

JANUARY 21, 2019

WATERLOO REGION DISTRICT SCHOOL BOARD

NOTICE AND AGENDA

A Committee of the Whole meeting of the Waterloo Region District School Board will be held in the Board Room, Building 2, 1st Floor, 51 Ardel Avenue, Kitchener, Ontario, on **Monday, January 21, 2019, at 7:00 p.m.**

AGENDA

Call to Order

O Canada

Approval of Agenda

Declarations of Pecuniary Interest

Celebrating Board Activities/Announcements

PIC Introduction

Trustee K. Smith

Delegations

Policy and Governance

01 Review of Board Policy 5009 Travel, Meals and Hospitality Expenditures - Staff

M. Gerard

Reports

03 Interim Financial Report and Forecast at November 30, 2018

M. Gerard

18 Major Capital Projects Quarterly Update Report

M. Gerard

22 Extended Day Program Fee for Next Year

M. Gerard

28 NOM: Provincial Advocate for Children & Youth Act

Trustee S. Piatkowski

30 Discussion: Update on Consumption and Treatment Site Locations

Chairperson

Board Reports

Question Period (*10 minutes*)

Future Agenda Items (*Notices of Motion to be referred to Agenda Development Committee*)

Adjournment

Questions relating to this agenda should be directed to
Stephanie Reidel, Manager of Corporate Services
519-570-0003, ext. 4336, or Stephanie.Reidel@wrdsb.ca



TRAVEL, MEALS AND HOSPITALITY EXPENDITURES – STAFF

Legal References:	<i>Education Act: Section 171(1)17. Powers of Boards: Membership Fees and Travelling Expenses</i> <i>Section 286(1)(i) Duties of Supervisory Officers: Supervise Business</i> <i>Broader Public Sector Expenses Directive (Effective April 1, 2011)</i> <i>Ministry Memo 2006:B15 – School Board Expenditure Guidelines</i> <i>Broader Public Sector Accountability Act, 2010</i>
Related References:	<i>Administrative Procedure 4380 – Travel, Meals and Hospitality Expenditures</i> FS-18-AS5 Request for Reimbursement of Expenses
Effective Date:	March 2007
Revisions:	June 16, 2014, March 7, 2016, January 21, 2019
Reviewed:	June 19, 2017

1. Preamble

- 1.1 The policy that follows outlines the role and responsibilities of staff and their supervisors when travel, meals, hospitality expenditures or other out-of-pocket expenses made by an employee are to be paid or reimbursed.

2. Travel, Meals and Hospitality Expenditures

- 2.1 It is the policy of the **Waterloo Region District School Board (WRDSB)** to pay or reimburse employees for out-of-pocket expenses incurred while on board business as outlined in the Administrative Procedure 4380 Travel, Meals and Hospitality Expenditures.
- 2.2 The **WRDSB** will reimburse employees for travel, meals, accommodation expenses, other business expenses and hospitality expenditures incurred in carrying out their responsibilities while representing the interest of students, the community or the **WRDSB**.
- 2.3 All expenses to be reimbursed must be reasonable and relevant to the business activity of the **WRDSB**. The expenditures must be reasonable and transparent, with appropriate accountability and relate to the goals and objectives of the Board Strategic Plan.
- 2.4 For an expense to be paid or reimbursed it must have the appropriate authorizations and approvals as set out in Administrative Procedure 4380 Travel, Meals and Hospitality Expenditures.
- 2.5 The **WRDSB** assumes no obligation to reimburse expenses that do not comply with this policy.



TRAVEL, MEALS AND HOSPITALITY EXPENDITURES – STAFF

Legal References:	<i>Education Act: Section 171(1)17. Powers of Boards: Membership Fees and Travelling Expenses</i> <i>Section 286(1)(i) Duties of Supervisory Officers: Supervise Business</i> <i>Broader Public Sector Expenses Directive (Effective April 1, 2011)</i> <i>Ministry Memo 2006:B15 – School Board Expenditure Guidelines</i> <i>Broader Public Sector Accountability Act, 2010</i>
Related References:	<i>Administrative Procedure 4380 – Travel, Meals and Hospitality Expenditures</i> <i>Form FS-07-AS5 Request for Reimbursement of Expenses</i>
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- 2.3 All expenses to be reimbursed must be reasonable and relevant to the business activity of the Board. The expenditures must be reasonable and transparent, with appropriate accountability and relate to the goals and objectives of the Board Strategic Plan and Board Improvement Plan for Student Achievement & Well-Being (BIPSAWB).
- 2.4 For an expense to be paid or reimbursed it must have the appropriate authorizations and approvals as set out in Administrative Procedure 4380 Travel, Meals and Hospitality Expenditures.
- 2.5 The Board assumes no obligation to reimburse expenses that do not comply with this policy.



Report to Committee of the Whole

January 21, 2019

Subject: 2018-19 Interim Financial Report and Forecast

Recommendation

This report is for the information of the Board.

Status

The Board of Trustees (Board) approved the 2018-19 operating budget on June 13, 2018, and at that time the Board approved a balanced budget.

The development of the Waterloo Region District School Board's (WRDSB's) operating budget includes many underlying assumptions which, over the course of a school year, can change significantly. On a quarterly basis throughout the year, staff will be providing updates to the Board regarding our key assumptions, the identification of key risks and planned mitigation strategies.

The information contained in this report is based on financial results up to November 30, 2018. The ability of staff to significantly alter our forecast of the year-end financial position based on three months of operations is limited. Consistent with the approved budget for 2018-19, we expect the WRDSB to finish the year in a balanced position; this was confirmed through our submission of our Revised Estimates to the Ministry of Education (Ministry) on December 14, 2018, which showed a balanced budget.

The 2018-19 Q1 Interim Financial Report, comparing the budget to the forecasted year-end position, is attached as Appendix A. In terms of key assumptions and risk areas, the following represent factors which may impact the year-end results.

Revenues

- Student Enrolment
 - In-year change: Total enrolment is projected to be higher than the budget forecast by 102 students, or 0.2% of total enrolment. This increase is attributable to the elementary panel, and the March 31, 2019 enrolment count is necessary before the revenue projection for the year can be solidified.
 - Impact: Student enrolment is the primary driver of funding through the Grants for Student Needs (GSN). An increase in our student enrolment would enhance our funding through the Pupil Foundation Grant (primarily), as well as other supporting grants.
 - Strategy: We also amended our multi-year forecast to reflect migration into the Region, which was a primary driver of our enrolment growth. Our long-term enrolment forecast reflects continued, positive, growth in both the elementary and secondary panel. As noted previously, the March 31, 2019

enrolment count is required before a revenue projection for the year can be solidified.

- Special Education Allocation
 - In-year change: Revenues are expected to be \$945,000 higher than the budget forecast. This is the result of changes to Ministry funding benchmarks [announced](#) in August 2018, and the overall increase in student enrolment noted above.
 - Impact: The Ministry provides a per pupil amount based on overall enrolment to allow boards to provide Special Education supports to students. These funds are enveloped, in that they can only be spent on services and supports for Special Education students. Over the past number of years, expenditures on Special Education supports have exceeded Ministry funding, and this continued to be the case with the passage of the 2018-19 budget; the additional funds will improve alignment between funding and expenditures for Special Education services.
 - Strategy: We will continue to monitor, with the support of Special Education Services, the expenditures in this area and ensure that we are directing funds to support students.
- English as a Second Language/English Literacy Development (ESL/ELD) Allocation
 - In-year change: The number of students that will qualify for ESL/ELD funding is forecast to be similar to the budget forecast; however, a change in the dispersion of students across the four years of funding eligibility is resulting in the funding variance noted below. As an example, a student in their first year of eligibility is funded at the full benchmark rate, while a student in their fourth year of eligibility is funded at 25% of the benchmark rate. Consequently, funding to support ESL/ELD learners is projected to be \$655,000 higher than the budget forecast; or 6.41%.
 - Impact: The diversity of the WRDSB's student population means that many students require additional supports to develop proficiency in their language of instruction. Since 2015-16, the number of students in the WRDSB that qualify for ESL/ELD funding has increased by 1,870 students, or 99.8%; and there are many more students who need ESL/ELD supports but do not qualify for the additional funding.
 - Strategy: Additional teaching staff (5) are being added in the elementary panel to support students in ESL/ ELD programs. These staff were approved after the start of the school year as a result of the increase in students noted above and an assessment of overall need in the system. We will continue to monitor ESL/ELD staffing needs as part of the annual staffing and budget process.

- Other Grants

- In-year change: At November 30th, 2018, revenue received through Other Grants, which includes but is not restricted to Education Program Other (EPO), was projected to be \$2.5M, or 65.92% higher than the budget forecast—as outlined in the summary of financial results included in [Appendix A](#). This anticipated increase was the result of funding [announced](#) by the Ministry in March 2018, the details of which were not communicated until after submission of the WRDSB's 2018-19 budget.

In December 2018, the Ministry provided additional details on the status of various EPO grants—the net effect to the WRDSB at time of writing is estimated to be a reduction of approximately \$331,000 for EPO grants included in the 2018/19 budget. The Ministry will confirm the amounts to be received through Transfer Payment Agreements (TPAs) which are being sent to the WRDSB. The reduction is attributable as follows:

- Innovation in Learning Fund (ILF)- This grant was intended to support innovative approaches to teaching and learning that would support the development of global competencies.
 - An amount of \$108,111 was included in the 2018-19 budget, but no expenses had been incurred prior to the announcement of the grant cancellation in December 2018.
- Well-Being: Safe, Accepting & Healthy Schools- This grant is intended to support the implementation of programs and services that will support Ontario's Comprehensive Mental Health and Addiction Strategy.
 - These programs and services include, but may not be limited to;
 - Activities that support student mental health;
 - Actions to promote safe, healthy, inclusive and accepting learning environments;
 - Co-developing approaches to support staff well-being.
 - An amount of \$275,695 was included in the 2018-19 budget based on information received at the time. The revised TPA indicates that the WRDSB will only receive \$154,655, a reduction of \$120,000.
 - At November 30th, approximately \$31,000 had been expensed against this budget. A further review of the budget in January 2019 indicated that some additional expenses had been incurred, but spending appeared to be trending in a manner consistent with the revised grant.
- Community Outreach Coordinator & Community Use of Schools (Priority Schools)- These grants enable school boards to hire

outreach coordinators who can help ensure the effectiveness of the Community Use of Schools program through information sharing and data collection. The Priority Schools component allows the WRDSB to offer not-for-profit groups free after-hours access to school space in communities that need it most.

- Combined, these grants were budgeted at \$230,000 as part of the 2018-19 budget process. The revised TPA, received January 11, 2019, indicates that the WRDSB will only receive \$143,750, a reduction of \$86,250.
 - Highly Skilled Workforce Strategy K-12 Experiential Learning- This grant is intended to support a dedicated Leader in Experiential Learning for each school board. Furthermore, it enables the expansion of experiential learning opportunities for students and professional learning for educators.
 - Approximately \$222,000 was included in the 2018-19 budget based on information received at that time. The revised TPA indicates that the WRDSB will receive \$205,000, a reduction of \$17,000.
 - Additional minor variances and adjustments may occur as we continue to receive updated TPAs.
- Impact: EPO grants are used to support targeted Ministry initiatives, such as Focusing on Fundamental Mathematics, and can change from year-to-year based on Ministry priorities and the availability of financial resources. Staff had anticipated some adjustments would likely occur given the change in provincial government; as such, no in-year commitments had been made against the identified grants which are now cancelled. There remains some uncertainty regarding unspent funds from 2017-18, and staff continue to receive weekly updates from the Ministry and will adjust the forecast as additional information is received.
 - Please refer to [Appendix B](#), which provides a reconciliation of Other Grants, including EPOs, received at January 16th, 2019. It should be noted that additional information continues to be received from the Ministry on a weekly basis, and as such these figures are subject to further change.
- Strategy: Staff from Financial Services and Learning Services work collaboratively throughout the year to monitor EPO spending and reporting requirements. Further discussion regarding the impact of the eliminated EPOs will occur over the coming months as we prepare for the 2019-20 budget.

Expenditures

- Classroom Teachers and Early Childhood Educators
 - In-year change: Total expenditures on Classroom Teachers and Early Childhood Educators are projected to be \$3.6M higher than the budget forecast, an increase of 0.86%.
 - Impact: As a result of the enrolment increase noted above, more instructional staff (41) were hired in the elementary panel at the outset of the 2018-19 school year to meet our regulatory and contractual requirements. These additional staff were deployed to the system as early as possible to minimize disruption.
 - Strategy: Staffing needs across the system are influenced by a variety of factors, including student dispersion, class size requirements and labour agreements. On an annual basis, Human Resource Services leads the staffing process with input from Principals, Finance, Planning and other departments. Overall, the in-year change is minimal relative to the size of the teaching compliment, but we continue to review our approach to forecasting and staffing, with the goal of minimizing disruption to the system.
- Supply Costs
 - In-year change: Expenditures are forecast to be \$704,000 higher than the budget forecast, an increase of 3.4%.
 - Impact: As noted at the outset of this report, the ability of staff to significantly alter the year-end projection is limited, and some areas of spend do not evenly trend throughout the year; short term supply costs are one example of this. As such, staff would caution that the forecast in this area is highly variable at November 30th, given that absenteeism rates can fluctuate significantly as a result of a variety of factors (strength of flu season for example).
 - Strategy: As part of the 2018-19 budget, expenditures on supply staff were increased by \$2.5M, or 13.3%. The rationale for this increase was the consistent upward trend in supply costs which have been identified over the past number of years, which is supported by the findings in the [Auditor General's 2017 Annual Report](#) where supply costs were identified as a pressure across the province. For the 2018-19 school year, Human Resource Services has implemented measures to reduce fail-to-fill scenarios that arise in schools as a result of absenteeism. Staff are continuing to monitor expenditures in this area, and will provide further updates throughout the year.
- Non-Operating Costs (Recoverable Costs)
 - In-year change: Expenditures are expected to be \$2.5M higher than the budget forecast, an increase of 25.3%.

- Impact: This increase is attributable to higher enrolment in the WRDSB's Extended Day Program, which required additional staff (21.34) to be hired at the outset of the 2018-19 school year. These expenditures are directly offset by revenues collected for the program. In addition, recoverable billings have increased for WRDSB staff who have been seconded to other organizations (such as the Ministry of Education).
- Strategy: Staff will continue to monitor expenditures in this area, ensuring that revenues sufficiently cover costs being incurred for the programs and services identified above.

Overall, staff continue to identify, assess and mitigate against financial risks to help ensure the fiscal well-being of the organization. As noted above, we have not changed our forecast of the year-end financial position at this time, which is a balanced budget.

Background

It is the sole responsibility of the Board to approve the annual operating budget and it is the responsibility of staff to oversee and monitor day-to-day spending within the budget framework. The Board plays a key role in the budget process, ensuring that funding is aligned with the WRDSB's strategic priorities and legislative requirements.

In an effort to support the Board in fulfilling their fiduciary duties, staff provide quarterly financial updates on in-year spending forecasts relative to the budget. These updates identify potential risks and opportunities that may be on the horizon, as well as the strategies staff have in place to address the identified items. These actions are intended to support the Board in making evidence based decisions and fulfilling their governance responsibilities.

Financial Implications

No Financial implications.

Communications

Financial Services will work with our communications department to ensure that financial information is readily available to the public via our corporate website.

Prepared by: Matthew Gerard, Coordinating Superintendent, Business Services & Treasurer of the Board
 Nick Landry, Controller, Financial Services
 Sharon Uttley, Manager of Accounting Services
 Wendy Jocques, Manager of Budget Services
 Fabiana Frasher, Budget Officer
 in consultation with Coordinating Council

APPENDIX A

2018-19 Interim Financial Report (First Quarter- Sept 1 to Nov 30, 2018)

Summary of Financial Results

(000's)

	Budget	Forecast	In-Year Change	
			\$	%
Revenue				
Provincial Grants-GSN	710,663	713,376	2,713	0.4%
Revenue transferred from/(to) deferred revenue	28	681	653	2295.7%
Other Grants	3,742	6,208	2,467	65.9%
Other Revenue	25,937	27,711	1,774	6.8%
School Generated Funds	14,000	14,000	-	0.0%
Transferred from DCC**	35,198	35,294	96	0.3%
Transferred to DCC**	(14,975)	(15,880)	(906)	6.0%
Total Revenue	774,594	781,391	6,797	0.9%
Expenses				
Instruction	605,353	610,409	5,056	0.8%
Administration	18,149	18,316	167	0.9%
Transportation	18,174	18,174	-	0.0%
School Operations & Maintenance	64,204	63,607	(597)	(0.9%)
Pupil Accom/Renewal/Debt/Non-operating	48,251	50,684	2,432	5.0%
School Generated Funds	14,000	14,000	-	0.0%
Total Expenses	768,132	775,191	7,059	0.9%
Surplus/(Deficit)	6,461	6,200	(262)	(4.0%)

Changes in Revenue

- Provincial Grants- Increase in enrolment and ESL/ELD funding, change in Special Education per pupil benchmarks
- Deferred Revenue- Changes are related to transfers for Special Education, Student Achievement Envelope, School Renewal
- Other Grants- Increase due to additional Educational Program Other (EPO) announcements following 2018-19 budget submission and carryover of 2017-2018 Local Priorities Funding
- Other Revenue- Net effect of a projected decrease in the number of International students; increase in extended day care fees due to increased enrolment; increase in fully recoverable positions

Change in Expenditures

- Instruction- Reflects the increase in staffing to support enrolment
- Administration- Net effect of Communications new initiative approved after budget approval and adjustment due to suspension of 2018-2019 executive compensation increases
- School Operations & Maintenance- projected utility savings
- Pupil Accom/Renewal/Debt/Non-Operating- Net of Increase in extended day care enrolment, school renewal and increase in fully recoverable positions

**DCC - Deferred Capital Contributions

2018-19 Interim Financial Report (First Quarter- Sept 1 to Nov 30, 2018)

Summary of Financial Results		(000's)	
DETERMINATION OF ANNUAL OPERATING SURPLUS	Budget	Forecast	
PSAB Surplus/(Deficit) (from above)	6,461	6,200	
LESS: Internally Appropriated			
2018/19 one-time initiatives	7,497	7,747	
Committed Capital Projects			
Committed capital projects annual amortization	(564)	(467)	
Sub-Total: In-Year Appropriations	6,933	7,280	
Previous year one-time initiatives	-	944	
Commitment of sinking fund interest	(78)	(78)	
Committed capital projects	(4,266)	(5,162)	
Total: Internally Appropriated	2,589	2,983	
Less: Unavailable for Compliance			
PSAB Adjustments	(9,614)	(9,651)	
Total Adjustments	(7,025)	(6,667)	
In-year unappropriated Operating Surplus/(Deficit)	(564)	(467)	
Committed capital projects annual amortization	564	467	
ANNUAL Unappropriated Operating Surplus/(Deficit)	-	-	

Summary of Capital to be Financed		(000's)	
	Budget	Forecast	
Funding			
New Building and Additions	7,000	7,508	
Community Hubs	0		
Child Care Capital	1,000	2,140	
Child and Family Centres	1,000	1,200	
Greenhouse Gas (GHG) Reduction	1,602	330	
School Condition Improvement	14,422	16,735	
Full Day Kindergarten	1,350	1,098	
Renewal	7,367	7,980	
Education Development Charge (EDC)	13,032	13,032	
Proceeds of Disposition	5,465	5,132	
Minor Tangible Capital Assets	7,608	7,858	
Rural and Norther Education		42	
Other	4,830	3,040	
Total Capital by Funding Source	64,675	66,094	
Expenditure			
Buildings (new, additions & renewal)	42,236	43,363	
Land	13,032	13,032	
Land Improvements	1,350	1,350	
Leasehold Improvements	0	0	
Moveable Assets	8,058	8,350	
Total Capital Expenditure	64,675	66,094	

2018-19 Interim Financial Report (First Quarter- Sept 1 to Nov 30, 2018)

Summary of Enrolment

ADE	Budget	Forecast	In-Year Change	
			#	%
Elementary				
JK	3,766.75	4,104.00	337.25	9.0%
SK	4,319.33	4,318.00	(1.33)	0.0%
Grade 1-3	13,542.84	13,439.00	(103.84)	-0.8%
Grade 4-8	22,862.64	22,762.00	(100.64)	-0.4%
Other Pupils (International)	18.00	11.00	(7.00)	-38.9%
Total Elementary	44,509.56	44,634.00	124.44	0.3%
Secondary				
Pupils of the Board <21	19,258.95	19,251.61	(7.34)	0.0%
High Credit Pupils	28.04	26.50	(1.54)	-5.5%
Pupils of the Board >21	8.00	8.96	0.96	12.0%
Other Pupils (International)	114.00	99.00	(15.00)	-13.2%
Total Secondary	19,408.99	19,386.07	(22.92)	-0.1%
Total	63,918.55	64,020.07	101.52	0.2%

Note: Forecast based on October 31st count date

Highlights of Changes in Enrolment:

- We attribute our growth in the elementary panel to net migration into the Region. This continues a trend identified in 2016-17 and is likely to continue as affordability of housing in the Greater Toronto area pushes people further down the 401 corridor.
- We have adjusted our multi-year forecast for both elementary and secondary to reflect the most recent data available; we expect a gradual increase moving forward.

Summary of Staffing

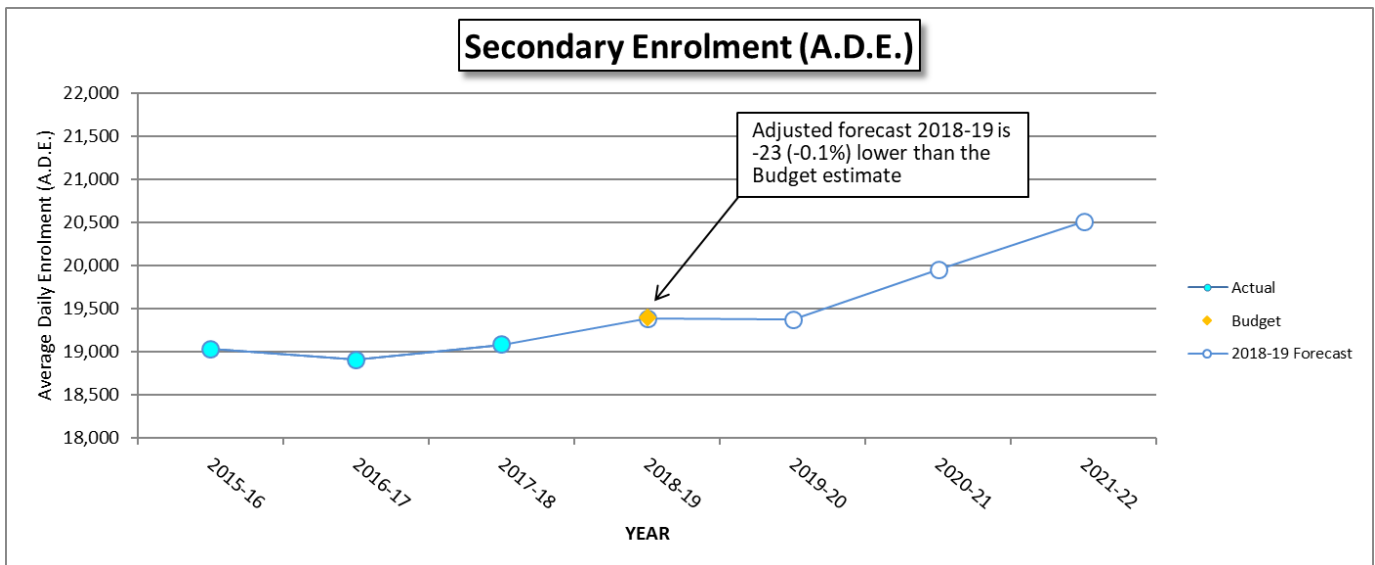
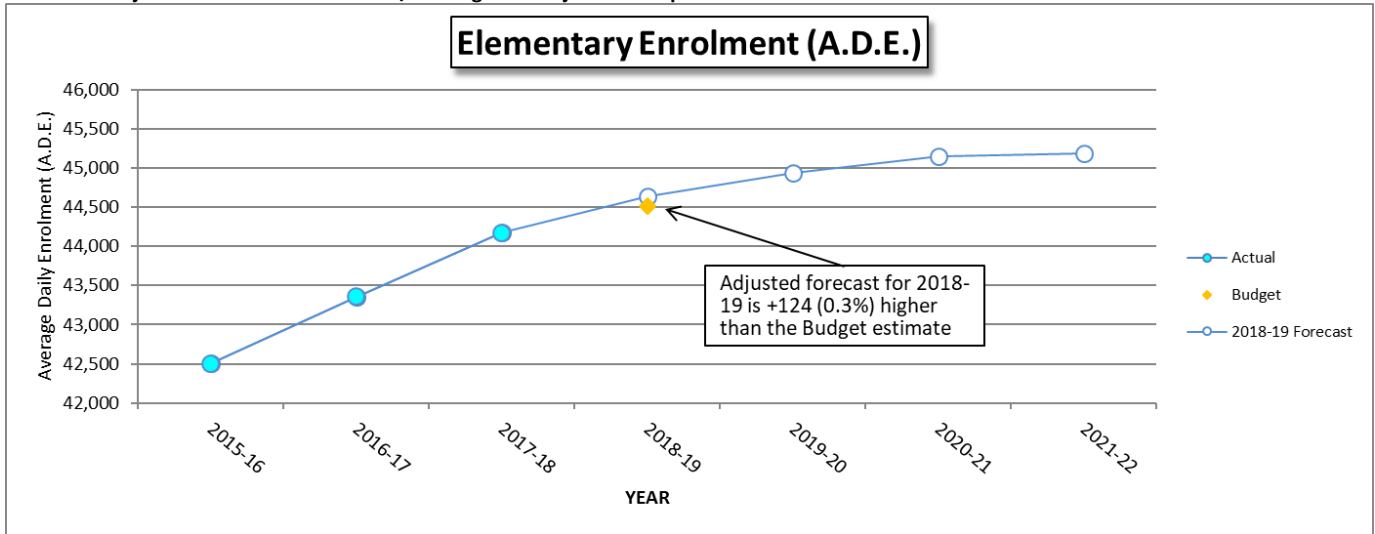
FTE	Budget	Actual October 31st	In-Year Change	
			#	%
Instruction			-	
Classroom Teachers	3,924.75	3,941.10	16.35	0.42%
Non-Classroom	2,028.50	2,053.20	24.70	1.22%
Total Instruction	5,953.25	5,994.30	41.05	0.69%
Non-Instruction	809.00	804.90	(4.10)	-0.51%
Total	6,762.25	6,799.20	36.95	0.55%

Highlights of Changes in Staffing:

- October 31st numbers exclude vacant permanent positions

2018-19 Interim Financial Report (First Quarter- Sept 1 to Nov 30, 2018)

Historic and Projected Enrolments with 2018/19 Budget vs Projected Comparison



Waterloo Region District School Board
2018-19 Interim Financial Report (First Quarter)
PSAB Revenues for the Period Ending November 30, 2018

	2018-19					Material Variance Note
	Budget (Estimates)	% Change from Prior Year Actuals	Forecast	In-Year Change		
				\$ Increase (Decrease)	% Increase (Decrease)	
Provincial Grants for Student Needs						
1 Pupil Foundation-Elementary	242,152,627	3.1%	243,193,957	1,041,330	0.43%	1
2 Pupil Foundation-Secondary	114,678,188	2.9%	114,634,482	(43,706)	(0.04%)	
3 School Foundation	43,700,637	2.2%	43,729,027	28,390	0.06%	
4 Special Education	88,274,603	3.2%	89,219,499	944,896	1.07%	2
5 French as a Second Language	8,964,597	2.5%	8,924,869	(39,728)	(0.44%)	
6 English as a Second Language	10,232,768	0.2%	10,888,456	655,688	6.41%	3
7 Remote and Rural Allocation	42,411	(0.2%)	42,411	-	0.00%	
8 Learning Opportunities	7,249,304	(6.9%)	7,243,788	(5,516)	(0.08%)	
9 Continuing Education	1,443,826	4.4%	1,447,150	3,324	0.23%	
10 High Credit	97,074	(7.1%)	91,743	(5,331)	(5.49%)	
11 Teacher Q&E	64,048,344	(1.2%)	64,232,268	183,924	0.29%	
12 New Teacher Induction Program (NTIP)	313,564	3.0%	310,122	(3,442)	(1.10%)	
13 ECE Q&E	4,249,545	(1.3%)	4,307,303	57,758	1.36%	
14 Transportation	17,307,869	3.8%	17,340,147	32,278	0.19%	
15 Admin and Governance	18,279,612	6.3%	18,261,814	(17,798)	(0.10%)	
16 Trustees' Association Fee	43,316	0.0%	43,316	-	0.00%	
17 School Operations	60,865,654	2.6%	60,988,158	122,504	0.20%	
18 Community Use of Schools	842,701	1.6%	842,701	-	0.00%	
19 Declining Enrolment	-	0.0%	-	-	0.00%	
20 Temporary accommodation - relocation and leasing	1,930,500	8.1%	1,930,500	-	0.00%	
21 Indigenous Education	992,228	(12.8%)	1,028,274	36,046	3.63%	
22 Safe Schools	1,319,434	2.0%	1,321,197	1,763	0.13%	
23 School Renewal	9,932,536	1.1%	9,949,568	17,032	0.17%	
24 Approved Debt	104,872	0.0%	104,872	-	0.00%	
25 Debt Charges-Interest Portion	7,207,269	(2.3%)	6,911,002	(296,267)	(4.11%)	
26 1% Lump Sum	-		-	-		
27 Capital Grant for Land	-		-	-		
28 Restraint Savings	(129,030)	0.0%	(129,030)	-	0.00%	
29 Labour Related Enhancements	6,518,694	0.0%	6,518,694	-		
Total Provincial Grants for Student Needs (GSN)	710,663,143	2.4%	713,376,288	2,713,145	0.38%	
30 Amortization of Deferred Capital Contributions	35,197,975	100.0%	35,294,394	96,419	0.27%	
31 Legislative Grants transferred from/(to) Deferred Revenue	28,436	(110.0%)	681,228	652,792		
32 Other Grants	3,741,569	(41.2%)	6,208,136	2,466,567	65.92%	4
Non Grant Revenue						
33 Fees	2,287,900	15.9%	1,915,700	(372,200)	(16.27%)	
34 Transportation Recoveries	-	(100.0%)	-	-	0.00%	
35 Rental Revenue	1,669,100	(1.0%)	1,669,100	-	0.00%	
36 Education Development Charge	10,142,195		10,142,195	-	0.00%	
37 Other Revenue	11,837,882	(18.5%)	13,984,266	2,146,384	18.13%	5
38 Non Grant Revenue	25,937,077	2.8%	27,711,261	1,774,184	6.84%	
39 School Generated Funds Revenue	14,000,000	0.7%	14,000,000	-	0.00%	
40 Grants Transferred to Deferred Capital Contributions	(14,974,537)	(2.2%)	(15,880,298)	(905,761)	6.05%	
41 Total PSAB Revenues	774,593,663	2.3%	781,391,009	6,797,346	0.88%	

Waterloo Region District School Board
2018-19 Interim Financial Report (First Quarter)
PSAB Revenues for the Period Ending November 30, 2018

EXPLANATIONS OF MATERIAL GRANT VARIANCES

- 1 Projected increase in elementary enrolment
- 2 Ministry has increased the Special Education Per Pupil Amount for 2018-19
- 3 Number of students eligible for ESL/ELD funding higher than budget forecast
- 4 Additional EPO grants announced after budget submission and carryover of the 2017/2018 Local Priorities Funding
- 5 Extended Day Program enrolment increase offset by corresponding expense; change in mix of recoverable secondments which is offset by corresponding expense

Waterloo Region District School Board
2018-19 Interim Financial Report (First Quarter)
PSAB Expenses for the Period Ending November 30, 2018

	2018-19				Material Variance Note
	Budget (Estimates)	Forecast	Change		
			\$ Increase (Decrease)	% Increase (Decrease)	
OPERATING					
Classroom					
Classroom Teachers	402,527,473	404,460,026	1,932,553	0.5%	1
Supply Staff	20,854,500	21,558,737	704,237	3.4%	
Teacher Assistants	35,713,994	35,852,268	138,274	0.4%	
Early Childhood Educator	17,966,100	19,644,214	1,678,114	9.3%	1
Textbooks and Classroom Supplies	16,026,029	16,151,297	125,268	0.8%	
Computers	8,648,200	8,898,200	250,000	2.9%	
Professionals & Paraprofessionals	29,245,135	29,297,192	52,057	0.2%	
Library & Guidance	13,680,279	13,520,092	(160,187)	(1.2%)	
Staff Development	4,160,810	4,242,309	81,499	2.0%	
Department Heads	1,426,000	1,409,851	(16,149)	(1.1%)	
Principal and Vice-Principals	28,689,618	28,890,422	200,804	0.7%	
School Secretaries & Office Supplies	16,554,369	16,747,932	193,563	1.2%	
Teacher Consultants	8,782,734	8,908,735	126,001	1.4%	
Continuing Education	2,088,699	2,088,899	200	0.0%	
Instruction-Amortization	6,239,783	6,239,783	-	0.0%	
Less: GSN Funded Tangible Capital Assets	(7,250,500)	(7,500,500)	(250,000)	3.4%	
Sub-Total Instruction Expenses	605,353,223	610,409,457	5,056,234	0.8%	
Other Expenses					
Board Administration	17,762,826	17,930,167	167,341	0.9%	
School Operations	64,345,463	63,748,464	(596,999)	(0.9%)	
Transportation	18,172,835	18,172,835	-	0.0%	
Amortization	603,521	603,521	-	0.0%	
Less: GSN Funded Tangible Capital Assets	(357,000)	(357,000)	-	0.0%	
Sub-Total Other Expenses	100,527,645	100,097,987	(429,658)	(0.4%)	
TOTAL OPERATING EXPENSE	705,880,868	710,507,444	4,626,576	0.7%	
NON-OPERATING					
Pupil Accommodation/Renewal/Debt					
School Renewal	9,933,140	10,429,233	496,093	5.0%	
Debt Charges	6,766,418	6,729,749	(36,669)	(0.5%)	
Recoverable Costs	9,838,400	12,324,651	2,486,251	25.3%	2
Other Non-Operating Expenses	104,872	104,872	-	0.0%	
Loss on Disposal of TCA and Assets					
Amortization	28,975,532	28,975,532	-	0.0%	
Less: GSN Funded Tangible Capital Assets	(7,367,037)	(7,880,387)	(513,350)	7.0%	
Total Pupil Accommodation Expense	48,251,325	50,683,650	2,432,325	5.0%	
Instruction: reflects the adjustment for compensation estimates for centrally ratified	14,000,000	14,000,000	-	0.0%	
TOTAL EXPENSES	768,132,193	775,191,094	7,058,901	0.9%	

EXPLANATIONS OF MATERIAL BUDGET VARIANCES

- Increase in staffing due to increase in enrolment
- Increase in extended day enrolment and change in mix of recoverable secondments - both have revenue offset

Waterloo Region District School Board
2018-19 Interim Financial Report (First Quarter)
Spending Risk Assessment for the Period Ending November 30, 2018

	Actual to Nov 30/18	Actual to Nov 30/17	Year-to year Increase (Decrease)	Forecast vs. Prior year YTD
	% of Forecast Spent	% of Actual Spent		
OPERATING				
Classroom				
Classroom Teachers	25.70%	26.34%	(0.6%)	
Supply Staff	18.85%	19.45%	(0.6%)	
Teacher Assistants	27.88%	28.36%	(0.5%)	
Early Childhood Educator	25.93%	28.69%	(2.8%)	
Textbooks and Classroom Supplies	24.11%	24.41%	(0.3%)	
Computers	12.67%	13.10%	(0.4%)	
Professionals & Paraprofessionals	23.55%	26.20%	(2.7%)	
Library & Guidance	22.35%	26.81%	(4.5%)	
Staff Development	33.88%	34.01%	(0.1%)	
Department Heads	27.03%	26.45%	0.6%	
Principal and Vice-Principals	26.61%	26.33%	0.3%	
School Secretaries & Office Supplies	24.68%	26.80%	(2.1%)	
Teacher Consultants	23.97%	24.65%	(0.7%)	
Continuing Education	13.34%	12.86%	0.5%	
Instruction-Amortization	0.00%	0.00%	0.0%	
Less: GSN Funded Tangible Capital Assets	0.01%	0.37%	(0.4%)	
Sub-Total Instruction Expenses	25.25%	26.06%	(0.8%)	
Other Expenses				
Board Administration	23.80%	26.13%	(2.3%)	
School Operations	20.32%	21.93%	(1.6%)	
Transportation	29.71%	29.20%	0.5%	
Amortization	0.00%	0.00%	0.0%	
Less: GSN Funded Tangible Capital Assets	1.5%	31.14%	(29.6%)	
Sub-Total Other Expenses	22.59%	23.81%	(1.2%)	
TOTAL OPERATING EXPENSE	24.87%	25.74%	(0.9%)	
NON-OPERATING				
Pupil Accommodation/Renewal/Debt				
School Renewal	19.65%	11.18%	8.5%	1
Debt Charges	16.07%	16.71%	(0.6%)	
Recoverable Costs	22.66%	23.78%	(1.1%)	
Other Non-Operating Expenses	0.00%	0.00%	0.0%	
Loss on Disposal of TCA and Assets				
Amortization	0.00%	0.00%	0.0%	
Less: GSN Funded Tangible Capital Assets	19.5%	-3.41%	22.9%	
Total Pupil Accommodation Expense	8.65%	-44.27%	52.9%	
Instruction: reflects the adjustment for compensation estimates for centrally ratified	0.00%	0.00%	0.00%	
TOTAL EXPENSES	23.36%	24.19%	(0.8%)	

Pressure The variance between year-to-date spending as a % of forecast versus spending for the same period last year indicates cost pressure.
Due to Timing The variance between year-to-date spending as a % of forecast versus spending for the same period last year is due to the timing of expenditures.

EXPLANATIONS OF SPENDING RISK ASSESSMENT

1 Variations between the year-to-date spending this year and the % spent at this time last year is due to the timing of expenditures only. A budget pressure in these areas is not anticipated.

APPENDIX B

Waterloo Region District School Board
Other Grant Revenue- Including Education Program Other (EPO)
Revised at January 16, 2019

<u>OTHER GRANT REVENUE</u>	2018/2019 Budget	2018/2019 Nov 30th	2018/2019 Jan 16th	Variance (Budget to Jan 16th)
EPOs Included in 2018/19 Budget				
Community Use - Outreach Co-ordinator	\$128,000	\$128,000	\$80,000	(\$48,000)
Community Use - Priority Schools	102,000	102,000	63,750	(38,250)
Focusing on Fundamentals in Mathematics	1,478,573	1,478,573	1,478,573	-
Highly Skilled Workforce Strategy K-12 Experiential Learning	222,056	222,056	205,261	(16,795)
Indigenous Support and Engagement	100,000	100,000	100,000	-
Innovation in Learning Fund	108,111	108,111	-	(108,111)
Mental Health Workers in School	477,472	477,472	477,472	-
Well Being: Safe Accepting and Healthy Schools and Mental Health	274,695	274,695	154,655	(120,040)
Sub-total	\$2,890,907	\$2,890,907	\$2,559,711	(\$331,196)
EPOs Not Included in 2018-19 Budget				
Board Leadership Development & Mentoring for All	\$0	\$0	\$61,049	\$61,049
Gap Closing in Literacy: Grades 7-12	-	-	11,000	11,000
Identity-Based Data Collection, Analysis and Use	-	-	125,000	125,000
Ontario Focused Intervention Project -Low Performing Schools	-	-	15,985	15,985
Parents Reaching Out	-	-	90,764	90,764
Positive Preventative Measures Pilot Project	-	-	80,000	80,000
Speak-Up Projects	-	-	15,000	15,000
Specialist High Skills Majors (SHSM)	-	401,176	401,176	401,176
Special Education Professional Assessments	-	-	338,570	338,570
Supporting Schools: Recreational Cannabis Legalization	-	-	50,000	50,000
Supporting Students with Severe Learning Disabilities	-	-	198,000	198,000
Teacher Learning & Leadership Program (TLLP)	-	-	24,950	24,950
Sub-total	\$0	\$401,176	\$1,411,494	\$1,411,494
Total EPO Grants	\$2,890,907	\$3,292,083	\$3,971,205	\$1,080,298
Other Grants				
Local Priorities (Deferred Revenue from 2017/1018)	\$0	\$1,380,517	\$1,380,517	1,380,517
P-VP & Non-Union Remedy Agreement (Deferred Revenue from 2017/2018)	-	\$306,121	\$306,121	306,121
OSSTF Remedy Agreement	-	302,223	549,555	549,555
P-VP & Non-Union Remedy Agreement	-	76,530	76,530	76,530
Literacy & Basic Skills (LBS)	370,900	370,900	370,900	-
Ontario Youth Apprenticeship Program (OYAP)	265,165	265,165	231,269	(33,896)
Official Languages in Education Program: French as a Second Language	214,597	214,597	245,211	30,614
Total Other Grants	\$3,741,569	\$6,208,136	\$7,131,308	\$3,389,739



Report to Committee of the Whole

January 21, 2019

Subject: Major Capital Projects Quarterly Update Report

Recommendation

This report is provided for information of the Board.

Status

Current capital projects with budgets greater than \$2.5M are outlined in Appendix A and are presented with dashboard symbols to indicate the status of the project relative to the schedule, budget and scope. Significant milestones, along with basic project statistics, are also presented. All projects are proceeding as planned through the design and construction stages with the following updates.

At Janet Metcalfe Public School, the General Contractor has now finalized the interior finishes in the Gymnasium, Library, Science and Technology Room and Music Room. This now completes all curriculum based areas for occupancy. The General Contractor continues to work on the main staircase, will re-seed the playing field in the spring and will continue to complete deficiencies.

These changes have been updated in Appendix A.

Background

The major capital projects listed on Appendix A have been funded by the Ministry of Education and approved by the Board of Trustees (Board).

Financial implications


The updated projects are listed on Appendix A.

Communications

Facility Services staff have consulted with the Ministry of Education, administration, contractors, architects, Financial Services, municipalities, various internal committees and the Board in regard to the stages of approval, design, construction and budget approvals.




Prepared by: Matthew Gerard, Coordinating Superintendent, Business Services
& Treasurer of the Board
Ian Gaudet, Controller of Facility Services
Ron Dallan, Manager, Capital Projects
in consultation with Coordinating Council

**Major Capital Projects
Quarterly Update Report
Jan/4/2019**

Project	Stage		Scope	Board Approval	Ministry Approval	Site Acquisition Complete	Site Encumbrances	Architect	Site Plan Approval	Bldg Permit	Tender Awarded	Project Budget	Classes Begin
P.S. in South East Cambridge (Greengate) (new)	Pre-Design		New School	9-May-16	21-Nov-16	No	No	TBA	No	No	No	\$13,503,269	TBA
Grand River C.I. (addition and renovation)	Construction		Addition/ Renovation	9-May-16	21-Nov-16	NA	No	Kingsland + Architects Inc.	No	No	Yes	\$10,855,705	September 2019
Ryerson P.S. (addition and renovation)	Construction		Addition	9-May-16	21-Nov-16	NA	No	WalterFedy	Yes	Yes	Yes	\$4,706,749	September 2019
Cedar Creek P.S. (addition and renovation)	Construction		Addition	9-May-16	21-Nov-16	NA	No	BJC Architects Inc.	Yes	Yes	Yes	\$8,845,721	September 2019
P.S. in Kitchener Huron South (Tartan Ave) (new)	Architect Selection		New School	15-May-17	15-Jan-18	No	No	TBA	No	No	No	\$16,361,437	TBA
Lackner Woods P.S. (childcare addition)	Pre-Design		Addition	TBD	3-May-18	NA	No	CS&P Architects Inc.	No	No	No	\$2,520,852	TBA
Saginaw P.S. (childcare addition)	Pre-Design		Addition	TBD	3-May-18	NA	No	Martin Simmons	No	No	No	\$2,520,852	TBA

Major Capital Projects are those greater than \$2.5M total project cost

Dashboard Definitions

On schedule, on budget, within scope	
Schedule, budget or scope concerns	
Schedule delays, budget creep, or quality concerns	



Report to Committee of the Whole

January 21, 2019

Subject: Annex A - Galt Collegiate and Vocational Institute Amphitheatre

Recommendation

This report is for the information of the Board.

Status

Recent increases in health and safety issues related to needle, drug, and homeless activities in the community of Galt and within close proximity to Galt Collegiate and Vocational Institute, have made the Galt Collegiate and Vocational Institute Amphitheatre an ideal location for those attempting to conduct illegal and unwanted activities on school property.

In 2017, the Waterloo Region District School Board (Board) engaged an architect to review the potential redevelopment of the Galt Collegiate and Vocational Institute Amphitheatre.

The findings of the study indicate that even if the Galt Collegiate and Vocational Institute Amphitheatre were to be reconstructed, there is very little salvage value to the condition of the existing structures.

The WRDSB does not own and operate any other amphitheatres within its inventory of assets.

Facility Services staff in consultation with school administration have identified the preference to remove the existing stage and the stairs and the ramp structures to help mitigate ongoing health and safety concerns. This would leave the existing benching in place to ensure slope stability.

Future options to rejuvenate the Galt Collegiate and Vocational Institute Amphitheatre are not precluded by the removals noted above.

Background

The Galt Collegiate and Vocational Institute Amphitheatre was constructed in 1978 at a cost of \$86,000.

While users of the Galt Collegiate and Vocational Institute Amphitheatre have fond memories, former principals struggled with issues of ongoing vandalism, loitering and lack of visibility. These issues were further compounded by a lack of maintenance and deterioration of the facilities. Vandalism destroyed the electrical system and constant cleanup of broken beer bottles was required.

The Galt Collegiate and Vocational Institute Amphitheatre was condemned from public access almost a decade ago due to health and safety issues associated with the

deterioration of steps, handrails, seating and wood boards and nails. Furthermore, the lack of accessibility had come to light with rental requests for usage of the space.

Because of this, the area was fenced off and has been shut down since 2009.

Financial implications

Costs to complete the demolition of the existing stage, stairs and ramps are estimated to cost approximately \$30,000.

Initial cost estimates based upon conceptual designs estimate that redevelopment would be in the order of \$500,000.

Other more cost effective options in line with system standards, such as outdoor education classrooms, could be contemplated for less cost and in a different location that may mitigate some of the operational issues associated with the lack of visibility.

Communications

Facility Services will continue to work with school administration.

An engagement strategy will be developed in concert with the Communications Department that gains input from school council.

Prepared by: Matthew Gerard, Coordinating Superintendent, Business Services
& Treasurer of the Board
Ian Gaudet, Controller of Facility Services
in consultation with Coordinating Council



Report to Committee of the Whole

January 21, 2019

Subject: 2019-20 Extended Day Program Fee

Recommendation

That the Waterloo Region District School Board approve the Extended Day Program fee of \$26.00 per day, per child, for the 2019-2020 school year.

Status

In September 2010, the Waterloo Region District School Board (WRDSB) began directly operating before and after school programs in 4 schools, offering care to 64 children. Since then, our program has expanded to 69 schools and now offers care to over 3,325 children; this is in addition to the 21 programs offered by our community partners in schools with purpose-built child care centres.

The Extended Day Program (EDP) fee is established annually in accordance with Ministry of Education (Ministry) guidelines outlined in [O.Reg 221/11](#) and a costing template issued by the Ministry is used to calculate the fee. The underlying objective in establishing the fee is to ensure it bears a reasonable relationship to incremental operating costs incurred by the WRDSB, and that the program operates on a cost-recovery basis.

While there are many components that contribute to the overall rate (see Appendix A), the following represent key factors impacting the proposed rate for 2018-19.

- Wages and Benefits
 - Change: Salary costs are forecast to increase by \$0.44 per hour, on average, for the 2019-20 school year; associated benefit costs are also increasing by 1.40% on average.
 - Rationale: These changes are the result of contractual increases negotiated as part of the Central Labour Framework, 2017-19, as well as progression of staff through the salary grid. Information used to calculate these figures is based on 2018-19 Revised Estimates, which were submitted to the Ministry of Education in December 2018.
 - Impact: Direct staffing costs account for approximately 69% of total expenditures on the program; as such, any increases to salaries and benefits will have a proportionate impact on the EDP fee.
- Administrative Support
 - Change: Expenditures on administrative support are forecast to increase by 0.41% on a per student basis.

- Rationale: During the 2016-17 school year, the WRDSB engaged PricewaterhouseCoopers (PwC) to conduct a review of the EDP. The objectives of the review were to:
 - Assess the incremental work generated by operating the program;
 - Determine whether current resources (human and technical) can sustain the vision and accommodate growing demand for the program; and,
 - Provide recommendations that would support the achievement of the WRDSB's vision for the EDP.

One of the key recommendations contained in this report was the hiring of an Extended Day Program Manager. This position was filled in October 2017, and two (2) additional program supervisor positions were added as part of the 2018-19 fee to enhance support for schools that offer the program.

The advisory report from PwC was presented to the Board Audit Committee on May 31, 2017.

- Impact: In total, administrative costs represent 6.5% of total expenditures on the program. These expenditures are necessary to provide the appropriate level of oversight and support to our schools, ensuring that the EDP achieves its mission of providing high-quality, affordable, care to students in our communities. The manager and supervisors also provide oversight and support for programs operated by our community partners, ensuring they are meeting the requirements of our contracts with them.
- Special Education Support
 - Change: The per pupil amount to support additional resources for students with special needs is increasing by \$0.01 per pupil, per day.
 - Rationale: A core commitment of the WRDSB operated EDP is that all students should have equity of access to the program, and should have access to the supports they need. As our program has grown over the years, the number of students participating in our program that require additional staffing supports has also grown. The increase noted above is based on actual costs incurred during the 2016-17 and 2017-18 school years to support students with special needs.
 - Impact: The nominal increase to the per pupil amount will help ensure that we continue to have the financial resources available to provide supports that help all our students access this program.
- Transaction Costs and Vacancy Rate
 - Change: Expenditures incurred to manage the collection of fees for the program are forecast to decrease by 0.39% on a per student basis; likewise, our bad debt expense is forecast to decrease by 0.50% on a per student basis.

- Rationale: Between 2009-10 and 2015-16, the Region of Waterloo managed the invoicing and collection of fees on behalf of the WRDSB through a fee for service agreement. In 2016-17, the WRDSB internalized this process and we have been making improvements to our internal processes over the past couple years. These changes have resulted in reduced costs, enhanced service for clients and improved reporting capabilities.
- Impact: The efficiencies we are able to find in these areas help to offset increases noted above for direct staffing and support services. To the extent that further improvements to our processes can be made to reduce costs or enhance service for families, we will pursue those as appropriate.

Non-Instructional Days

The Extended Day Program will continue to be offered on most non-instructional days (e.g. PD Days, Winter Break, March Break). However, for the 2019-20 school year, the program will not operate on three (3) professional development days and there will be reduced hours of operation on Tuesday December 24, 2019.

- Professional Development Days- The program will not operate on three (3) professional development days in 2019-20. This will allow Designated Early Childhood Educators to be released for professional development and addresses feedback received from staff and our labour partners. The school year calendar committee has not yet solidified the dates for Professional Development days in 2019-20; when those dates are confirmed, information will be made available regarding which dates the program will not run.
- Winter Break- Over the past 9 years the program has operated during the non-statutory week of winter break; typically Jan 2-5. For the 2019-20 school year, Christmas Day and New Year's Day fall on a Wednesday. Our plan for winter break 2019-20 is to offer care on the following days:
 - Monday December 23rd- 7:00 am to 6:00 pm (normal hours)
 - Tuesday December 24th- 7:00 am to 3:00 pm (reduced hours)
 - December 25th to January 1st (CLOSED)
 - January 2nd and 3rd, 2020- 7:00 am to 6:00 pm (normal hours)
- The schedule noted above will ensure that our community has access to the program during the non-statutory week, and is consistent with the language included in our child care contracts with Community Providers. We have also confirmed that these dates align with the terms included in the agreement with our Custodial & Maintenance staff, who are needed in the school while programs are in operation.

Fee Options

Parents may choose to purchase service in one of three ways: before school only, after school only, or both. They may choose the number of days per week they wish to enroll their child, (i.e., Mondays only, or Wednesday and Friday). The recommended fee of

\$26.00 per pupil per day means parents would not experience an increase over the fee being charged 2018-19.

- Risk: It should be noted that the fee noted above does not contemplate any increases to salary grids for Designated Early Childhood Educators (DECEs) or Educational Assistants, which may be negotiated as part of the central labour process; existing contracts expire August 31, 2019. If increases are negotiated, they would be reflected in the 2020-21 rate.

Background

The Full-Day Early Learning Statute Law Amendment Act was passed into legislation on Tuesday, April 27, 2010 mandating that EDP be offered by district school boards to all JK/SK children attending school in a Full Day Kindergarten school. Each year, a costing template issued by the Ministry of Education is used to calculate fees for a standard class of EDP students. The EDP fee regulations ([O. Reg. 221/11](#)) continue to require boards to establish fees that bear a reasonable relationship to operating cost. When functioning as the operator of the program, the WRDSB should make every effort to operate on a cost-recovery basis in delivering the EDP. Trustees are required to approve the fee at an open meeting of the WRDSB each year, and boards are required to disclose proposed fees to coterminous boards and the Ministry of Education prior to finalizing the fee.

The fee is established in January to coincide with the Kindergarten Registration process for the following school year.

Financial Implications

Consistent with the direction provided by the Ministry of Education, the EDP fee has been developed to ensure it bears a reasonable relationship to operating costs and will allow the WRDSB to operate the EDP on a cost recovery basis.

Communications

The approved rate will be posted on our corporate website and will be reflected in communication material provided to parents.

Prepared by: Matthew Gerard, Coordinating Superintendent, Business Services & Treasurer of the Board
 Nick Landry, Controller of Financial Services
 Melissa Hilton, Manager, Extended Day Program
 in consultation with Coordinating Council

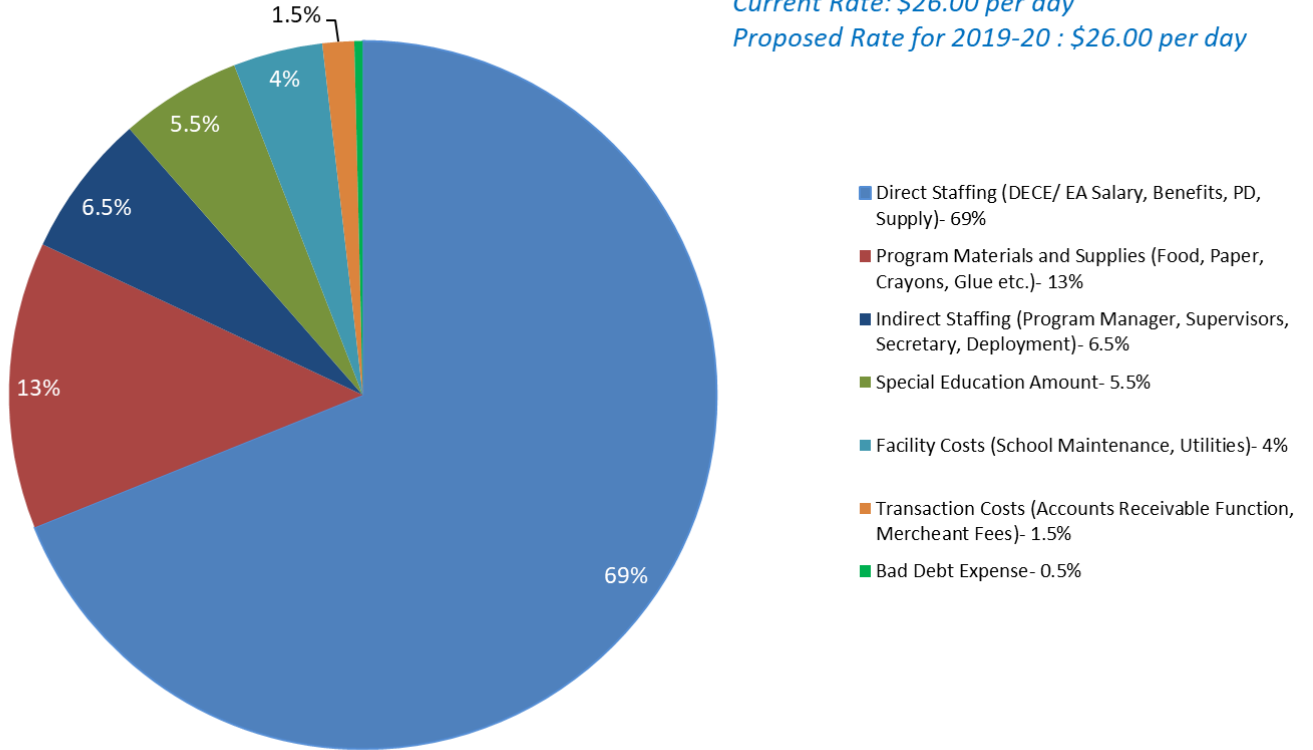
Components of the Extended Day Program Fee

ESTIMATING DAILY BASE FEE					
		Average Board Enrolment			
Number of students in Extended day				25.07	
# of ECEs / staff				2.00	
2018-19 Extended Day Program Fee				2018-19 Amount	Change
Benchmark	Benchmark Unit	# Hours / day	5		
ECE/STAFF COSTS					
\$26.76	Hourly	(a) Wage compensation	\$50,042.20	\$26.32	\$0.44
28.10%	as % of hourly wage	(b) Benefits (including Pension contributions)	\$14,060.36	26.70%	1.40%
13.40%	as % of hourly wage + benefits	(c) Vacation + Statutory Holidays	\$8,591.06	13.40%	0.00%
2.00%	as % of hourly wage + benefits	(d) Professional Development	\$1,282.05	2.00%	0.00%
7.01%	as % of hourly wage + benefits + Vacation + Statutory holidays	(e) Supply ECEs for Extended day	\$5,187.40	8.96%	(1.95%)
Total ECE/Staff Costs			\$79,163.07		
9.50%	per staffing unit costs	Administrative costs	\$7,523.93	9.10%	0.41%
PER PUPIL COSTS					
\$0.20	per-pupil per hour	School Operations (up to \$0.40 per pupil)	\$4,688.09	\$0.19	\$0.01
\$0.50	per-pupil per day	Materials for Extended day	\$2,344.05	\$0.50	\$0.00
\$2.70	per-pupil per day	Food / Snacks	\$12,657.84	\$2.70	\$0.00
\$1.36	per pupil per day	Special Education	\$6,360.09	\$1.34	\$0.02
Total Costs (excluding vacancy)			\$112,737.07		
0.39%	as a % of Total Cost (before vacancy)	Vacancy Allowance (up to 5%)	\$441.62	0.89%	(0.50%)
1.46%	as a % of Total Cost (after vacancy)	Transaction Costs	\$1,657.26	1.85%	(0.39%)
Total Costs			\$114,835.95		
Extended Day Program Fee (includes non-instructional days during the school year (e.g., P.D. days, Winter Break and March Break)			\$ 26.00	\$26.00	\$0.00

Waterloo Region DSB- Extended Day Program Fee Breakdown

Current Rate: \$26.00 per day

Proposed Rate for 2019-20 : \$26.00 per day



-Designated Early Childhood Educators (DECE) and Educational Assistants (EA) staff the program.

January 2019



Report to Committee of the Whole

January 21, 2019

Subject: Motion Re: Repeal of the Provincial Advocate for Children and Youth Act, 2007

Recommendation

That the Waterloo Region District School Board Chairperson write and ask staff to publicize an open letter to the Premier of Ontario to request that the decision to repeal the Provincial Advocate for Children and Youth Act, 2007 be rescinded and the independence of the position of Ontario's Child Advocate remain in place to provide a voice for Ontario's children and youth;

That the Chairperson send a letter to all Public School Boards and the Ontario Public School Boards' Association requesting that they advocate for the retracting of the decision to repeal the Provincial Advocate for Children and Youth Act, 2007.

Status

This report contains a Notice of Motion served by Trustee S. Piatkowski at the December 10, 2018, Committee of the Whole Meeting and was supported by Trustees C. Millar and K. Meissner.

Background

The following "whereas statements" were included as part of the notice of motion to provide additional information:

"Whereas, the purpose of the Provincial Advocate for Children and Youth Act, 2007 is to allow the Provincial Advocate for Children and Youth, as an independent officer of the Legislature to:

- (a) provide an independent voice for children and youth, including First Nations, Inuit and Métis children and youth and children with special needs, by partnering with them to bring issues forward;
- (b) encourage communication and understanding between children and families and those who provide them with services;
- (c) educate children, youth and their caregivers regarding the rights of children and youth; and
- (d) conduct investigations and make recommendations to improve children's aid society services and services provided by residential licensees where a children's aid society is the placing agency. 2007, c. 9, s. 1; 2014, c. 13, Sched. 10, s. 1; 2017, c. 14, Sched. 4, s. 31 (1); and

Whereas, reporting directly to the Legislative Assembly of Ontario, the Advocate's Office provides an independent voice for children and youth, including children and youth with disabilities and Indigenous children and youth; and

Whereas, the Advocate's review and investigations have exposed gaps and failures in the system that have put children and youth at "significant risk"; and

Whereas, on November 15, 2018, the provincial government announced that the Provincial Advocate for Children and Youth Act, 2007 would be repealed and that the Ontario Ombudsman will assume the duties of the child advocate, in essence "monitoring itself and advocating for the thousands of children in its care"; and

Whereas, when interviewed by Canadian Broadcasting Corporation, Irwin Elman, Ontario's Chief Advocate since 2008, is reported as saying "When children have no voice, they are rendered invisible, and when they're invisible, bad things can happen..."; and

Whereas, he went on to say that "They're going to say that children can phone the ombudsman, who is not an advocate, who will not go out and see them, whose staff have no special expertise in how to work with children or young people. An ombudsman tries, frankly, tries to make sure that government does what it says it's going to do. It doesn't stand with the young person.... An ombudsman's job is to try and listen to both sides and be impartial. A child's advocate's job is to stand with children. In Ontario, there will no longer be somebody"; and

Whereas, this means that the largest province in Canada has now become one of the only provinces without an independent child advocate; and

Whereas, the Waterloo Region District School Board is very concerned about the ramifications of this decision for the province's most vulnerable children and youth;"

Financial implications

No financial implications.

Communications

None identified at this time.

Prepared by: Stephanie Reidel, Manager of Corporate Services
for Trustee S. Piatkowski
in consultation with Coordinating Council



Report: PHE-IDS-19-01

Region of Waterloo

Public Health and Emergency Services

Infectious Diseases, Dental and Sexual Health

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

Date: January 8, 2019 **File Code:** P25-30

Subject: Next Steps Regarding Consumption and Treatment Services (CTS)

Recommendation:

That the Regional Municipality of Waterloo remove 149 Ainslie Street, as a candidate location for Consumption and Treatment Services in Waterloo Region (as described in Report PHE-IDS-19-01, dated January 8, 2019).

That the Regional Municipality of Waterloo endorse the modified Phase 2b community consultation process (as described in Report PHE-IDS-19-01, dated January 8, 2019).

That the Regional Municipality of Waterloo submit of a letter of intent to apply for Consumption and Treatment Services to the Ministry of Health and Long-term Care (as described in Report PHE-IDS-19-01, dated January 8, 2019).

Summary:

Starting in June 2017, Public Health and community partners undertook a comprehensive process to explore the need for and feasibility of Consumption and Treatment Services in Waterloo Region. The goal of this multi-phase process was to understand if such services are needed in our Region and the conditions under which people who use drugs would use them. Extensive community consultation was included in all phases of this work including identifying the level of public support for such services, describing considerations against which to measure site suitability and to identify potential sites for Consumption and Treatment Services.

Further, Public Health held two facilitated visioning sessions with multiple stakeholders in the community to develop the Made in Waterloo Region model of service for Consumption and Treatment Services. The main components of the model include welcoming design, safety for clients and community members; community support through transparent operations, client-centered approach to ensure programming is relevant to their needs, and seamless access to other services. This model aligns with the provincial and federal requirements to operate this service.

Extensive work has been completed regarding floor plans and costing for each of the candidate locations. Region of Waterloo Public Health is proposing to conduct community consultation on four candidate locations at the end of January/early February. The consultations will include invite-only sessions for people who reside or work within 250m of a candidate location, as well as open public sessions for anyone to attend. ICA Associates Inc., a facilitation firm with international experience, will conduct the sessions to ensure a full and thorough consultation with equal opportunity for input. Public Health will return to Community Services Committee of Regional Council in the spring of 2019 with a full evaluation of each candidate location, and recommendations regarding next steps.

Report:

Starting in June 2017, Public Health and community partners undertook a comprehensive process to explore the need for and feasibility of Consumption and Treatment Services in Waterloo Region. The goal of this multi-phase process was to understand if such services are needed in our Region and the conditions under which people who use drugs would use them. Extensive community consultation was included in all phases of this work including identifying the level of public support for such services, describing considerations against which to measure site suitability and to identify potential sites for Consumption and Treatment Services. The results of this work have been shared with Community Services Committee and is briefly summarised below.

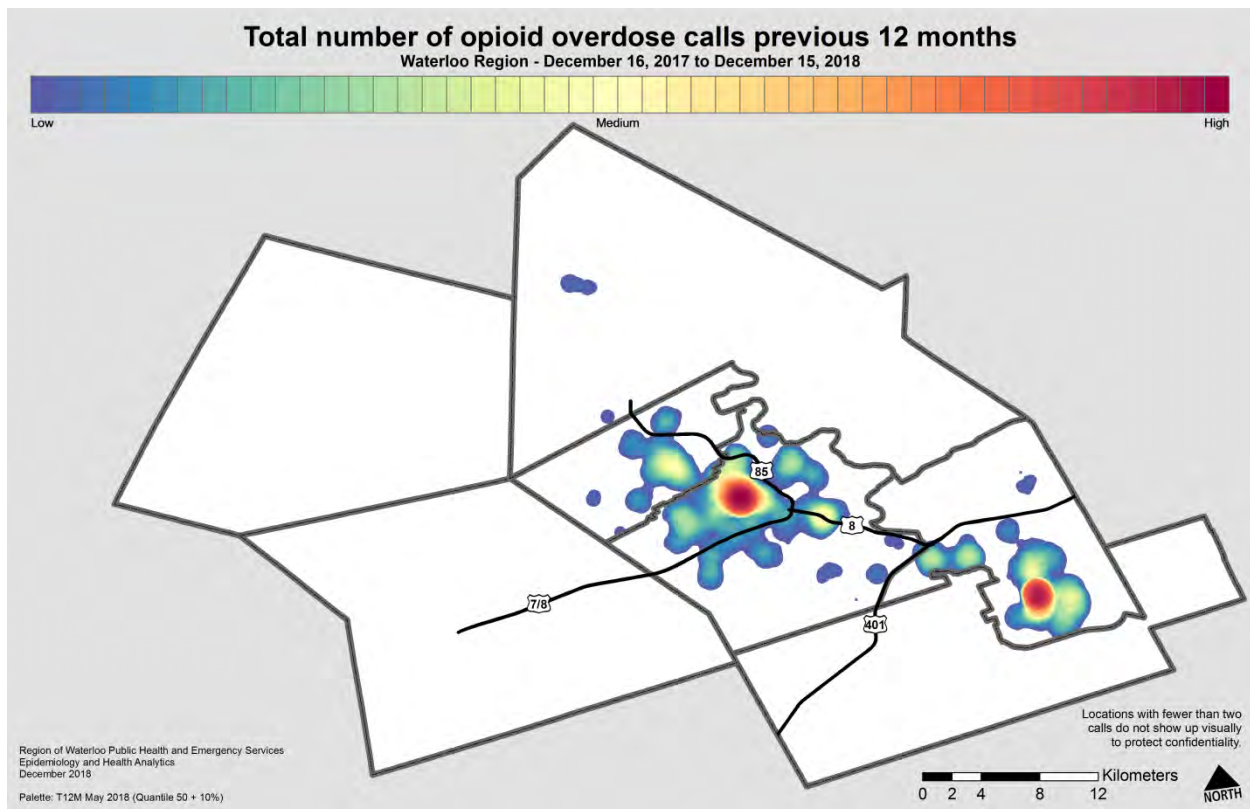
Feasibility Study

To operate a Consumption and Treatment Services site, communities are required to collect and share information that indicates a need for the site, how the site will operate, and plans for ongoing community engagement. The Feasibility Study included a range of questions that would be used for this purpose. In order to gather the high level of information required, methods were used to support broad and in-depth engagement of the community.

To examine the need for Consumption and Treatment Services among people who use substances and are at risk for overdose, secondary data associated with injection drug use was analyzed and in-person surveys with 146 people who use drugs were conducted. Surveys took approximately 45 minutes to complete and included questions related to drug using practices, demographics, and factors that would contribute to their willingness to use Consumption and Treatment Services. The following are key findings from this work:

- Over 4,000 people in Waterloo Region inject substances.
- Areas in Waterloo Region most impacted by overdose, as indicated by 911 calls to Paramedic Services, are Central Kitchener and South Galt (refer to Figure 1)
- Of people surveyed, 73% were male, 50% lived in Kitchener and 44% lived in Cambridge, 34% reported living in a house or apartment while 17% reported living in a shelter, and 13% reported living “on the street”.
- Most (61%) had completed high school and 23% had some college or university education; however, 65% had incomes of less than \$20,000.
- Injecting practices varied. About half inject drugs every day, 76% inject in public areas, and 79% reported injecting alone.
- At the time, overdose was experienced by 40% of respondents and 47% had administered naloxone to someone who was overdosing.
- 86% said they would or might use a Consumption and Treatment Service; stigma (e.g. not wanting to be seen) was the main reason for hesitancy with using at a Consumption and Treatment Service.
- The majority of respondents suggested Consumption and Treatment Services be housed within Community Health Centres or Public Health locations in Central Kitchener and South Galt.

Figure 1. Distribution of Opioid-Related Overdose Paramedic Service Calls, Waterloo Region, 2018



The study also involved consultation with staff from local agencies, police, Paramedic Services, Business Improvement Areas in Preston, Galt, Hespeler, Waterloo and Downtown Kitchener, municipalities, housing, the mental health sector, the LHIN, Crime Prevention, post-secondary institutions, and interest groups. Further an online public survey was launched. Through these methods, over 3,800 people were consulted. Highlights from these methodologies are as follows:

- Notable support was shared for Consumption and Treatment Services as a way to reduce overdose, facilitate access to treatment and other services, provide a connection and an entry-point into services that is trusted by clients, improve safe disposal practices, and reduce drug use in public spaces.
- Challenges raised related to Consumption and Treatment Services included fear that stigma would deter clients from using the service and fear that presence of a site would have a negative impact on the community.

- Sites need to be very accessible and involve peers. They need to open the door for relationship development to support people to improve their health over the long term.
- Sites need to address the immediate needs of the community (i.e. rising numbers of overdose) while balancing community concerns relating to implementing Consumption and Treatment Services in the identified areas of need.

Made in Waterloo Region Model of Service

As shared in PHE-IDS-18-13, Public Health, in consultation with a variety of community stakeholders, developed a “Made in Waterloo Region” model for Consumption and Treatment Services. The conceptual model includes services and operational components in support of a practical vision to address opioid and substance use related issues in Waterloo Region.

The Made in Waterloo Region model incorporates all components required by the province and includes additional services, supports, and partnerships that would further serve the target population. The main components include welcoming design; safety for clients and community members; a community advisory group to guide and support operations and respond to concerns; client-centered approach to ensure programming is relevant to their needs; and seamless access to other services (Refer to Attachment 1).

The consultations to develop a Made in Waterloo model highlighted strong community interest in continued involvement in the process to implement Consumption and Treatment Service in Cambridge and Kitchener. Public Health is committed to working with stakeholders in Cambridge and Kitchener to further develop a vision for each site that addresses concerns unique to both communities to the best extent possible. This will include processes to address concerns identified through the consultation sessions to develop a Made in Waterloo Region model, in addition to other concerns that may be raised in future consultation sessions.

Description of the Operating Model

Region of Waterloo Public Health and Sanguen Health Centre will partner to provide consumption and treatment services. Region of Waterloo will apply for a federal exemption from the Federal Government and will have overall responsibility and accountability for the operation of the facility. Sanguen Health Centre will be responsible for the daily operations of the sites based on an agreement with Region of Waterloo Public Health. Public Health will provide leadership, administrative support, and community engagement.

Sanguen Health Centre has long-standing partnerships in place with Region of Waterloo Public Health and has a demonstrated track record for responsive service delivery. As an agency they have well established positive relationships with members of the community who are using substances, a key factor in ensuring services are accessible to those who need them. Sanguen Health Centre was founded by Dr. Chris Steingart and employs outreach workers, nurses, social workers, and peer support workers.

Public Health and Sanguen Health Centre would work in partnership with health and social service agencies in Waterloo Region to ensure that needed support services are integrated into the sites. That is, addiction treatment options, primary care, housing, and addictions counselling would be available onsite at both service locations. To support this model at both locations, the following agencies have expressed interest in partnership:

- Primary care support provided by Langs Community Health Centre (Cambridge location) and Kitchener Downtown Community Health Centre (Kitchener location)
- Treatment services (counselling, program navigation and access) provided by the House of Friendship
- Opioid Replacement Therapy services intake provided by the Canadian Addiction Treatment Centres (CATC) through their Towards Recovery Clinic and Ontario Addiction Treatment Centre clinics.

Process to Identify Sites

To be funded, “consumption and treatment services will be located in communities in need based on ministry-defined criteria” (Ministry of Health and Long-term Care, 2018). According to the ministry, need is based on mortality data (number and rates of overdose deaths), morbidity data (rate of opioid-related emergency department visits and hospitalizations) and proxy measures such as needle distribution, paramedic services calls, and naloxone distribution. In terms of site selection, the ministry specifies that sites may not be less than 600 metres from each other, will consider proximity to parks, schools and child care centres, and are within walking distance from where drug use is known to occur.

To support site selection that meets these, as well as other provincial and federal criteria, public health staff sought community input to list additional considerations important to site selection. As reported in PHE-IDS-18-09, the following considerations were identified:

- Service integration - That the site has adequate space to accommodate the integration of other health and social services within the same building (approx.. 2000 sq. ft.)
- Proximity to youth/families - That proximity to sensitive business areas, schools, youth serving agencies, or mainly residential areas be considered.
- Proximity to places that would discourage clients - That proximity to police stations, courthouses and other similar settings be considered.
- Welcoming and engaging environment - That the site has natural light, adequate square footage for an appropriately sized waiting room, and curb appeal. That the site be inviting and inclusive, and is discreet for both the community and people who will use the site.
- Interim Control Bylaw - That the boundaries identified by the City of Cambridge Interim Control Bylaw be considered.
- Concentration of services - That the impact of service concentration in one area be considered.
- Other - That other factors such as the flow of individuals into the surrounding areas and proximity to areas experiencing issues of public drug use be considered.

An assessment methodology based on the above considerations was created, and included where possible, quantifiable indicators that would allow for site to site comparisons. To support decision-making, any site that was suggested as a potential (or candidate) site was evaluated using a two-step process:

1. In order to make it through the first step, a site needed to meet the federal and provincial criteria (Refer to PHE-IDS-18-13 for details)
2. If sites met the federal and provincial criteria, they were then evaluated using locally defined considerations.

Community consultation not only guided the process to identify local considerations against which to measure recommended sites, but was also part of the process to identify potential sites. The following strategies were used to identify sites:

- Focus groups involving community agencies, hospitals, school boards, neighbourhood associations, interest groups, Business Improvement Areas and first responders
- Suggestions from the Consumption and Treatment Services Implementation work group comprised of service providers, people with lived experience, police,

LHIN, municipal staff from Cambridge, Kitchener and Waterloo, and Public Health (See Attachment 2 for membership).

- Realtor search
- Online public survey
- Other correspondence with Public Health staff (phone, email)

Over 100 addresses were suggested through these strategies and each was examined by the Consumption and Treatment Services Implementation Work Group. The role of the work group is to provide guidance and recommend direction for the service model, candidate sites, and site evaluation and design. Table 1 describes the process taken to assess sites and identify the candidate locations for Consumption and Treatment Services.

Table 1. Process taken to identify candidate locations for Consumption and Treatment Services in Waterloo Region

Step 1	Evaluate all potential locations against provincial and federal criteria and key considerations
Step 2	Assess all sites that pass Step 1 against the local considerations
Step 3	Contact property owners to determine if sites being assessed are available for the intended use of providing Supervised Consumption Services
Step 4	Identify best options through analysis and discussion by the Consumption and Treatment Services Implementation Work Group
Step 5	Based on decision by Consumption and Treatment Services Implementation Work group, recommend candidate sites to Regional Council for approval

The locations endorsed by Community Services Committee on August 14, 2018, meet local, provincial, and federal criteria; align with the findings in the Supervised Injection Services Feasibility Study (refer to PHE-IDS-18-04) and have been approved by the Consumption and Treatment Services Implementation work group. The candidate locations endorsed in August were:

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

As directed by Regional Council in August 2018 (PHE-IDS-18-09), Regional Staff have developed floor plans and estimated costs associated with each of the candidate locations. While doing this work, challenges arose regarding the property located at 149 Ainslie Street North in Cambridge relating to the layout of the unit. The unit is a single level unit that is 6,000 sq. ft. in size. There are two options for entering and leaving the building, at the front of the unit and at the end of the unit. Originally, the favourable assessment of the site related to its size and thus the ability to co-locate a variety of wraparound services. However, with more in-depth examination, it was determined that floor layout would make it difficult to create adequate separations between different-use areas within the building while at the same time, providing a separate entrance and exit for clients in and out of the building. Consequently, there is agreement among the Consumption and Treatment Services Implementation Work Group members to recommend the removal 149 Ainslie Street North as a candidate location for Consumption and Treatment Services.

The remaining four locations, described below, have been assessed as viable options, and it is recommended that staff undertake more detailed consultation regarding the four remaining candidate locations. Costs included in the descriptions relate to renovation requirements and/or new construction expenses, lease fees, staffing, and purchase of equipment, and therefore vary by property and model, i.e. integration into an existing service, new construction, or leasing a stand alone site.

Descriptions of each property are provided below.

The property located at 150 Duke Street West is a large (6,500 sq. ft.) building that is located in Central Kitchener and close to many services that are used by the target population. The property has the capacity to accommodate a significant level of service integration to achieve all vision components with full use of the space requiring commitment of partnership from other agencies willing to co-locate services. It is estimated that the site could be operational within one year of confirming its location. The estimated capital cost for 150 Duke Street West is \$438,000 and the operating costs are estimated at \$802,000 annually.

The property located at 115 Water Street North is a two-storey house where The Working Centre would serve as the landlord. The building would be renovated to meet the needs for the integrated service model making the structure 3,666 sf. ft. and would also aim to incorporate supportive transitional housing in partnership with The Working Centre. The property is currently undergoing renovations related to the other, planned purposes by the owners, which are not being funded by the Region. The Region has been clear with the property owners that no decision regarding the location of a

potential Consumption and Treatment site in Kitchener have yet been made. This property is closer to Ministry's model of integration within an existing agency and is expected to be operational in the summer of 2019. The building is located near other services that are used by the target population. The estimated capital cost of 115 Water Street North is \$231,000 and the operating costs on an annual basis are estimated at \$776,000.

105 Victoria Street North is a vacant lot on the corner of Victoria and Weber adjacent to the Paramedic Services building. The lot is located in a central location to many services that are used by the target population. Based on preliminary drawings, the proposed building has a small footprint of 2,300 sq. ft. total over three storeys and a driveway shared with Paramedic Services. The estimated capital cost of developing a property at 105 Victoria Street North is \$1,186,000 and the operating costs on an annual basis are estimated at \$711,000. The property would take approximately 1.5 years to build.

150 Main Street is a multi-tenant, multi-floored Regional building providing service anonymity to people accessing services there. The Consumption and Treatment Service would occupy a unit currently available on the main floor at the back of the building that is 1,637 sq. ft. The closest entrance and exit is just outside the suite. The building provides other health and social services currently being accessed by the target population including an Opioid Replacement Therapy clinic (Ontario Addiction and Treatment Centre). There is ample parking available and the appropriate level of security is already in place. The building has the potential to provide an overdose prevention site while renovations are underway. The property is peripheral to downtown but still accessible. The estimated capital cost of 150 Main Street is \$320,000 and the operating costs on an annual basis are estimated at \$729,000. The property would take approximately 10-12 months to renovate.

Public consultations on each site will provide greater insight into the relative feasibility of each site and will be part of full site assessments, along with detailed site cost breakdowns, that will be provided to Regional Council in early spring 2019. Funding for capital and operating expenses is available from the Ministry and would be part of the application process. The application approval process includes assessment of all budget items, along with identification of need for the site and other provincial requirements.

Feasibility of Hospitals as Potential Sites for Consumption and Treatment Services

On December 11, 2018, Community Services Committee directed staff to explore the

three hospitals in Waterloo Region as potential locations for Consumption and Treatment Services. In response to this request, staff met with local hospital administrators to explore the feasibility of locating Consumption and Treatment Services within the each of the hospitals. While hospital staff expressed full support of the need for these services in our communities, no hospital indicated that they are in a position to accommodate the services onsite at this time (Refer to Attachment 3, 4 and 5 for correspondence).

Public Consultation

Region of Waterloo Public Health have enlisted the services of ICA Associates Inc. who will provide professional expertise to design and implement a public consultation related to the candidate locations for Consumption and Treatment Services in Waterloo Region.

The goal of the consultation is to provide opportunities for residents and business owners located in the area surrounding the proposed locations, as well as other stakeholders, to provide input regarding the perceived benefits and concerns or risks about the proposed locations, and what mitigation strategies they would like to see in place should the site be selected as the preferred location for consumption and treatment services.

It is proposed that consultation sessions be provided using the following approach:

Neighbourhood-based sessions	There will be one invitation only session in Kitchener and one in Cambridge for people who live or have businesses within 250m of an identified site. This is to ensure that people who are closest to a location have an opportunity to identify potential benefits, concerns, and mitigation strategies.
Public session	There will be two public consultation sessions open to the general public in Kitchener and Cambridge.
Online Survey	An online survey will be available for individuals who are unable to attend a session or who prefer to provide input through this method in addition to attending a session.

Residents will be made aware of the session dates in multiple ways, including:

- A letter to surrounding business owners and residents (250m radius)
- Email invitations to identified community stakeholder groups
- Participating neighbourhood association websites/social media
- Region of Waterloo Public Health website

- Waterloo Region Integrated Drugs Strategy website

Registration for all sessions will be available through Eventbrite, an online event registration website. Residents living within 250m radius of a candidate location will receive a letter inviting them to register for an invite-only session. Residents can access the registration links for all public sessions on the Public Health website (www.regionofwaterloo.ca/cts). People with limited access to a computer or smartphone may phone the Region of Waterloo Service First Call Centre to receive help with registration.

Table 2 and 3 describe the dates proposed for the community consultation sessions in Kitchener and Cambridge.

Table 2. Dates for the consultation sessions in Kitchener

Candidate Location	Session Date	Invitees
Invite-only session	January 30, 2018	Residents and business owners within 250m of: <ul style="list-style-type: none"> • 115 Water Street North • 105 Victoria Street North • 150 Duke Street West
Public session	February 5, 2018	Members of the public
Public session	February 7, 2018	Members of the public

Table 3. Dates for the consultation sessions in Cambridge

Candidate Location	Session Date	Invitees
Invite-only session	January 29, 2018	Residents and business owners within 250m of 150 Main Street
Public session	January 31, 2018	Members of the public
Public session	February 4, 2018	Members of the public

New Federal Approval Process for Supervised Consumption Services

In the Fall of 2018, Health Canada reviewed its approach to supervised consumption facilities and in light of the ongoing urgent public health crisis, identified changes that could help a broader range of organizations to offer further harm reduction measures. Health Canada has recently stated that municipalities and not-for-profit organizations

can apply directly to Health Canada for exemptions to operate Supervised Consumption Services or an Overdose Prevention Site that will not be bound by the same criteria for provincial approval and funding. There will be no federal funding available to supplement these sites.

As with Consumption and Treatment Services applications, communities must apply for an exemption to the Controlled Drugs and Substances Act, but will no longer require a letter of support from the Provincial Minister of Health.

The federal Minister of Health confirmed the intent of the program is to address the immediate public health crisis and prevent more opioid overdose deaths.

Updates on the Provincial Consumption and Treatment Services Program

A questions and answers document provided by provincial ministry staff and follow up meetings held between Public Health staff and ministry staff, provided additional details on the Consumption and Treatment Services program. The ministry confirmed that:

- The 600m proximity rule will be used to assess applications;
- All sites approved under the old Supervised Consumption Services program must reapply to continue to be funded under the Consumption and Treatment Services program;
- Communities should submit applications as soon as possible, well in advance of April 2019;
- Separate applications are needed for each location even if the operators are the same as would be the case with a Kitchener and Cambridge location, and both applications should confirm need according to data.
- It was not suggested that regions would be limited to one application but rather, that need based on data (i.e. mortality and morbidity rates) would be central to the application assessment process; and
- The sites need to be accessible by foot as they relate to the areas of high need.

Letter of Intent

Public Health staff updated provincial public health ministry staff with information describing the extent of work completed to date to identify need for Consumption and Treatment Service in Waterloo Region and that public consultations are planned for early 2019, subject to Regional Council endorsement. Given the amount of the work completed to date regarding the feasibility of Consumption and Treatment Services for Waterloo Region and guidance from the ministry to submit an application “well in

advance of April 2019”, Public Health recommends that a letter of intent be submitted to the Ministry of Health and Long-Term Care.

The letter would describe the need for Consumption and Treatment Services in Waterloo Region as identified in the Feasibility Study and endorsed by Regional Council in April 2018 (See PHE-IDS-18-06), outline the local process to date and describe the next steps, including, pending Regional Council endorsement, the community’s intent to apply for exemption under the Controlled Drugs and Substances act through Health Canada to operate a site and to the provincial government for funding should a site be approved by Community Services Committee of Regional Council.

Next Steps

Following the community consultations, data from the consultation sessions will be analyzed by ICA Associates and shared with the Consumption and Treatment Services Implementation Work Group. The data will inform a recommendation to Community Services Committee on whether to proceed with an application to Health Canada for an exemption to the Controlled Drugs and Substances Act and an application to the Ministry of Health and Long-term Care for funding for one or more of the candidate locations.

Community consultation data will also inform recommendations regarding mitigation strategies to ensure any future site is successfully integrated into the community should an application be submitted and accepted.

Public Health plans to return to Community Services Committee in early spring 2019 with a report that would include: results from the consultation sessions and associated mitigation strategies; complete description of site assessments, service delivery partners and operating model for any potential sites; and recommendations regarding next steps.

Ontario Public Health Standards:

Harm reduction planning, programming, and service provision relates to the following Ontario Public Health Standards (2018):

- Infectious and Communicable Diseases Prevention and Control (Requirements 7, 8, 9 and 10)
- Substance Use and Injury Prevention (Requirements 1 and 2)

Corporate Strategic Plan:

This report relates to strategic objective 4.4 (Promote and support healthy living and prevent disease and injury) in the Healthy, Safe and Inclusive Communities focus area in the 2015-2018 Strategic Plan.

Financial Implications:

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

Other Department Consultations/Concurrence:

Nil

Attachments

Attachment 1 – Made in Waterloo Region Consumption and Treatment Services Model

Attachment 2 – Consumption and Treatment Services Implementation Work Group Membership

Attachment 3 – Correspondence from Patrick Gaskin, President and CEO of Cambridge Memorial Hospital

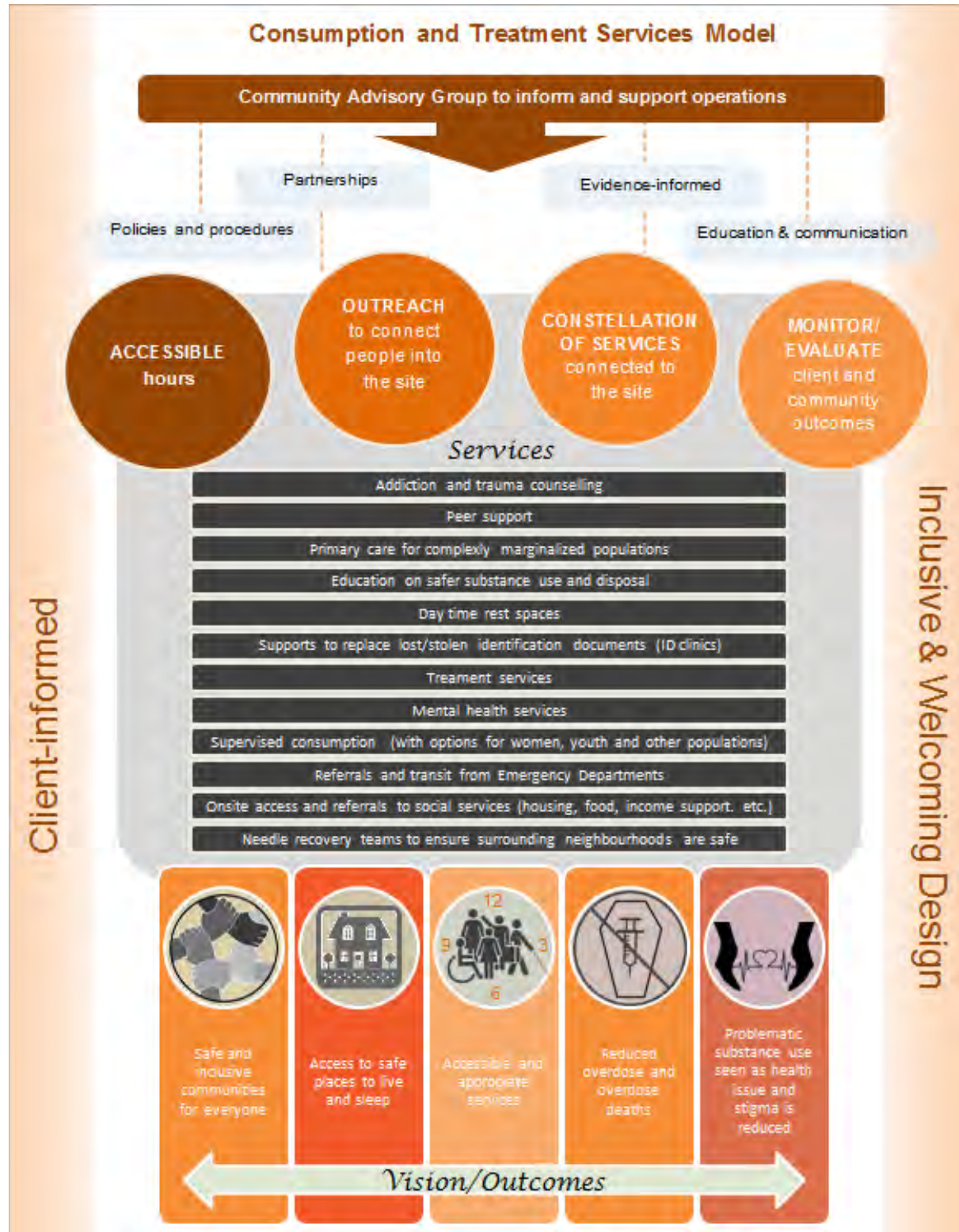
Attachment 4 – Correspondence from Ron Gagnon, President and CEO of Grand River Hospital

Attachment 5 – Correspondence from Marco Terlevic, Acting President and CEO of St-Mary's General Hospital

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

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

Attachment 1 – Made in Waterloo Region Consumption and Treatment Services Model



Attachment 2 - Consumption and Treatment Services Implementation Work Group Membership

Member	Role	Organization
Aaron Fisher	Work group member	Community member
Alain Pinard	Work group member	City of Kitchener
Alyshia Cook	Project Lead	Public Health
Arianne Folkema	Work group member	Public Health
Bill Davidson	Work group member	Langs Community Health Centre
Blair Philippe	Work group member	Waterloo Wellington Local Health Integration Network
Elaine Brunn Shaw	Work group member	City of Cambridge
Grace Bermingham	Project Manager	Public Health
Dr. Hsiu-Li Wang	Chair	Public Health
Jennifer Kaytar	Work group member	Waterloo Wellington Local Health Integration Network
Karen Quigley-Hobbs	Alternate Chair	Public Health
Kurt Padaric	Work group member	Community Member
Lindsay Klassen	Work group member	House of Friendship
Natasha Campbell	Work group member	Community member
Shehnaz Fakim	Work group member	Waterloo Wellington Local Health Integration Network
Shirley Hilton	Work group member	Waterloo Regional Police Services
Stephen Gross	Work group member	Kitchener Downtown Community Health Centre
Stephanie Watson	Work group member	Public Health
Tanja Curic	Work group member	City of Waterloo
Violet Umanetz	Work group member	Sanguen Health Centre

Attachment 3 – Correspondence from Patrick Gaskin, President and CEO of Cambridge Memorial Hospital



Patrick Gaskin
President & CEO
519.621.2333 ext 2301
pgaskin@cmh.org

December 21, 2018

Mr. Mike Murray
Chief Administrative Officer
Region of Waterloo
150 Frederick St.
Kitchener, ON N2G 4J3

Dear Mr. Murray,

In follow up to your request for CMH to be considered as a consumption and treatment services (CTS) site, this letter provides a summary of the CMH position on this matter. As you know, the hospital is appreciative of the Region's commitment to support these much-needed services within the Cambridge community.

On December 18 Karen Quigley-Hobbs, Director Infectious Diseases, Dental and Sexual Health/Chief Nursing Officer and Don Hall, Manager, Planning and Redevelopment, CMH met to review the space and facilities requirements for the CTS. Subsequent to that meeting, Karen sent some additional space needs information to Don to assist in his analysis. Don has completed his analysis of the space needs and the current CMH capacity to meet them. Don and I met yesterday to review the needs and CMH's capacity to address them.

As you may appreciate, due to our current redevelopment efforts, we have significant impending space restraints due to the relocation of services from Wing B to Wing C once we occupy Wing A. During the final phase of our redevelopment (scheduled to begin in 2019), the inpatient areas in Wing B will be vacated to enable the complete redevelopment of Wing B. During that period of time, space constraints at CMH will be severe as about 150,000 square feet of patient care space will be under renovation.

To that end, I regret to inform you that we are unable to accommodate the request of the Region of Waterloo to serve as a possible CTS site at this time.

Please understand that our inability to accommodate your request does not dampen our support for these services within the Cambridge community; I would continue to encourage you and your team to move forward with locating these services at an appropriate location within the Cambridge community.

If you need more information, do not hesitate to contact me.

Sincerely,



Patrick M. Gaskin, MHA, CHE
President and CEO
Cambridge Memorial Hospital

cc.

Donald R. Hall, B. Arch Sci., MBA, MAATO, Manager, Planning & Redevelopment
Karen Quigley-Hobbs, Director, Infectious Diseases, Dental and Sexual Health, Chief
Nursing Officer

CONSUMPTION AND TREATMENT SERVICES: APPLICATION GUIDE

Ministry of Health and Long-Term Care

OCTOBER 2018

The federal government (Health Canada) remains responsible for granting exemptions to Section 56.1 of the *Controlled Drugs and Substances Act* (CDSA) to operate Supervised Consumption Services (SCS). Ontario is augmenting Health Canada's SCS program to include requirements for treatment and support services (herein referred to as Consumption and Treatment Services [CTS]). In order to receive provincial funding for CTS, applicants must demonstrate their proposed service meets federal requirements, as well as additional requirements under Ontario's CTS program. The *Consumption and Treatment Services: Application Guide* provides guidance on the provincial CTS program requirements and the application process.

For information on [Health Canada's SCS program please visit their website](#).

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OVERVIEW OF CONSUMPTION AND TREATMENT SERVICES

In October 2018, Ontario's Deputy Premier and Minister of Health and Long-Term Care announced a new program to help people who are struggling with addiction receive health care and other supports. Consumption and Treatment Services (CTS) will provide integrated, wrap-around services that connect clients who use drugs to primary care, treatment, and other health and social services. The new program will also include requirements to address community concerns, and ensure ongoing community engagement and liaison where CTS are established.

Consumption and Treatment Services will be located in communities in need based on ministry-defined criteria¹. They will be established in Community Health Centres, Aboriginal Health Access Centres or similar incorporated² health care or community-based organizations that offer integrated, wrap-around services.

Mandatory services include:

- Supervised consumption (injection, intranasal, oral) and overdose prevention services
- Onsite or defined pathways³ to addictions treatment services
- Onsite or defined pathways to wrap-around services including: primary care, mental health, housing and/or other social supports
- Harm reduction services:
 - Education
 - Distribution and disposal of harm reduction supplies
 - Provision of naloxone and oxygen

¹ Includes opioid-related morbidity, mortality, and proxy measures for drug use.

² Refers to a legal entity capable of entering into contracts.

³ Defined pathways are mechanisms to ensure clients access the intended service(s), which can be measured. They may vary by site and/or community. The services should be within proximity to the CTS (walking or transit distance).

- Removal of inappropriately discarded harm reduction supplies (e.g. potentially contaminated needles and other drug use equipment) surrounding the CTS area

Based on the findings from the Minister's review of these services:

- CTS will not be concentrated in one area or neighbourhood, and proximity to child care centres, parks and/or schools (including post-secondary institutions) will be considered
- CTS operators will be required to support ongoing community engagement and liaison initiatives to address local community and neighbourhood concerns on an ongoing basis

APPLICATION REQUIREMENTS

All proposals for a Consumption and Treatment Service (CTS) that are received by the ministry will be reviewed to ensure that:

- Provincial program criteria are met; and
- Proposed costs are valid, reasonable, and within program funding levels based on proposed hours and service capacity.

Applicants which meet the provincial program criteria, and receive an exemption from Health Canada to establish a supervised consumption service (SCS), may be considered by the ministry for provincial CTS funding.

PROGRAM CRITERIA

CTS will be assessed based on the following program criteria:

1	Local conditions
2	Capacity (to provide treatment and consumption services)
3	Proximity (to similar services, and to child care centres, parks and schools, including post-secondary institutions)
4	Community support and ongoing community engagement
5	Accessibility

1. LOCAL CONDITIONS

The ministry will identify communities demonstrating need for CTS based on the following:

- Mortality data:
 - Number of opioid-related deaths (i.e. cases)
 - Rate of opioid-related deaths
- Morbidity data:
 - Rate of opioid-related emergency department visits
 - Rate of opioid-related hospitalizations
- Proxy measures for drug use:
 - Needle distribution
 - Naloxone distribution and oxygen

CTS site selection will also need to consider the local context. Applicants should include, if applicable:

- Any local or neighborhood data to support the choice of the proposed CTS site
- A description of how the proposed service delivery model is best suited to local conditions

2. CAPACITY TO PROVIDE CONSUMPTION AND TREATMENT SERVICES

Eligible applicants include Community Health Centres (CHC), Aboriginal Health Access Centres or similar incorporated health care or community based organizations that can offer the full range of mandatory services. Preference will be given to organizations that currently offer, or have the capacity to offer in partnership, onsite access to services.

- The applicant must either be the proprietor of the site or submit a letter of permission from the proprietor with the application.

2.1 INTEGRATED, WRAP-AROUND, MANDATORY SERVICES

The applicant must demonstrate an ability to provide the following services:

- Supervised consumption (injection, intranasal, oral⁴) and overdose prevention services
- Onsite or defined pathways to:
 - Addictions treatment services
 - Mental health services
 - Primary care services
 - Social services (e.g. housing, food, employment, other)
- Harm reduction services:
 - Education (on harm reduction , safe drug use practices, safe disposal of equipment)
 - First aid/wound care
 - Distribution and disposal of harm reduction supplies
 - Provision of naloxone and oxygen
- Removal of inappropriately discarded harm reduction supplies (e.g. potentially contaminated needles and other drug use equipment) surrounding the CTS area using appropriate equipment (i.e. needle-resistant safety gloves)

⁴ The CTS program does not include supervised inhalation services.

- Public education

The applicant should include:

- The types of services (e.g. what types of addictions treatment services will be offered) and how each will be delivered;
- Which services will be offered onsite, or define the pathways to the services; and
- Wait times for services.

Applicants may provide additional optional services based on capacity and local conditions. These should be described in the application. Please note optional services may require approval from Health Canada and/or the ministry based on the type of service.

2.2 SERVICE DELIVERY MODEL

Preference will be given to sites that offer consistent hours of operation, seven (7) days per week. Proposed hours should be based on local context and consultation with community stakeholders, local community groups, and persons with lived experience.

- Applicants will identify the hours of operation
- Applicants will identify the site's capacity (e.g. number of consumption booths)

Applicants should also submit a proposed staffing model to demonstrate how the CTS meets operational and program requirements:

- A designated health professional must be present at all times
- The staffing model must include peers / persons with lived experience
- The applicant has the capacity within the proposed staffing model to:
 - Provide immediate overdose response
 - Prevent and manage security incidents

2.3 SITE REQUIREMENTS

Applicants must meet minimum site requirements:

- Provide a floor plan indicating where:
 - Service intake, consumption, and post-consumption care (i.e. aftercare room) will be located
 - Other mandatory services will occur
 - Hand hygiene sink and foot wash station will be located
 - Accessible washrooms will be located
- Verify the facility meets municipal bylaws and provincial regulations for accessibility
- Verify the site meets ministry design standards for a consumption service (see Appendix A)
- Verify physical safety and security measures are in place to ensure client, staff and community safety including:
 - Provincial and municipal safety requirements
 - Fire safety plan
 - Security plan
 - Paramedics and other first responders have access to the consumption and post-consumption (i.e. aftercare) rooms.
 - Occupational health and safety requirements
 - Infection prevention and control requirements

3. PROXIMITY

3.1 PROXIMITY TO SIMILAR SERVICES

The ministry will assess each applicant's proximity to other Consumption and Treatment Services or similar services:

- ❑ Applicants should outline the site's distance, in metres or kilometres, from their site to other local CTS (or similar services). CTS should be located at least 600m (i.e. two large city blocks) from each other.
-

3.2 PROXIMITY TO PARKS, SCHOOLS AND CHILD CARE CENTRES

The ministry will also assess the applicant's proximity to licensed child care centers, parks, and schools (including post-secondary institutions):

- ❑ Applicants should outline the site's distance, in metres or kilometres, to the closest licensed child care centre, park and schools
 - If the proposed site is within close proximity (e.g. 100m - 200m) to any of these, the applicant must specify how community concerns will be addressed through community consultation, and through ongoing community engagement.
- ❑ Applicants will require evidence of support by local stakeholders, including residents.

4. COMMUNITY SUPPORT AND ONGOING ENGAGEMENT

Community consultation is a requirement of the federal CDSA exemption application and does not have to be carried out separately for the Ontario program application, provided the consultation meets provincial requirements.

The consultation should allow the ministry to understand the efforts that have been taken to engage with stakeholders to inform them of the potential CTS, and to learn about potential impacts to people who use drugs and the local community, and how those can be mitigated.

The application must include a description of consultation activities that were undertaken for the proposed CTS site. Results from the consultations, including all feedback and comments that were received, should be provided in a summary report. Examples of consultation tools include, but are not limited to:

- Door-to-door or other canvassing (e.g. flyers)
- General email account (to receive feedback and respond to inquiries)
- Information meetings / open houses
- Presenting at community associations or other meetings
- Survey
- Website, including opportunities for individuals to submit feedback

At a minimum, the following stakeholders should be consulted on the CTS:

- Health and social service stakeholders (i.e. addictions treatment, mental health, housing)
- Local businesses and/or business associations;
- Local citizens and/or community groups;
- Local municipality;
- Police and other emergency services;
- Public health (local board of health); and
- Persons with lived experience.

Applicants may include additional stakeholders in their consultation process.

As part of their application, applicants:

- ❑ Must submit a **consultation report** that provides:
 - Who was consulted;
 - A summary of feedback from each stakeholder group;
 - Concerns raised by stakeholder groups, if any; and,
 - How concerns will be addressed.
- ❑ Must obtain and submit local municipal council support (i.e. council resolution) endorsing the CTS
- ❑ Should submit other evidence of support for the CTS. This can include, but is not limited to:
 - Letters of support from partnering organizations, local businesses and/or other stakeholders
 - Board of health resolution
- ❑ Applicants must also submit a **community engagement and liaison plan** which outlines how the community will be engaged on an ongoing basis. The plan may include:
 - Follow-up(s) after initial consultations
 - Public education about CTS
 - Engagement mechanisms to identify and address community concerns on an ongoing basis

5. ACCESSIBILITY

5.1 FULLY ACCESSIBLE

- ❑ Applicants must verify the CTS is compliant with the *Accessibility for Ontarians with Disabilities Act*.
- ❑ Applicants must also demonstrate how the services offered are culturally, demographically, and gender appropriate.
- ❑ Applicants must also demonstrate how the CTS is:
 - Strategically located (i.e. walking distance from where open drug use is known to occur);
 - Easily accessible by public transit.

PROGRAM FUNDING

OPERATIONAL BUDGET REQUESTS

Applicants must submit a budget which provides a breakdown of all the operational costs, including a brief description and rationale for the quantity and cost for each item requested (e.g. how the item would be used, by whom, and an explanation in the rare case where existing staffing or equipment cannot be leveraged).⁵

ELIGIBLE COSTS

Only Full-Time Equivalent employees (FTEs) and supplies directly associated with the consumption service, post consumption space, referrals, and/or addressing community concerns will be eligible for funding. The program funding will not cover direct costs of wrap-around services.

Operational cost items can include:

- Salaries and benefits;
- Supplies and services; and
- Program, administrative, phone and IT expenses.
 - The program will fund up to a maximum of 10% of total operating budget for administrative and IT expenses⁶.

Operating costs will be assessed against comparative provincial services of similar size and scale.

Once the Minister has approved final operational costs, an official funding letter will be issued.

Funding must not be used for physician funding to deliver clinical services.

⁵ A budget template can be provided by the ministry upon request.

⁶ Admissible administrative expenses include: audit, accounting and payroll cost. Costs associated with job postings and staffing recruitment for CTS, travel, and conferences are not covered. IT equipment is considered an operational expense; however, furniture expenses are considered a capital expenditure.

CAPITAL BUDGET REQUESTS

Applicants with one-time funding requests for capital infrastructure, renovations, and retrofits of facilities to plan, establish and operate CTS must indicate the need for capital funding in their application.

The ministry will work with applicants to determine capital funding requirements immediately following a notification of the Minister's approval of a site. The ministry will provide an overview of the capital funding process, the application form, and the ministry's funding guide.

Applicants are encouraged to contact the Ministry's Addiction and Substances Policy and Programs Unit (see Submitting an Application/Requesting Information Section) early on in the planning process to discuss capital funding requests.

TRANSFER PAYMENT AGREEMENT(S)

All applicants approved for provincial funding must agree to and sign a transfer payment agreement with the MOHLTC prior to receiving any funds.

Agreements will outline the roles and responsibility of each party and the accountability and reporting requirements which the CTS provider must adhere to, including financial reporting and reporting on program indicators and outcomes.

All providers will be required to provide quarterly financial reports and annual audited financial statements to the MOHLTC. All providers will also be required to submit monthly and annual program reports (see Monitoring, Reporting and Evaluation Section).

ACCOUNTABILITY

REPORTING AND EVALUATION

As part of the monitoring and reporting requirements, CTS will be required to report on the following indicators on a monthly basis:

- **Site data:**

- # of visits and # of unique clients (i.e. individuals)

- **Provision of wrap-around services and treatment uptake:**

Access/Uptake

- # of clients initiating onsite addictions treatment services⁷:
 - Opioid agonist treatment (e.g. methadone, suboxone)
 - Other (e.g. detox, residential or community treatment)
- # of clients accessing onsite mental health services
- # of clients accessing onsite primary care services
- # of visits where clients received counselling services in CTS
- # of times first aid or basic care (i.e. abscess, foot, wound) was provided
- # of clients accessing onsite social services:
 - Housing
 - Other

Referral

- # of clients referred to addictions treatment services
- # of clients referred to mental health services
- # of clients referred to social services:
 - Housing
 - Other

⁷ Additional data on initiation to Rapid Access Addiction Medicine Clinics (RAAMs) through CTS will be collected through RAAM quarterly reporting and provided to the ministry by the Local Health Integration Networks.

- **Safety and security:**
 - # of times security staff assisted with an incident in the CTS
 - # of times security staff addressed a security event in the immediate perimeter of the CTS
 - # of times police were called to the CTS
- **Visits:**
 - Visits by time of day (morning, afternoon, evening, overnight)
 - Visits by mode of consumption (injection, intranasal, oral)
 - Where injection was peer-assisted (if applicable)
 - Non-identifiable client demographics (male/female/other clients, clients under 25 years, clients 25 to 64 years, clients 65 and over)
 - Drugs consumed by clients (as reported at intake)
- **Overdose events:**
 - # of overdoses
 - # of overdoses treated solely with oxygen/rescue breathing and stimulation
 - # of overdoses treated with naloxone
 - # of doses of naloxone administered (for overdoses treated with naloxone)
 - # of deaths occurring in the CTS
- **Emergency service calls:**
 - # of 911 calls related to an overdose:
 - # of clients transported to an emergency department related to an overdose
 - # of 911 calls for other reasons (by reason)
 - # of clients transported to an emergency department for other reasons (by reason)
- **Provision of basic care and education:**
 - # of visits where client received harm reduction education or information
 - # of visits where needle exchange/syringe services were provided for non-CTS use

- Frequency of needle pick-ups in the surrounding area of the CTS
- # of needles removed (i.e. picked up) in the surrounding area of the CTS
- **Community engagement and liaison:**
 - Description of community engagement and liaison efforts, including issues raised and how they have been mitigated
- **Other:**
 - Drug checking usage data, if applicable
 - Additional comments (at discretion of CTS provider)

To ensure that the CTS programs are efficacious and are achieving provincial objectives, each CTS provider will need to complete an annual report, subject to the criteria provided by the ministry. The ministry will also complete an evaluation of all provincially funded CTS operations.

SAFETY AND SECURITY

CTS must have mechanisms (i.e. policies and procedures) around security, access, and removal of used harm reduction equipment. CTS will:

- Control CTS site access (only those intending to use the services will be allowed to enter the CTS);
- Discourage loitering outside the CTS;
- Ensure staff are trained on instances in which law enforcement should be contacted (i.e. substances left at a CTS);
- Ensure staff are trained on Infection Prevention and Control (IPAC) procedures including needle handling and disposal policy and/or procedures; and
- Comply with Health Canada rules related to possession, production, trafficking/sharing, and administering of substances within the CTS

ENFORCEMENT

The Ministry of Health and Long-Term Care, or any authorized representative, will inspect the organization's operations and compliance with CTS program requirements, which may include, but is not limited to: safety and security provisions, and frequency of needle removal/pick-ups.

The ministry or any authorized representative may also audit or review CTS documentation and reports to ensure compliance with other program requirements (i.e. onsite or defined pathways to addictions treatment, and wrap-around services).

A progressive enforcement approach will be used for any inspection or review.

CTS may also be subject to inspections by the Ministry of Labour and Health Canada.

SUBMITTING AN APPLICATION / REQUESTING INFORMATION

Completed Consumption and Treatment Service application forms and accompanying documents should be submitted to:

Addiction and Substances Policy and Programs Unit
Health Improvement Policy and Programs Branch
Population and Public Health Division
Ministry of Health and Long-Term Care
Email: addictionandsubstances@ontario.ca

Questions about the application process may be forwarded to:
addictionandsubstances@ontario.ca

APPENDIX A: CONSUMPTION AND TREATMENT SERVICE DESIGN STANDARDS

Below are room/space types and square foot sizing, based on international best practices for three to six consumption booths and potential operational models.

Room Type	Description	Size	For Six Booths	For Three Booths
Consumption booth	Partitioned desk/table with chair	40sf per person	240sf	120sf
Assessment Room	Accommodates interviewer workstation/chair and client/chair (two chairs if needed)	100sf	100sf	100sf
Observation area	Workstations for supervisor staff (workstation and chair)	65sf	130sf	65sf
Post-consumption (aftercare) area	Space for at least six client chairs and one small desk/chair for supervisory staff	120sf	120sf	100sf (three to four client chairs and a desk /chair for supervisor)

CHCs are typically Class D occupancy buildings (under the Ontario Building Code) and built to the OBC standard of the year of construction.

The nature of the CTS self-administered “treatment” will likely define this group as individuals potentially needing more time and assistance for evacuation in the event of fire (due to potential degree of incapacitation). Therefore, this space will likely be considered a B2 occupancy under the Ontario Building Code and if so, will require additional physical renovations to upgrade fire separations, upgrades to the HVAC system, fire alarm systems and doors to these areas. The use of “cookers” may also prompt some other directions from the Ontario Fire Marshal’s office.

As a best practice the injection area should include:

- Counter space of ± 3 linear feet per client;
- The counter space should be, non-porous, hygienic and easily cleanable (stainless steel is typical for most CTS sites);
- Appropriate biohazard waste disposal should be available for each client;
- Fixed mirrors should be provided for each client;
- Appropriate lighting should be provided to promote safe injection practice;
- Finish surfaces (i.e. wall, floor) should be non-porous and easily cleanable;
- A staff monitoring area should be provided in the post-consumption room with an emergency communication system;
- Lockable supply cabinets should be provided in the room;
- A hand hygiene sink and foot wash station should be provided in the CTS facility;
- Security and access control should be considered as part of the model of care;
- CSA Class-C ventilation should be provided in the space. Consideration should be given to the unique ventilation needs dependent on the permitted uses of the site; specifically, enhanced ventilation should be considered if “cooking” is permitted.
- Other space(s) for clients to relax and/or access care while observation continues, and to provide wrap-around services.