until the overpayment has been repaid in full. The amount deducted is based on the overpayment recovery rate set in the Social Assistance Management System (SAMS). The standard overpayment recovery rate is 5% however; effective May 2019, OW and ODSP legislation prescribe a recovery rate of 10% when the cause of the overpayment appears to have been within the control of the recipient. The directives provide additional guidance on how to determine the recovery rate when a new overpayment is created. The directives also allow for overpayment recovery rates to be reduced under the following circumstances:

- Recipient was not informed of reporting requirements
- Reason for overpayment was an administrative error
- Factors reasonably beyond an individual's control prevented the reporting of a change of circumstance or income in a timely manner
- Undue hardship

Given low social assistance rates compared to the cost of food and shelter, overpayment recovery rates are often adjusted due to financial hardship. Table 1 below provides the overpayment recovery rates among OW cases by office across the north for January 2022. On average, the percentage of cases with an overpayment recovery rate of 10% varies from 2% to 33% with the overpayment recovery rate of 5% being applied to the majority of cases in each office.

Proportion of Cases with an Overpayment Recovery Rate					
CMSM/DSSAB	Less than 5%	Exactly 5%	More than 5% but less than 10%	Exactly 10%	More than 10%
DSSAB/CMSM 1	4%	67%	0.5%	28%	1%
DSSAB/CMSM 2	3%	95%		2%	
DSSAB/CMSM 3	3%	68%	0.1%	29%	0.3%
DSSAB/CMSM 4	5%	61%	1%	32%	1%
DSSAB/CMSM 5	2%	91%		7%	
DSSAB/CMSM 6	2%	82%	0.5%	15%	0.5%
DSSAB/CMSM 7		88%		6%	6%
DSSAB/CMSM 8	4%	78%	1%	17%	
DSSAB/CMSM 9	2%	66%	0.4%	29%	2%
DSSAB/CMSM 10	3%	62%	0.5%	33%	1%
DSSAB/CMSM 11	4%	80%	1%	15%	
NIPISSING	3%	78%	1%	18%	1%

Table 1

Note: Numbers may not add up due to rounding

All overpayments for individuals no longer receiving social assistance (inactive cases) are subject to recovery and social assistance delivery agents are responsible to make efforts to develop repayment agreements. The repayment amount and schedule varies on a case by case basis and consideration is given to the former recipients' ability to make payments as well as the outstanding overpayment balance.

According to the Social Assistance Operations Performance report for Nipissing on average **each month** in 2021 there was:

- outstanding overpayment balances on 44% of active cases
- \$1.77 million in outstanding overpayments on active cases
- \$3.97 million in outstanding overpayments on inactive cases

It is important to keep in mind that these overpayment balances have accumulated over time, many of which were converted from our previous systems into SAMS. Each month, recovery efforts are made. As illustrated in Figure 3 on the following page, on average in 2021 approximately \$74,315 in new overpayment recoveries was collected each month which equates to an annual total of approximately \$889,599.

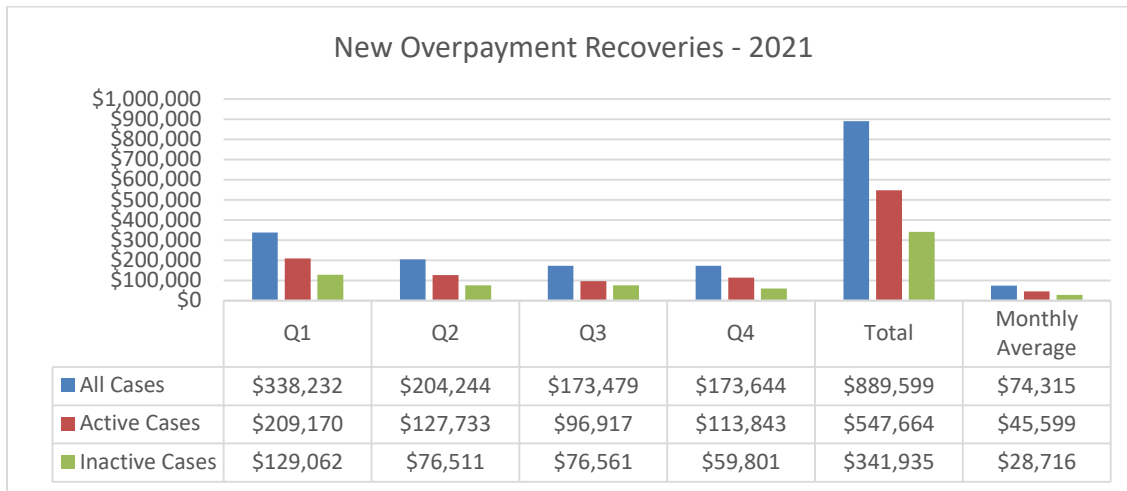


Figure 3

Uncollectible Overpayments and Write Offs

Under certain circumstances, the recovery of an outstanding overpayment on an active or inactive file can be deemed temporarily uncollectible for a period of time. A few examples include but are not limited to situations where;

- Overpayment is pending the outcome of bankruptcy proceedings
- Overpayment is under Internal Review
- Recovery of the overpayment would create undue hardship

Overpayments can also be written off when the overpayment has been deemed uncollectible or where collection efforts on an inactive case have not resulted in recovery. Overpayments that have been written off can be re-activated if opportunities to recover the overpayment have improved. The directives provide additional details and guidance on when an overpayment can be written off and when an overpayment can be reactivated.

Current Status/Steps Taken to Date:

In 2020, through existing resources, Nipissing OW created a Program Compliance Specialist position in an effort to enhance program oversight and accountability. The creation of this position allowed for the centralization of key functions including managing overpayments on terminated cases, complex fraud investigations and repayment agreements.

Risk Identification and Mitigation:

While investing additional resources into positions that focus on the establishment and collection of overpayments may serve to increase the amount of overpayment recoveries collected, it is important to recognize that these efforts would not result in savings at the municipal level. Further, the collection and recovery of overpayments often create undue hardship even for former recipients as they often continue to live in poverty after they exit social assistance. As such, it is important to ensure that our local policies, processes and business practices continue to balance the direct delivery of quality client services while ensuring program accountability.

Conclusion:

Ontario Works delivery agents are legislatively required to implement policies, processes and procedures to prevent and control fraud, recover overpayments and prevent the misuse of social assistance. The Auditor General's report included recommendations to strengthen accountability and improve performance outcomes to ensure program compliance standards are being met, including the prevention of overpayments, improved overpayment collection and timely investigations of fraud referrals. DNSSAB has a number of mechanisms in place to manage the prevention, creation, recovery and repayment of overpayments. Moving forward it will be imperative to continue to enhance program compliance processes and procedures to make certain we are in a position to meet program expectations.

BRIEFING NOTE SSE03-22

For Information or For Approval

Date: March 23, 2022

Purpose: Human Services Integration Maturity Model

Prepared by: Michelle Glabb, Director of Employment and Social Services

Reviewed by: Justin Avery, Manager of Finance

Approved by: Catherine Matheson, Chief Administrative Officer

Alignment with Strategic Plan: Healthy, Sustainable Communities

Maximize Impact Removed Barriers Seamless Access Learn & Grow

Briefing Note SSE03-22 provides information on the Ministry of Children, Community and Social Services (MCCSS) Human Services Integration (HSI) Maturity Model.

BACKGROUND:

In 2021 MCCSS worked with a third party (Deloitte) to engage with Ministry partners and the forty seven (47) Consolidated Municipal Service Managers and District Social Service Administration Boards (CMSMs/DSSABs) to develop a shared vision for system development using a Human Services Maturity Model (HSI).¹ The HSI Model creates “a platform; to identify opportunities for coordination across transformation programs including service design, and the build of digital enablers so they promote integrated client journeys and better outcomes”.²

According to information received through the Provincial Municipal Human Services Collaborative Table (PMHSC) the HSI Maturity Tool:

- Is a tool to support organizations in making transformations in complex and changing environments;
- Describes different stages along a spectrum, moving towards a shared end-goal;
- Allows for assessment of current state and evaluates impacts of program/system design;
- Helps identify which areas may be prioritized for change;

¹ Ministry of Children, Community and Social Services, Karen Glass, Assistant Deputy Minister, Strategic Policy Division, Human Services Integration (HSI) Maturity Model, Internal Memo, December 6, 2021.

² Ministry of Children, Community and Social Services, Human Services Integration Maturity Model, Presentation to Provincial Municipal Human Services Collaborative Table, November 2021

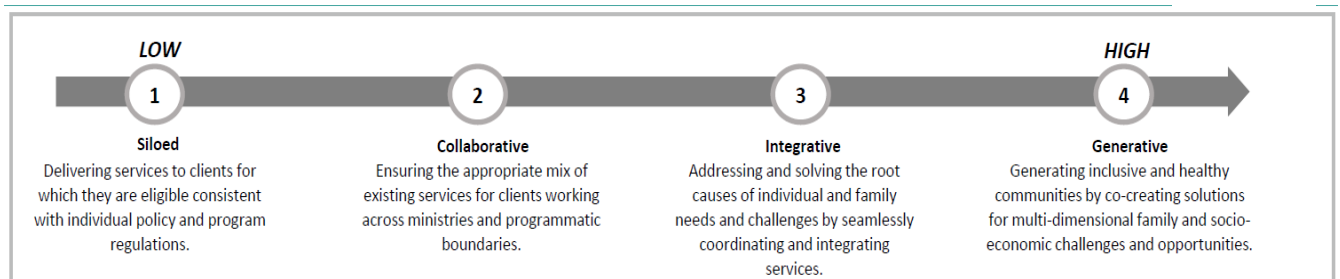
- Supports decision makers by outlining how options for change will advance maturity along the spectrum; and,
- Uses an equity lens to address the needs of all through adequate services, supports and resources.

REPORT

Human services integration that is person-centred, outcome focused and results in a seamless design and delivery model has been an overarching goal within the sector for many years. However, while some progress has been made, the achievement of this goal has been difficult due to the complex and siloed design of the overall system. As human service providers are often funded by different Ministries and/or levels of government, have unique software systems, stand alone data frameworks, different legislation/ regulations and different mandates, integrative approaches are challenging. These systemic barriers also make system navigation difficult for those seeking services. For these reasons, in order to bring an HSI model to maturity, a fundamental paradigm shift rooted in a systems perspective is required.

The HSI Model consists of fourteen (14) layers and describes four (4) stages of maturity for each layer, progressing towards a shared vision of a final mature state.³ Appendix A and B attached provide details on each of these layers while Figure 1 below illustrates the stages of maturity.

Figure 1



In the coming months the Province will be using the HSI Maturity Model to assess itself across various programs and encourages other service providers within the sector to do the same. Through the completion of the HSI self-assessment tool, service providers can set a baseline which will assist them with determining which layers in the Model require more or less attention in response to program and systemic changes.

CURRENT STATUS/STEPS TAKEN TO DATE:

The Province has confirmed that the HSI Maturity Model is just the first tool going into its “Integration Toolbox” and that with the sharing of this model they are now shifting their efforts to the development of an “Integration Lens”. The Province has also confirmed that the implementation of aspects of the Maturity Model will be advanced and evaluated through the work of the Social Assistance Recovery and Renewal and Employment Services Transformation initiatives.

³ Ministry of Children, Community and Social Services, “The 3 “C”’s of Integration: Collaborating, Coordinating, Combining.

RESOURCES REQUIRED

While there are no direct financial implications for the DNSSAB at this time, overall a mature and integrated human services delivery model has the potential to reduce expenditures by leveraging opportunities to streamline operations. While it may not be possible to integrate all services there may be components of the services and/or back end operations that would support an integrated approach.

CONCLUSION

Human services integration upon maturity has the potential to improve outcomes, reduce duplication, streamline supports and increase efficiencies by removing systemic barriers. However, the method by which services are integrated is important therefore, continued consultation and collaboration between impacted Ministries, community partners and CMSMs and DSSABs will be essential.

The DNSSAB already has examples of activities that promote more integrative approaches such as the partnership Ontario Works has with the North Bay and District Chamber of Commerce through the Get Trained Workers Program, the “By Names” list recently presented to the Board and the continued collaboration with the healthcare sector with respect to the low barrier shelter and transitional housing projects. While these examples are not at the generative state they are definitely steps in the right direction. Further, with DNSSAB programs now all being located at one central location, this will facilitate increased opportunities to explore integration within the DNSSAB itself.

Appendix A: HSI Maturity Model – Ecosystem Enablers Summary

Layer	Siloed	Collaborative	Integrative	Generative
Legislation & Regulation	Regulations are developed in siloes and are generally inflexible	Regulations seek to support and incentivize enabling clients to be able to work across ministries and programmatic boundaries	Regulatory requirements are seamlessly coordinated and are supportive of addressing and solving the root causes of individual and family needs and challenges	Regulatory requirements are deeply rooted in risk based approaches and provide flexibility to meet the changing needs across the ecosystem
Ecosystem Stewardship	System is comprised of individual policy and program regulations and minimally managed at the ecosystem level. Service system planning is being conducted in silos	Some ecosystem considerations are managed across ministries and programmatic boundaries	Ecosystem is managed and supported to address the root causes of individual and family needs	Ecosystem enables the optimal design and delivery of human services by enabling prevention, early intervention and provision of appropriate supports to clients at the right time
Data Governance & Integration	Data governance and integration are siloed and comply with individual policy and program regulations	Data governance and integration exists across ministries and programmatic boundaries	Data governance and integration is established seeking to address the root causes of individual and family needs and challenges	Data governance and integration exists across the ecosystem and is governed by policies and standards that preserve integrity and promote consistency, allowing the deployment of information on a real-time basis
Integrated Case Management	Case management systems are siloed and comply with individual policy and program regulations	Ensuring the appropriate mix of integrated case management to create a seamless experience for clients working across ministries and programmatic boundaries	Integrated Case Management seeks to address and solve the root causes of individual and family needs	Integrated Case Management provides a seamless client centered experience through unified eligibility measures and single client identifiers as a result of collective action across the ecosystem
Information Sharing, Privacy & Security	Data security systems and processes are siloed and comply with individual policy and program regulations	Ensuring the appropriate mix of data security and integrity systems to support collaboration across ministries and programmatic boundaries	Data security and integrity supports addressing and solving the root causes of individual and family needs	Data security systems involve information sanitization processes that focus on ensuring the privacy and protection of personal data through robust business rules and databases
Digital Architecture	Digital architecture capabilities are siloed and comply with individual policy and program regulations	Digital architectural capabilities are established across ministry and programmatic boundaries	Digital architecture supports addressing and solving the root causes of individual and family needs and challenges	Digital architecture capabilities are utilized to streamline Workflow to ensure a reliable and accessible client experience across the ecosystem
Talent Strategy	Workforce development is siloed and comply with individual policy and program regulations	Ensuring the appropriate mix of talent strategy development across ministries and programmatic boundaries	Integrated talent strategy development enables addressing and solving the root causes of individual and family needs and challenges	Talent Strategy development reflects an adaptive leadership mindset through the utilization of multi-disciplinary teams and shared accountability to ensure coordination of care across the client journey

Appendix B: HSI Maturity Model – Operating Model Layers Summary

Layer	Siloed	Collaborative	Integrative	Generative
Vision & Policy	Program objectives are siloed and focus on individual policy and program level regulations	Shared objectives/vision is identified across ministry and programmatic boundaries. Some policies are in place which supports/enables clients working across ministries and programmatic boundaries	Shared policy and objectives seek to address and solve the root causes of individual and family needs and challenges	Policy objectives, vision and outcomes are aligned and co-designed at all levels within the community resulting in a framework that is preventative and responsive to operational realities across the ecosystem
Organization	Organizational structures are siloed and comply with individual policy and program regulations	Ensuring the appropriate mix of organizational structures and cultures for clients working across ministries and programmatic boundaries	Addressing and solving the root causes of individual and family needs and challenges by seamlessly coordinating and integrating organizational capabilities	Organizational culture and capabilities are strategic and rely heavily on co-development of service standards and utilization of shared goals and strengths to respond to systemic shifts
Services & Channels	Services and channels are siloed and comply with individual policy and program regulations	Ensuring the appropriate mix of services and channels for clients working across ministries and programmatic boundaries	Addressing and solving the root causes of individual and family needs and challenges by seamlessly coordinating and integrating services and channels	Service and channels are adaptive, flexible and customized allowing for the seamless delivery of supports and solutions to community and human services challenges
Governance	Governance systems and processes are siloed and address individual policy and program regulations	Ensuring the appropriate integration of governance systems and processes across ministries and programmatic boundaries	Seamlessly coordinating and integrating governance systems and processes seeking to address the root causes of individual and family needs and challenges	Governance systems and processes are adaptive and intentionally able to meet changing community and human services outcome needs through responsive decision-making and clear accountability mechanisms
Delivery Model	Delivery models are siloed and comply with individual policy and program regulations	Ensuring the appropriate mix of delivery models to support clients working across ministries and programmatic boundaries	Addressing and solving the root causes of individual and family needs and challenges by seamlessly coordinating and integrating delivery models	Delivery models are co-designed across the ecosystem and enable the sharing and deployment of information and services across the client journey
Source & Funding Strategy	Sourcing and funding strategies are siloed and are based on individual policy and program regulations	Ensuring the appropriate mix of sourcing and funding strategies across ministries and programmatic boundaries	Addressing and solving the root causes of individual and family needs and challenges by seamlessly coordinating and integrating sourcing and funding strategies	Sourcing and funding strategies are localized and rooted in integrative and predictive approaches that prioritize prevention and responsiveness
Evidence & Measurement	Evidence-based decision making is siloed and is based on individual policy and program regulations	Ensuring evidence-based decision making is enabled with evidence shared across ministries and programmatic boundaries	Addressing and solving the root causes of individual and family needs and challenges by seamlessly coordinating and integrating evidence-based decision making	Evidence-based decision making reflects clearly defined and measurable outcomes informed by predictive analysis

BRIEFING NOTE HS13-22

For Information or **For Approval**

Date: March 23, 2022

Purpose: **Homelessness Action Plan Update**

Prepared by: Stacey Cyopeck, Director, Housing Services

Reviewed by: Justin Avery, Manager of Finance

Approved by: Catherine Matheson, Chief Administrative Officer

Alignment with Strategic Plan: Healthy, Sustainable Communities

Maximize Impact **Remove Barriers** **Seamless Access** **Learn & Grow**

Report HS13-22 provides an update on the progress to date on the Homelessness Action Plan, for information purposes.

BACKGROUND:

- Approved in October 2021, the Homelessness Action Plan provides a clear path of action for staff and the Board to follow, which is realistic, attainable, and within the Board’s scope of responsibility and strategic direction.
- The Homelessness Action Plan features seven sections guided by their specific priority and 42 actions. Actions are also tied to associated planning strategies through the 10-Year Housing and Homelessness Plan.
- As part of the implementation of the Homelessness Action Plan, staff will complete quarterly progress reports to be presented to the Board.

CURRENT STATUS/STEPS TAKEN TO DATE:

The Homelessness Action Plan implementation is measured based on the current phase of progress for the 42 action items (see Appendix A). The phases are defined as follows:

- *Not Started* – Work has not begun to implement the action.
- *Initiating* – Action formation; getting a team in place; project charter if necessary; getting things started.

- *Planning* – Finalize action steps/scope; work breakdown and schedules (who does what, when); resources are in place.
- *Execution* – Carrying out the actual work.
- *Monitor & Control* – Holding period to monitor how things are going (and make any changes) before determining that the action is complete.
- *Completed* – The action has been achieved and completed (Note: there may be ongoing work associated with the action but this is the point where for the purpose of the plan, the action has been completed).

As per Figure 1 below, nine or 21% of the action items have been fully completed. The vast majority (55%) of action items are in the initiating or planning phases. At present, only three action items have not been started.

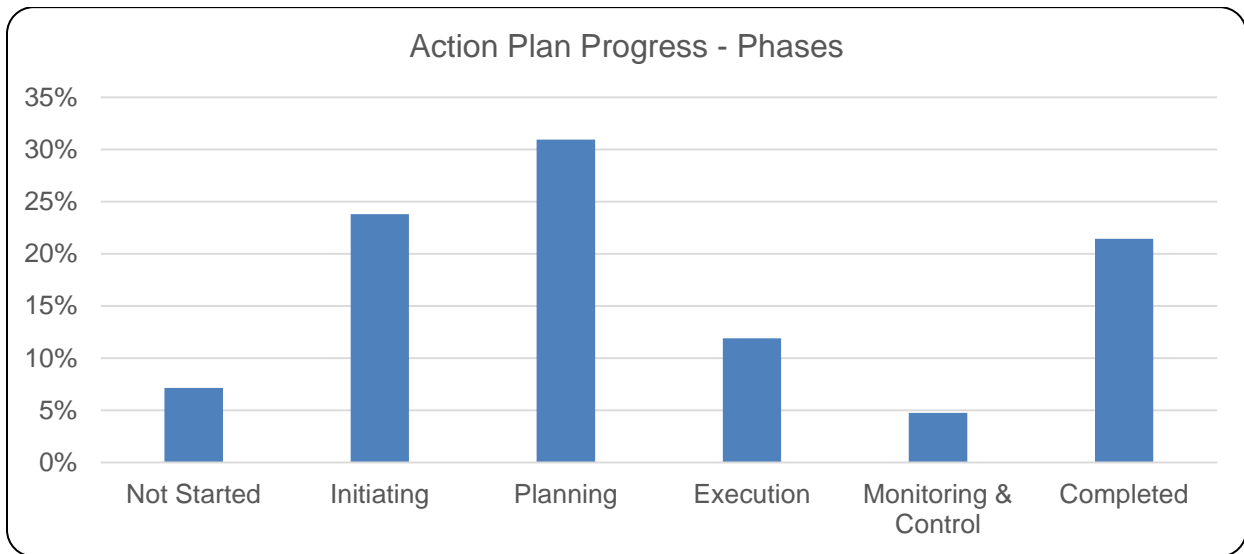


Figure 1 - Action progress phases by frequency of occurrence.

The following are key implementation highlights for the reporting period:

- By-Name List of homeless individuals in the Nipissing District has been developed and is active.
- Data sharing agreements have been signed by all agencies participating in HIFIS 4.0.
- The Low-Barrier Shelter will be funded through SSRF funding where available, and advocacy for sustainable funding continues to occur.
- An Encampment Coordinated Response Table was formed and meets regularly.
- DNSSAB received an increase to its annual allocation for the Canada-Ontario Housing Benefit.
- The North Bay Mobile Nurse Practitioner pilot and the Housing Unit Stability and Recovery pilot continue to provide health and crisis services in the community.

RESOURCES REQUIRED:

The Homelessness Action Plan is a DNSSAB owned planning document. As the service system manager, DNSSAB plays a large role in housing and homelessness in the Nipissing District. The implementation of action items is, therefore, a top priority for the Board in its goal to realize the vision of *Healthy, sustainable communities*. The following actions are intended to assist the Board and staff with the implementation of the Plan:

- Ensure all funding decisions pertaining to housing and homelessness are linked to the Homelessness Action Plan.
- Seek opportunities to create or enhance partnerships in the community to move forward the Homelessness Action Plan.
- Where feasible, realign existing resources to complete/implement the action items listed in the Homelessness Action Plan.
- Apply to available funding resources to complete/implement the action items listed in the Homelessness Action Plan.
- Advocate to various levels of government for additional resources to complete/implement the action items listed in the Homelessness Action Plan that cannot be realized through a realignment of existing resources.

CONCLUSION:

In summary, since the Action Plan's approval in October 2021, DNSSAB has made strides in the implementation of the Plan's actions. A total of 71% of the actions have been started and are progressing towards full completion while another 21% of the actions have already been fully completed. The spring and summer months will see further progression on the Plan's actions with the exploration of housing development opportunities and the implementation of HIFIS 4.0 and Coordinated Access.

Appendix A

Housing Continuum	Priority	Action	Started	Phase	Progress, %
Unsheltered Homelessness	Establish a coordinated system of outreach supports through a lead agency, to quickly connect unsheltered homeless individuals with housing and health services and programs.	Create an Encampment Coordinated Response Table with the representation of decision-makers from the City of North Bay, North Bay Police, DNSSAB, North Bay Indigenous Friendship Centre, and other health and social services providers with the aim to move unsheltered homeless individuals to housing.	Yes	Completed	100
		Ensure that there is sustainable funding for emergency response teams to assist with crisis situations including encampments, housing that has been condemned, and housing destroyed by a natural disaster or fire.	Yes	Monitoring & Control	90
		Provide mobile health and crisis response services such as street nursing, which are also linked to coordinated access (i.e., location of available housing) and case management.	Yes	Monitoring & Control	90
		Ensure that there is space available to rapidly shelter or re-house individuals who are transitionally homeless or have been affected by housing that has been condemned, accommodations that have been destroyed by natural disasters or fires, or COVID infections.	Yes	Planning	50
		Building upon the community work that has been done, complete and formalize the process for obtaining the names of homeless individuals and utilize a case management model to house and support individuals promptly.	Yes	Execution	75
		Establish the necessary data-sharing agreements between relevant service providers, to share client information and data in support of case management (above), research and analysis, and planning.	Yes	Completed	100
Emergency Shelter Services	Develop a shelter system that is cost-effective and easy to access, to provide housing stability and rapid re-housing as required.	Utilize provincial homelessness funding to continue to cover the operating costs of the Low-Barrier Shelter to March 31, 2022, with an emphasis on rapid rehousing for those experiencing episodic or transitional homelessness.	Yes	Completed	100
		The DNSSAB to develop a funding strategy to cover the operating costs of the Low-Barrier Shelter from April 1 to December 31, 2022. (Note: After this point, the low barrier shelter should be changed to transitional housing and the funding source post April 1, 2022 to be confirmed. see also, Transitional & Supportive Housing).	Yes	Completed	100
		Reduce - with an aim to eliminate - the use of shelter overflow in hotels/motels through coordinated access, transitional housing, and/or rapid housing options (see also, Unsheltered Homelessness).	Yes	Planning	50
		Offer 24/7 shelter and day programming for the homeless population.	Yes	Planning	50
		Utilizing the by-name list, conduct a risk assessment of individuals utilizing the low-barrier shelter, or in known encampments, and utilize a case management model to house and support individuals promptly.	Yes	Initiating	25
		Explore current development projects and opportunities to reserve housing units for homeless families.	Yes	Planning	50
Transitional and Supportive Housing	Create dynamic transitional and supportive housing that stabilizes individuals and promotes life skills development and independent living.	Convert the Low-Barrier Shelter into stage-one transitional housing.	Yes	Planning	50
		Establish a permanent location for the stage-one transitional housing, which includes looking at the costs and benefits of staying at the existing location vs. moving to another.	Yes	Completed	100
		Create a coordinated service system with central accountability for the on-site delivery of a wide array of support services including mental health, addictions, counselling, education, life skills, employment, food security, and housing-based case management.	Yes	Initiating	25
		Continue to advocate for sustainable funding to support the operations of all transitional housing programs.	Yes	Initiating	25
		The DNSSAB to fund the transitional housing programs pending health or housing support from the provincial government.	Yes	Completed	100
Homelessness Prevention Services	Provide a suite of coordinated homelessness prevention programs and services that will provide long-term stabilization and security to households and individuals at-risk of homelessness.	Review the efficacy of the local Community Homelessness Prevention Initiative (CHPI), the Board's main homelessness prevention program delivered through provincial funding.	Yes	Initiating	25
		Depending on the results of the review above, consider providing additional funding for financial management programs such as trusteeships.	No	Not started	0
		Depending on the results of the review above, consider requiring households that have repeatedly accessed homelessness prevention programs to take part in financial management programs such as trusteeships.	No	Not started	0
		Increase data collection of homelessness prevention programs to include follow-ups with households that received assistance.	No	Not started	0
		Expand investments for rental subsidy programs that are not specifically tied to the Social Housing Waiting List. (Note: Doing this however, would not lead to a decrease in the Service Level Standard shortfall and would need to be explored further).	Yes	Planning	50
		Increase data sharing between organizations that offer homelessness prevention programs to better serve vulnerable populations.	Yes	Execution	75
Other Housing Services	Increase adequate, suitable, and affordable housing options including rental and homeownership that meet the diverse needs of the community.	Start tracking the number of repeat clients and utilize a housing-based case management model to work with, and stabilize, individuals in their homes and prevent the loss of housing.	Yes	Planning	50
		Seek sustainable funding for homeowners who require critical home renovations/retrofits. This funding is important to assist households in retaining their home and meeting health and safety regulations.	Yes	Initiating	25
		Seek sustainable funding for down-payment assistance programs. These programs are important to assist households who would like to move from rental accommodations to homeownership.	Yes	Initiating	25
		Advocate for increased funding to support the development of affordable housing units.	Yes	Planning	50
		Leverage DNSSAB and NDHC funds to explore opportunities to expand rental subsidy programs, affordable housing, and revitalize public housing.	Yes	Planning	50
		Explore and realize opportunities to increase the number of subsidized housing units through unit acquisitions and new developments.	Yes	Planning	50

Information and Data	Conduct advanced data collection and analysis on the homeless population that supports evidence-based decision-making and enables the measurement of progress, performance, and outcomes.	Dedicate a DNSSAB staff lead for HIFIS and Coordinated Access.	Yes	Initiating	25	
		Implement a By-Name List of homeless individuals in the Nipissing District.	Yes	Completed	100	
		Implement HIFIS 4.0.	Yes	Execution	75	
		Require that all service providers that access CHPI and Reaching Home funding be on HIFIS 4.0.	Yes	Execution	75	
		Ensure that the major service providers related to homelessness are involved in the Coordinated Access system and utilize HIFIS 4.0.	Yes	Execution	75	
		Expand data sharing agreements between key service system players.	Yes	Completed	100	
		Increase the reporting requirements for the CHPI Program to include specific planning outcome measures and qualitative descriptive information.	Yes	Planning	50	
		Increase data collection of housing and homelessness programs to include follow-ups with households that received assistance.	Yes	Planning	50	
		Become a Built for Zero Canada member community once the eligibility period opens.	Yes	Planning	50	
		Centralize services for supportive and transitional housing tenants and shelter guests – a wide array of support services on-site.	Yes	Initiating	25	
System Coordination	Create a coordinated system of homelessness and ancillary services and supports with a shared vision, purpose, and ownership.	Ensure the By-Name List of homeless individuals is tied to a group of community service providers who will meet regularly and find coordinated solutions to rapidly rehouse and provide supports to individuals identified.	Yes	Completed	100	
		Assess the value of funded housing and homelessness programs, supports, and services for their Social Return on Investment.	Yes	Initiating	25	
		Identify individuals who do not have a fixed address in DNSSAB databases and seek their consent to be added to the By Name List in order to connect them with appropriate supports and services.	Yes	Initiating	25	



BRIEFING NOTE PS01-22

For Information or For Approval

Date: March 23, 2022

Purpose: **Paramedic Services Response Times for 2021**

Prepared by: Robert Smith, Paramedic Services Chief

Reviewed by: Justin Avery, Manager of Finance

Approved by: Catherine Matheson, CAO

RECOMMENDATION:

That the District of Nipissing Social Services Administration Board accepts report PS01-22 detailing the Paramedic Services' target compliance to the Legislated Response Time Standard reporting for calendar year 2021.

The purpose of this report is to provide the Board with both the background for the Ontario Ambulance Response Time Standards (RTS) and detailed compliance results for the 2021 period. A letter detailing the response performance will be submitted to the Ministry of Health (MOH) Emergency Health Regulatory & Accountability Branch (EHRAB) Director by the March 31st deadline, as prescribed in the Ambulance Act and its regulations.

BACKGROUND:

In 2006, the Provincial government, in conjunction with the Association of Municipalities of Ontario (AMO) and the Land Ambulance Steering Committee (LASC), established a committee to review the current and future state for a number of subjects, including response time standards for Paramedics. On July 31, 2008, amendments to the Ambulance Act were passed. One such amendment related to Response Time Performance Plans and methods for measuring regulatory compliance. Following a number of delays, Response Time changes were finally implemented for 2013.

Under Regulation, each Direct Delivery Agent (DDA) responsible for the provision of land ambulance services is responsible to submit to the Emergency Health Regulatory and Accountability Branch (EHRAB) Response Time Performance Plan no later than October 31 of each year. This plan details expected compliance with response targets for the following calendar year. The report breaks out target compliance based upon patient acuity as set out in the Canadian Triage and Acuity Scale (CTAS). The CTAS scale ranks patient acuity from CTAS 1 (the most severe) to CTAS 5 (the least severe). A breakout of the acuity scale is detailed within this document.

By March 31st of each year, the DDA must submit a compliance report to the EHRAB Director that captures response time efficacy/compliance for the previous calendar year. DNSSAB reports response time metrics based upon district-wide performance. To understand the Response Time Standard metrics, it is essential that readers have a rudimentary understanding of the Canadian Triage and Acuity Scale (CTAS).

CTAS is a method for grouping patients according to the severity of their condition and is inclusive only of patients managed through the 9-1-1 emergency system. The CTAS scale is a medically validated scale used by hospital emergency departments across the Province. The CTAS scores are defined as follows:

CTAS 1: Severely ill, requires resuscitation

Requires resuscitation and includes conditions that are threats to life or imminent risk of deterioration, requiring immediate aggressive interventions (for example, cardiac arrest, and major trauma or shock states).

CTAS 2: Requires emergent care and rapid medical intervention

Requires emergent care and includes conditions that are a potential threat to life or limb function, requiring rapid medical intervention or delegated acts (for example, head injury, chest pain or internal bleeding).

CTAS 3: Requires urgent care

Requires urgent care and includes conditions that could potentially progress to a serious problem requiring emergency intervention, such as mild to moderate asthma, moderate trauma or vomiting and diarrhea in patients younger than 2 years.

CTAS 4: Requires less-urgent care

Requires less-urgent care and includes conditions related to patient age, distress or potential for deterioration or complications that would benefit from intervention, such as urinary symptoms, mild abdominal pain or earache.

CTAS 5: Requires non-urgent care

Requires non-urgent care and includes conditions in which investigations or interventions could be delayed or referred to other areas of the hospital or health care system, such as sore throat, menses, conditions related to chronic problems or psychiatric complaints with no suicidal ideation or attempts.

Patient acuity of inter-facility activity is not considered in the CTAS system of scoring, while such workload negatively influences emergency resource response capacity.

CURRENT STATUS/STEPS TAKEN TO DATE: (if appropriate)

As detailed earlier, DNSSAB is required to report the projected response time standard targets to the MOHLTC by October 31st of each year. The 2021 targets were submitted in October of 2020, and the 2021 target results detailed on the table below will be submitted by March 31st of this year. Additionally, target noncompliance must be accompanied with detailed assessment findings and proposed methods to reach target response times. Each RTS target was met in 2021.

Patient Severity	Target Time	Actual Time	Target Response Met	Call Volume By CTAS
SCA	6 minutes, 40% of time	6 minutes, 43.9% of time	Yes	82
CTAS 1	8 minutes, 70% of time	8 minutes, 70.2% of time	Yes	198
CTAS 2	16 minutes 90% of time	16 minutes, 90.37% of time	Yes	3,042
CTAS 3	16 minutes 90% of time	16 minutes, 90.98% of time	Yes	3,460
CTAS 4	16 minutes 90% of time	16 minutes, 91.97% of time	Yes	2,529
CTAS 5	16 minutes 90% of time	16 minutes, 91.88% of time	Yes	924

Data source utilized for this report was Interdev I-Medic Patient records

RISK IDENTIFIED AND MITIGATION:

The Response Time Standard process for calculating Paramedic Service response efficiency is far more detailed than the previous “MOHLTC 1996 90th percentile” model, an approach that simply required paramedic services to maintain their response time target compliance to the level that existed in 1996. It did not consider evolving system designs, demographic deviations, funding changes, or social determinants of health impact.

Despite the modernization of response measures, there is a wide acknowledgement that the current process has its own challenges. The current model places a greater focus on response to sudden cardiac arrest patients, patients who represent less than 0.8% of the total patient population and one where successful resuscitation is rare when the event is not witnessed. Slight changes to response times would have significant impact on success metrics. Each call would alter the overall performance rate by nearly 1.5%.

It is also important to note that formal data points utilized for assessment of RTS compliance are compiled by the MOH Central Ambulance Communications Centers through manual inputs, and then shared with Paramedics for inputting into the patient records system. These inputs are subject to delays due to extreme stress and conflicting priorities. A more accurate assessment tool would be “real time” system monitoring, something being developed and made available only now across Ontario.

The ability of a Paramedic Service to achieve the 6 or 8-minute response timeframe a high percentage of the time remains a challenge due to issues ranging from static deployment modeling to rural geographic limitations. A target compliant response within 6 minutes from notification excludes distances beyond 6 to 8 KMs from a Paramedic Station. DNSSAB station locations have far greater response areas.

Reliance on allied agencies through tiered response agreements have allowed for improve access defibrillation. While the volunteer Fire Department design does pose continued risk to success due to response time capacity, Public Access Defibrillator (PAD) programs have shown some success for communities. Unfortunately, the majority of Sudden Cardiac Arrest (SCA) calls do not occur in public locations, meaning that AED devices are not immediately available.

Non-urgent inter-facility utilization of Paramedics continues to have a negative impact on resource availability, but recent discussions with health partners may provide for collaboration to leverage other non-urgent opportunities aimed at reducing dependency on paramedic services.

Lack of 24/7 on-site coverage in communities has a direct impact on RTS target compliance. Paramedics who are at an “on call” state have 10 minutes to become mobile, while Paramedics who are at an “on site” state have 2 minutes to become mobile. Obviously, a mandated 6-minute response to SCA events, or an 8-minute response to CTAS events are not achievable during an “on call” state. On-call deployment currently exists in three communities across Nipissing District.

The Response Time Standard system allows DDAs to choose both the target response time, and the target response compliance percentage for CTAS 2, 3, 4, and 5 calls. This multi-axial approach presents a challenge to service comparisons. Target compliance is less an issue with lower acuity events and staff plan to evaluate a method to ensure target times are more closely matched to patient acuity.

NEXT STEPS:

The response times for 2021 will be placed into the MOH portal, and subsequently will be reported publically, in accordance with the process established in 2013.

Staff will continue to explore opportunities to mitigate resource degradation through development of service enhancement options, and through collaboration with partner agencies. Staff will also develop a more robust reporting measure to better track and address RTS challenges in near real time by leveraging available technologies.

CONCLUSION:

The last number of years of data confirms limited improvement in target RTS success, and ongoing challenges in service evolution. The current transition to direct delivery of paramedic services will permit a more nimble and proactive service system model that can adapt to evolving community needs to improve response times, while continuing to leverage community partnerships to ensure public safety and collaborating to ensure high quality holistic patient care.