



COMMUNITY SERVICES COMMITTEE MEETING AGENDA

Healthy Communities without Poverty

Date: Wednesday, March 24, 2021

Time: 12:00 PM

Location: By video conference while pandemic protocols are in place

Join Zoom Meeting

<https://zoom.us/j/94432862679?pwd=NnVFtXJCa25hVUVJeVZRUHJDajIrZz09>

Meeting ID: 944 3286 2679

Passcode: 908078308

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Item	Topic
1.0	1.1 Call to Order 1.2 Declaration of Conflict of Interest
2.0	Opening remarks by the Chair
3.0	Approval of the Agenda for March 24, 2021 MOTION #CSC04-2021 THAT the Community Services Committee accepts the Agenda as presented.

Item	Topic
4.0	<p>4.1 DELEGATIONS</p> <p>1. Near North Landlords Association and LIPI - Low income People Involvement of Nipissing's Housing & Homelessness Covid Recovery Response Plan - Lana Mitchell and Tricia Marshall</p>
5.0	<p>CONSENT AGENDA – <i>for Information. All items in the consent agenda are voted on collectively. The Chair will call out each item for consideration of discussion. Any item can be singled out for separate vote; then, only the remaining items will be voted on collectively.</i></p> <p>MOTION: #CSC05-21</p> <p>THAT the Committee receives for information purposes Consent Agenda items 5.1. to 5.6.</p> <p>5.1 SSE03-21 Reloadable Payment Card - an update on the implementation of the Reloadable Payment Card initiative.</p> <p>5.2 SSE02-21 Canadore PSW Program Update - an update on the Personal Support Worker collaboration with Canadore College.</p> <p>5.3 HS11-21 Coordinated Access and PiT – information on HIFIS 4.0 and provincial Point in Time Count.</p> <p>5.4 HS10-21 Shelter Update – an update on the emergency shelter attendance and usage.</p> <p>5.5 HS14-21 Housing and Homelessness Service Eligibility - information on service eligibility for district Housing and Homelessness programs, and methods to be used to manage shelter capacity and resources.</p> <p>5.6 EMS03-21 EMS Response Times – background and compliance for the Ontario Ambulance Response Time Standards (RTS).</p>
6.0	<p>MANAGERS REPORTS – none at this time</p>
	<p>In Camera</p> <p>MOTION: #CSC06-21</p> <p>That the committee move in-camera at _____ to discuss a matter involving labour relations and negotiations.</p>
	<p>Adjourn In Camera</p> <p>MOTION: #CSC07-21</p> <p>That the committee adjourn in-camera at _____.</p>

Item	Topic
7.0	OTHER BUSINESS
8.0	NEXT MEETING DATE Wednesday, April 28, 2021
9.0	ADJOURNMENT MOTION: #CSC08-21 <i>Resolved</i> THAT the Community Services Committee meeting be adjourned at _____ PM.

BRIEFING NOTE SSE03-21

For Information or For Approval

Date: March 24, 2021

Purpose: **Reloadable Payment Card Implementation**

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

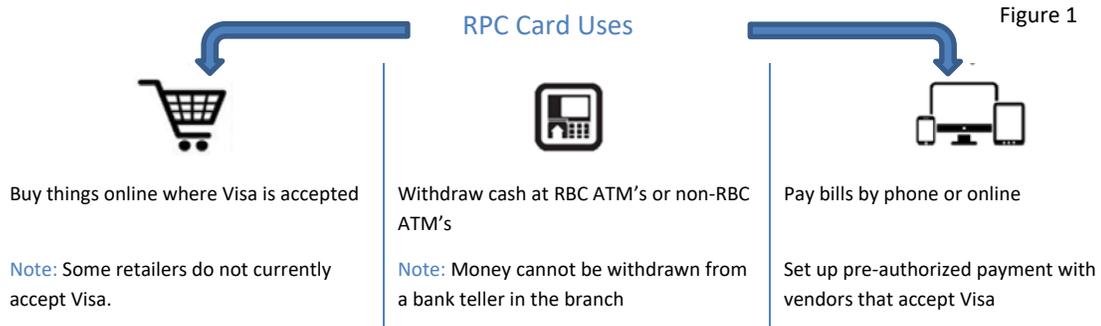
Reviewed by: Catherine Matheson, Chief Administrative Officer

Briefing Note SSE03-21 provides an update on the implementation of the Reloadable Payment Card initiative for information.

BACKGROUND:

As indicated in Report SSE09-20 which was presented to the Board on October 28, 2020, the Ministry of Children, Community and Social Services (MCCSS) continues to work to improve social assistance delivery mechanisms through a number of modernization strategies to achieve an up-to-date, fiscally responsible, sustainable delivery system that is person centred, accessible, interacts with other human service programs, and has greater flexibility.

A Reloadable Payment Card (RPC) is an alternative payment method for social assistance recipients who do not have a bank account. Cards are provided through the Royal Bank of Canada (RBC) and they work similarly to a debit card but are not linked to a bank account. As illustrated in Figure 1 below, a RPC allows the cardholder to receive social assistance payments, pay bills, purchase goods and services and withdraw cash quickly, easily and securely.



Funds that are loaded onto the card do not expire and any remaining balance from a previous month will carry over on the card the following month. There is no minimum balance required for a card to remain active and cards will only deactivate after a card is inactive for 12 consecutive months. The physical cards do expire after four years however, RBC will automatically send cardholders a new card 60 days prior to the date of expiry. In addition, cardholders with an email address are able to opt-in to receive account alerts regarding the daily available balance, declined transactions, value of payments loaded onto the card and low account balance.

Cardholder fees apply and are outlined in detail in Appendix A. While there are fees associated to cash withdrawals and inactive accounts, it should be noted that these costs are significantly less than fees regularly imposed by alternative banking institutions to cash cheques.

As illustrated in Appendix B, to date, 33 Ontario Works (OW) sites across the province have implemented RPC's. An additional four OW sites, including Nipissing District, plan to onboard on **March 29, 2021** after which 37 of the 47 delivery agents across the province will offer RPC as a social assistance payment method.

CURRENT STATUS/STEPS TAKEN TO DATE:

In an effort to promote a smooth transition, RPC's will be implemented slowly using a phased in approach which will limit the initial number of clients participating. Following this, and when it has been confirmed that the process is running smoothly, RPC's will be rolled out to the broader caseload with vulnerable OW recipients without a fixed address or bank account being targeted first.

Based on the December 2020 Integrated Case Summary Report, Figure 2 below illustrates that approximately 91% of the OW caseload in Nipissing District had selected Direct Bank Deposit (DBD) as the primary method of payment. As DBD is the preferred method of payment and RPC is only available to recipients who do not have a bank account, only about 9% of the caseload may qualify for payments via RPC which equates to approximately 162 cases. It is important to highlight that there are only 15 cases in satellite offices that receive payments by cheque. While RPC will be available to recipients in satellite offices, cards will only be issued through the North Bay office or through RBC.

Figure 2

	Total Number of Cases	Number of DBD	Percentage of DBD	Number of CHQ	Percentage of CHQ
Sturgeon Falls	217	214	98.60%	3	1.40%
Mattawa	82	70	85.40%	12	14.60%
North Bay	1444	1297	89.80%	147	10.20%
Nipissing District	1743	1581	90.70%	162	9.30%

POLICY IMPLICATIONS

There are a number of systemic administrative inefficiencies within the OW program that negatively impact productivity and the achievement of outcomes. Therefore, modernizing social assistance delivery with the goal of reducing these inefficiencies is long overdue. As reported previously in Report # SSE09-20 a few of the benefits of the RPC are listed below:

- Eliminates the stigma associated with OW cheques as cardholders are not identified as social assistance recipients;
- Reduces wait times and travel costs to visit local offices to pick up cheques for individuals without an address;
- Automates business processes and reduces administrative costs associated to generating, sorting, mailing, distributing and reconciling cheques;
- Reduces the risk of fraud associated with forged, replicated, double cashed and stolen cheques;
- Provides an additional safeguard to minimize disruption and financial hardship for recipients during postal strikes;
- Portable method of payment across municipalities and between social assistance programs who offer RPC as a payment method;
- Decreases the use of expensive cheque-cashing services and avoids the risk of carrying large amounts of cash;
- Enhances security through PIN and chip technology;
- Reduces the risk of losing paper cheques.

BUDGET IMPLICATIONS

There are initial implementation costs in addition to ongoing fees associated to the RPC. Implementation costs include an upgrade to vision craft software as well as the cost to purchase the initial card stock inventory. Ongoing fees to maintain card stock and administrative fees associated to card packages, replacement cards and loading fees per active card will also be incurred. While the cost to issue an RPC exceeds the cost to issue a paper cheque, the MCCSS has indicated that the overall administrative costs associated to RPC are expected to be lower than producing paper cheques over the life of a social assistance case. Expenditures related to the implementation of the RPC were included in the Board approved Ontario Works budget for 2021 under Resolution # 2020-18-A. Further budget implications associated to this initiative are not anticipated for the current year.

CONCLUSION:

In order to ensure that DNSSAB reaps the benefits associated with the Province's long term vision, it will be imperative that the Nipissing OW program keeps pace with the changes. The RPC initiative will help to improve the quality of service offered at the local level. Having a number of payment options available will enable DNSSAB to better meet the diverse needs of social assistance recipients in Nipissing District especially vulnerable populations and individuals with complex barriers.

Appendix A

Cardholder fees are outlined in the Cardholder Agreement.

Type of Fee	Amount
Purchases – using Card to buy goods or pay for services	No fee
Cardholder Support via Consumer Website	No fee
Automated Telephone Cardholder Support (VRU)	No fee
Live Agent Cardholder Support (CSR)	No fee
Cash Withdrawal from an RBC Royal Bank® ATM – making cash withdrawals at Royal Bank ATMs	Four no fee withdrawals per month. Additional withdrawals are \$2 each.
Cash Withdrawal from a non-RBC Royal Bank ATM – making cash withdrawals from a non-Royal Bank ATM in Canada	\$2 per withdrawal. Convenience fee as set by ATM owner may apply.
Cash Withdrawal from an ATM Outside Canada – making cash withdrawals at any ATM outside Canada	\$5 per withdrawal. Convenience fee as set by ATM owner may apply.
ATM Balance Inquiry Fee – checking balance at any RBC Royal Bank ATM	Two no fee Card balance requests per month. Additional Card balance requests are \$0.50 each.
Replacement Card Fee – replacing Card, including if it is lost or stolen	No fee
Inactivity Fee – fee charged after 12 consecutive months of inactivity. The Card is considered inactive in any month that money is not Loaded onto the Card and the Cardholder does not use the Card to make a purchase, cash withdrawal, balance inquiry, PIN change; or call the VRU or live call centre CSR; or visit the Consumer website.	\$2.50 per month
Foreign Currency Conversion – Transactions in a foreign currency will be converted into Canadian dollars no later than the date Royal Bank posts the Transaction to the Card at an exchange rate that is 2.5% over a benchmark rate Royal Bank of Canada pays the payment card network that is in effect on the date of conversion.	N/A

IMPLEMENTATION SCHEDULE – ONTARIO WORKS

Date		CMSMs/DSSABs		
April 2016		All ODSP offices		
March 2017		1. Toronto		
September 2019	Wave 1	2. Brant 3. Wellington		
October 2019	Wave 2	4. Kawartha Lakes 5. Ottawa	6. Greater Sudbury 7. Thunder Bay	8. Niagara
April 2020	Wave 3	9. Durham 10. Grey County 11. Huron County	12. Manitoulin-Sudbury 13. Peterborough 14. St. Thomas	15. Waterloo 16. London
April 2020	Wave 4	17. Cochrane 18. Cornwall 19. Dufferin County 20. Hastings	21. Muskoka 22. Parry Sound 23. Peel	24. Windsor 25. Kingston
June 2020	Wave 5	26. Chatham-Kent 27. Bruce County 28. Lambton Country	29. Northumberland 30. Timiskaming	31. Stratford 32. Sault Ste. Marie
Jul 27 2020	Wave 5b	33. York		
March 29 2021		34. Simcoe 35. Nipissing (pending Board approval)	36. Hamilton 37. Norfolk	

BRIEFING NOTE SSE02-21

For Information or For Approval

Date: **March 24, 2021**

Purpose: **Personal Support Worker Collaboration with Canadore College**

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

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

Briefing Note SSE02-21 provides an update on the Personal Support Worker collaboration with Canadore College.

BACKGROUND:

Social assistance recipients are among the most marginalized and disadvantaged people in the District. They often face a number of challenges and barriers that make it difficult to break free of the cycle of poverty. As such, it is important to ensure that there are a number of pathways and supports available to meet individual needs and help people move along the employment continuum. Strategic initiatives, including post-secondary collaborations, provide social assistance recipients with opportunities to connect to education, which in turn helps them build a solid foundation of skills that will lead to meaningful and sustainable employment.

From an outcome perspective, the most successful Ontario Works (OW) collaborations in Nipissing have been working with post-secondary institutions to develop innovative solutions to fill labour market gaps. The timeline below in Figure 1 provides an overview of these initiatives.

Figure 1



PROJECT DETAILS

DATE	PROGRAM	DESCRIPTION
Jan/18	Homemaker	DNSSAB's partnership with CTS Canadian Career College and Cassellholme was the first post-secondary collaboration that sought to decrease a labour market gap in the healthcare sector. The purpose of the program was to provide social assistance recipients with seven weeks of Homemaker training along with a conditional offer of employment at Cassellholme. The idea was to place Homemakers in residences of senior citizens that required less intensive supports, thereby allowing Cassellholme to redeploy PSW's. Cassellholme funded the cost of tuition and educational fees for students who completed the program and passed the interview.
Jun/18	Personal Support Worker	In response to the success of the Homemaker initiative, a second cohort, this time to a PSW program was launched through CTS Canadian Career College. This initiative required participants to apply for OSAP and transition off of social assistance and into post-secondary education. Cassellholme, CTS Canadian Career College and DNSSAB partnered to connect social assistance recipients to PSW employment vacancies at Cassellholme.
Sep/18	Personal Support Worker	Following the two initiatives with CTS Canadian Career College, DNSSAB partnered with Canadore College on a PSW program. This initiative was different in that the program was funded by the Ministry of Labour, Skills Development and Training (MLSDT), the course content was modified to better support participant success, included post-program completion employment supports, and due to changes in the curriculum the program was deemed not OSAP fundable. This allowed participants to remain on social assistance while attending the program with supports available from both Ontario Works and Canadore. It is important to note that the Ministry of Children Community and Social Services (MCCSS) was also engaged in this initiative to ensure that it was in compliance with Ontario Works legislation.
Nov/19	Homemaker	DNSSAB partnered once again with CTS Canadian Career College to connect social assistance recipients to the Homemaker program with post program completion employment supports. This cohort did not include a partnership with Cassellholme.
Jan/20	Personal Support Worker	In response to the success of the first PSW initiative with Canadore and once again through funding from the MLSDT, DNSSAB partnered to connect and support social assistance recipients while completing the PSW program at Canadore including post-program completion employment supports.
Jan/21	Personal Support Worker	As the outcomes associated with the first and second PSW cohorts were positive Canadore and DNSSAB, again through funding from the MLSDT partnered to connect and support social assistance recipients while completing the PSW program at Canadore including post-program completion employment supports.

REPORT:

On February 22, 2021 both the North Bay Nugget¹ and the Ontario Newsroom² published an article about a number of PSW initiatives that have been or will be rolled out across the province to address the shortage of PSW's in the health care system. Both releases highlight DNSSAB's collaboration with Canadore College and are attached as Appendix A and B. Further, on March 16, 2021 the Province announced that it has established a "Staffing Supply Accelerator Group to help implement one of the largest health care recruitment and training programs in Ontario history"³. See Appendix C for details.

¹ Wilson, PJ. *Province puts \$4.1 million into PSW training: Canadore project one of eight involved in program* (The North Bay Nugget, February 22, 2021) <https://www.nugget.ca/news/province-puts-4-1-million-into-psw-training>

² Province of Ontario, *Ontario Supports Training of Hundreds of Personal Support Workers* (Ontario Newsroom, February 22, 2021) <https://news.ontario.ca/en/release/60416/ontario-supports-training-of-hundreds-of-personal-support-workers>

³ Province of Ontario, *New Action Group to Help Implement One of the Largest Health Care Recruiting and Training Programs in Ontario History* (Ontario Newsroom, March 16, 2021) <https://news.ontario.ca/en/release/60733/new-action-group-to-help-implement-one-of-the-largest-health-care-recruiting-and-training-programs-i>

To date, the PSW collaboration with Canadore that is funded by the MLSDT has had three cohorts; September 2018, January 2020 and January 2021. Social assistance participants are identified, screened and vetted through the employment database. Given that participants remain connected to OW throughout the program, ongoing support is provided through both OW and Canadore. As a result, this program has seen a number of successes and positive outcomes. Key program highlights by cohort have been outlined below.

September 2018 PSW Program Cohort

- 26 of 32 seats were filled by OW recipients
- 3 of 26 (12%) participants were accommodated with a 2 year plan
- 8 of 26 (31%) participants did not complete the program
- 18 of 26 (69%) participants successfully completed the program
- 19 of 26 (73%) participants have exited OW as of February 2021
 - 11 of 19 (58%) exited for employment as PSW's
 - 1 of 19 (5%) exited for employment outside the PSW field
 - 2 of 19 (11%) exited OW to return to post-secondary education
 - 5 of 19 (26%) exited OW for various other reasons
- 7 of 26 (27%) participants remain connected to OW as of February 2021
 - 5 of 7 (71%) participants that remain connected to OW have part-time employment as a PSW
 - 2 of 7 (29%) participants that remain connected to OW have restrictions and limitations that impact their ability to participate and connect to employment

January 2020 PSW Program Cohort

- 21 social assistance recipients participated in the program
- Due to placement delays related to COVID-19 the program was extended to November 2020
- 5 of 21 (19%) participants were accommodated with a 2 year plan
 - 1 of 5 (20%) participants that were accommodated are currently in placement
 - 3 of 5 (60%) participants that were accommodated are on hold to begin placement due to COVID-19
- 5 of 21 (19%) participants did not complete the program
- 12 of 21(57%) participants have graduated
 - 12 of 12 (100%) participants that graduated secured employment as PSW's upon completion of the PSW program

January 2021 PSW Program Cohort

- 18 social assistance recipients are currently participating in the program which began January 11, 2021
- Originally there were 20 participants.
 - 1 participant started the program but did not continue as they secured full-time employment
 - 1 participant dropped out before the program began due to personal issues that prevented participation

CONCLUSION:

The combination of an aging population and a lack of PSW's is definitely cause for alarm and the pandemic has served to further exacerbate the impact of this labour market gap. It is clear that the Province is taking this matter seriously through their continued investment into initiatives that seek to alleviate the pressure being felt in the health care sector. For this reason and while the mandate of the Ontario Works program continues to include the delivery of employment assistance to recipients who are deemed "job ready", DNSSAB will continue to pursue partnerships that connect recipients to post-secondary education targeted to the healthcare sector.

Province puts \$4.1 million into PSW training

Canadore project one of eight involved in program



Postmedia File Photo jpg, BR

Canadore College will host one of eight projects across the province to help train 373 new personal support workers.

The North Bay college will receive \$295,500 to help 20 unemployed job-seekers from the local Ontario Works caseload with PSW training, Minister of Labour, Training and Skills Development Monte McNaughton said Monday morning.

Speaking at a virtual news conference, McNaughton and Minister of Long-Term Care Dr. Merrilee Fullerton said the province is putting about \$4.1 million into training and resources to fill the need for up to 27,000 new PSWs by 2024-25.

“They are the true heroes” of the COVID-19 pandemic, McNaughton said, “demonstrating dedication and commitment above and beyond the call of duty.”

McNaughton said the province is working with colleges and other health-care training partners to ensure people can get the training they need to become PSWs, “while solving a decades-long problem, which is a shortage of PSWs in Ontario.”

He said the funding will provide “a hand up to get to our target” to ensure there are enough trained PSWs to meet the needs of the province.

Currently, Fullerton said, there are about 120,000 PSWs working in Ontario, with about 50,000 serving at long-term care facilities.

“PSWs are the backbone of long-term care,” providing “critical and compassionate work,” Fullerton said.

She pointed out that in December the province announced “an historic long-term care staffing plan” which will ensure that each client in a long-term care setting will receive at least four hours of care each day.

“The need is greater than ever before,” she said, encouraging anyone who has contemplated a career as a PSW to take the step.

Fullerton also pointed out that the need is not only to find candidates as PSWs, but also to retain them.

“The longer term is absolutely critical,” she said.

“Modernizing long-term care means making it a better place for residents to live, and a better place for staff to work, which we will achieve through coordinated partnerships and programs across government.”

The programs announced Monday are aimed at PSW training projects in regions hard hit by the COVID-19 pandemic, and will be used to develop education resources to minimize PSWs’ exposure to infections.

Some of the projects are already underway, while others will start later in the spring.

Fullerton said it takes about 20 weeks of training to “up-skill” PSWs, and about 40 weeks to train someone new to the skill.

In addition to the project at Canadore, the province will provide \$941,000 for the Canadian Career Academy of Business and Technology Inc. in Lanark and Renfrew counties to train 60 participants, and \$265,810 to Mohawk College to provide employers with up to 20 job-ready, skilled workers.

*News Release*Ontario Supports Training of Hundreds of Personal Support Workers

February 22, 2021

Projects will fill in-demand jobs and provide critical support to long-term care homes

TORONTO — The Ontario government is investing more than \$4.1 million to help train 373 new Personal Support Workers (PSWs) and provide them with additional health and safety resources. This funding will ensure Ontario has more PSWs to provide the best care for seniors and residents in long-term care homes, while connecting people with meaningful work.

"Our government is taking comprehensive action to help people develop new and incredibly important skills that will benefit some of the most vulnerable people in our province," said Monte McNaughton, Minister of Labour, Training and Skills Development. "Working closely with our colleges and other important health care training partners, we can help many people prepare for new and rewarding careers, while solving a decades long problem, which is a shortage of PSWs in Ontario."

In total, the funding is supporting eight projects, including:

- **\$295,500 for Canadore College to connect 20 unemployed jobseekers from the local Ontario Works caseload with PSW training**
- \$941,000 for the Canadian Career Academy of Business & Technology Inc to support the Pathway2PSW project in Lanark and Renfrew Counties in training 60 participants. This project features a health care assessment, formal health care training and virtual reality learning.
- \$265,810 to Mohawk College of Applied Arts & Technology to provide employers with up to 20 job-ready, skilled workers and provide participants with employment and training services in the health care sector.

"Personal Support Workers are the backbone of long-term care and do important work to ensure that our loved ones receive the quality of care they need and deserve," said Dr. Merrilee Fullerton, Minister of Long-Term Care.

"Modernizing long-term care means making it a better place for residents to live, and a better place for staff to work, which we will achieve through coordinated partnerships and programs across government."

The government's investment will support a number of PSW training projects in regions hard hit by the pandemic. The funding will also be used to develop educational resources to minimize PSWs' exposure to infections. Some projects have already begun while others will start later in the spring and run for several weeks or months.

For more information on the PSW training, please contact your local [Employment Ontario](#) office.

QUICK FACTS

- Long-term care homes are places where adults can live and receive help with most or all daily activities and access to 24-hour nursing and personal care. These homes provide more nursing and personal care than retirement homes or supportive housing.
- In its 2020 Budget, [Ontario's Action Plan: Protect, Support, Recover](#), the government committed an additional \$180.5 million over three years to help existing workers improve their skills.
- [A Better Place to Live; A Better Place to Work: Ontario's Long-Term Care Staffing Plan](#) is the province's plan to increase the hours of direct care for residents to an average of four hours per day, making the province a leader in Canada. The plan sets out actions to hire more staff, improve working conditions for existing staff, drive effective and accountable leadership, and implement retention strategies.

| BACKGROUND INFORMATION [Provincial Investments To Train and Support Personal Support Workers](#)

*News Release*New Action Group to Help Implement One of the Largest Health Care Recruiting and Training Programs in Ontario History

March 16, 2021

The focus will be on increasing staffing supply in long-term care

TORONTO — The Ontario government has established the Staffing Supply Accelerator Group to help implement one of the largest health care recruitment and training programs in Ontario history. The group will support the objectives of [A Better Place to Live, A Better Place to Work: Ontario's Long-Term Care Staffing Plan](#).

Members of the group are:

- Richard Steele, Deputy Minister, Ministry of Long-Term Care
- Helen Angus, Deputy Minister, Ministry of Health
- Bernadette Beaupre, Executive Director, The Ontario Association of Adult and Continuing Education School Board of Administrators
- Anne Coghlan, Executive Director and CEO, College of Nurses
- Chris Conway, Career Colleges Ontario
- Donna Duncan, CEO, Ontario Long-Term Care Association
- Linda Franklin, President and CEO, Colleges Ontario
- Miranda Ferrier, CEO and Provincial President, Ontario Personal Support Workers Association
- Doris Grinspun, CEO, Registered Nurses Association Ontario
- Lisa Levin, CEO, AdvantAge Ontario
- Dianne Martin, CEO, Registered Practical Nurses Association of Ontario (WeRPN)
- Greg Meredith, Deputy Minister, Ministry of Labour, Training and Skills Development
- Nancy Naylor, Deputy Minister, Ministry of Education
- Steve Orsini, President and CEO, Council of Ontario Universities
- JP Roszell, National Association of Career Colleges
- Shelley Tapp, Deputy Minister, Ministry of Colleges and Universities

“There is an urgent need to accelerate and expand the training and education of personal support workers, registered practical nurses, and registered nurses to meet the targets we set in the long-term care staffing plan,” said Dr. Merrilee Fullerton, Minister of Long-Term Care. “I am pleased to support this group as we work to solve the long-standing and systemic challenges in our sector.”

The group will help to increase long-term care staffing supply by expanding and accelerating education and training for personal support workers, registered practical nurses and registered nurses. Task teams will be established to focus on four priorities beginning in 2021-22:

- building an “Earn-as-you-Learn” personal support worker learning pathway that will include on-the-job education onsite training and micro-credentialing;
- bridging opportunities for personal support workers to become accredited registered practical nurses

and registered practical nurses to become registered nurses, to provide career progression pathways and accelerate the supply of registered practical nurses and registered nurses;

- increasing enrolment and accelerate completion of existing training programs in support of the long-term care workforce; and
- removing barriers to enable more internationally-trained professionals to become qualified to practice in Ontario.

The Staffing Supply Accelerator Group will begin meeting this month and will operate for at least one year. The group will be assessed after the first six months and every six months following.

QUICK FACTS

- [A Better Place to Live; A Better Place to Work: Ontario's Long-Term Care Staffing Plan](#) announced in December 2020, aims to resolve long-standing staffing challenges in long-term care homes created by decades of neglect and underfunding. The plan will focus on hiring more staff, including personal support workers, registered practical nurses, and registered nurses. The plan also seeks to improve working conditions for existing staff, drive effective and accountable leadership, and implement retention strategies to make long-term care a better place for residents to live and a better place for staff to work.
- [Ontario's Action Plan: Protect, Support, Recover](#) sets out a total of \$45 billion in support over three years to make available the necessary health resources to continue protecting people, deliver critical programs and tax measures to support individuals, families and job creators impacted by the virus, and lay the groundwork for a robust long-term economic recovery for the province.
- In total, the government has made \$15.2 billion available to support Ontario's frontline health care heroes and protect people from COVID-19. This includes supporting 141 hospitals and health care facilities, and 626 long-term care homes since the beginning of the pandemic.
- On March 24 the government will table its 2021 Budget which will focus on protecting people's health and the economy.

BACKGROUND INFORMATION

- [Staffing Supply Accelerator Group](#)

ADDITIONAL RESOURCES

- [Read the Ministry of Long-Term Care's plan, COVID-19: Long-Term Care Preparedness.](#)
- Visit Ontario's [website](#) to learn more about how the province continues to protect the people of Ontario from COVID-19.

CONTACTS

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BRIEFING NOTE HS11-21

For Information or For Approval

Date: March 24, 2021

Purpose: Update on Coordinated Access Implementation and Provincial Point In Time (PiT) Count

Prepared by: Stacey Cyopeck, Director of Housing Programs

Reviewed by: Catherine Matheson, CAO

This briefing note provides an update on HIFIS 4.0 and the upcoming provincial Point in Time count.

Background:

The Federal and Provincial governments have been aligning homelessness and housing policies, legislation and funding across Canada. This alignment is focused on achieving a comprehensive picture of homelessness and using data to distribute funding equitably and strategically.

In the early 2000's, the Homelessness Partnering Strategy (HPS) funding offered the Homeless Individuals and Families Information System (HIFIS) software free of charge to all designated communities across Canada. HIFIS was created to provide a compilation of homelessness data from designated communities to create a country-wide picture of homelessness to inform planning and funding. The District of Nipissing has been using HIFIS 3.8 since 2012.

Under Reaching Home, communities must adopt HIFIS as their local management information system if they do not already have a comparable system in place. Organizations that host HIFIS must enter into an End-User License Agreement and a Data Provision Agreement with Employment and Social Development Canada. HIFIS users must adhere to the privacy security standards respecting personal information in their respective province/territory. HIFIS 4.0 implementation will enable homelessness service providers to work cohesively and cooperatively for shared clients while creating a data picture of the individuals being served. This collaboration is integral to the implementation of a Coordinated Access process.

The shift to Coordinated Access supports an integrated, systems-based approach where service providers, local communities and levels of government work together to achieve common goals. With Coordinated Access, communities can gather comprehensive data on the local homeless population. In time, communities will be able to establish baselines against which progress and trends can be measured.

Without a coordinated approach to service delivery, people experiencing a crisis must navigate a complicated web of connected – but uncoordinated – services. They may have to tell their story multiple times and place themselves on a number of waiting lists for the supports they need, which can lead to being mismatched with resources. This can lead to poorer housing outcomes, diminished quality of life and inefficient use of limited resources.

Report:

The Reaching Home Funding Agreements that were implemented in 2019 contain firm expectations of HIFIS 4.0 implementation, and the creation and implementation of a Coordinated Access process, by no later than April 1, 2022. The Reaching Home Community Plan and 5-year budget have designated deadlines, outcomes and budget priorities to ensure this can be achieved.

An additional benefit of using HIFIS and Coordinated Access to measure and prioritize the impacts and responses to homelessness within a community is the creation of a By-Name List of the individuals identifying as homeless or at risk of homelessness within the community. A By-Name List is an ongoing, real-time list of people experiencing homelessness in a community. These lists are shared by providers so that as housing and supports become available, the next person or household that best fits the vacancies can be quickly and appropriately matched with the supports and housing they require to be permanently and successfully housed.

In March 2020, the provincial Ministry of Municipal Affairs and Housing (MMAH) communicated to Service Managers and sector organizations its intention to introduce By-Name Lists across Ontario in 2021. On February 18, 2021, the DNSSAB learned that the MMAH will require Service Managers to begin developing a By-Name List in April 2021. In addition, a Point in Time (PiT) count of persons who are homeless in the District, similar to that conducted in 2020 for Reaching Home, must also be conducted in 2021. The Province is requiring that these initiatives begin development in April 2021, with implementation of both completed in 2021.

The creation of a By-Name List will also require a formalization of service and data sharing agreements between community providers and partners. The discussions and planning already underway in the development of the Coordinated Access process in Nipissing will be critical in the negotiations and discussion that will be necessary for the successful implementation of a By-Name List.

Employment and Social Development Canada (ESDC) continues to offer resources and supports as the District moves forward with the implementation of HIFIS and the Coordinated Access process and the provincial Ministry of Municipal Affairs and Housing (MMAH) will be engaging with the DNSSAB to obtain input and feedback on the proposed approach and requirements for the By-Name Lists and Point-In-Time Count.

Risk Identification and Mitigation:

There are funding implications with both the Provincially and Federally mandated initiatives that must be completed within this fiscal year. In both cases, funding has been made available: through the Community Homelessness Prevention Initiative (CHPI) provincially and through

the Community Capacity and Innovation (CCI) portion of Reaching Home federally; to mitigate the costs associated with development and implementation.

The pandemic has created challenges with the deadlines associated with HIFIS and Coordinated Access over the last year. The HIFIS and Coordinated Access Task group, comprised of service providers and the DNSSAB, has begun meeting again over the last two months and the implementation plan is currently back on track to meet the 2022 federal deadline. This planning group will now also be central to the implementation and operationalization of the provincially mandated By-Name List and the success of the PiT count that is now required to be organized and conducted in 2021.

While the deadline and parameters for the enumeration have not yet been released by the province, planning for the PiT count will commence in April 2021. Conducting a PiT count during a pandemic presents unique challenges. Although the PiT count conducted in 2020 for Reaching Home was held just before the first lockdown occurred, it still required significant realignment of locations, volunteers and training. Lessons learned from the 2020 PiT Count are still fresh, and will help mitigate the challenges of planning and implementing a PiT count in 2021.

It will also help that the Province intends to maximize alignment with federal PiT Count requirements for those communities funded under the Reaching Home program, while also recognizing provincial priorities.

Conclusion:

The new requirements from the Province for the PiT count and creation of the By-Name List fit well with the federally required implementation of HIFIS and Coordinated Access. Developing all of the mandated initiatives simultaneously will encourage tangible collaboration and coordination between stakeholders as well as more efficacious adoption of the processes. Additionally, the data collected while conducting the PiT Count and developing the By-Name List will, along with the daily service data from HIFIS, help to inform and improve services, policies, and programs that prevent and reduce homelessness in the District, across the Province and across Canada.

BRIEFING NOTE HS10-21

For information or For Approval

Date: March 24, 2021

Purpose: Emergency Shelter Update

Prepared by: Stacey Cyopeck, Director of Housing Programs

Reviewed by: Catherine Matheson, CAO

This briefing note provides an update on emergency shelter usage and capacity.

Background:

Since the onset of the pandemic in March, 2020, shelters and support services have been constrained by the pandemic protocols. Shelters have been required to maintain all safety guidelines and physical distancing requirements for both guests and staff, while continuing to provide services and supports.

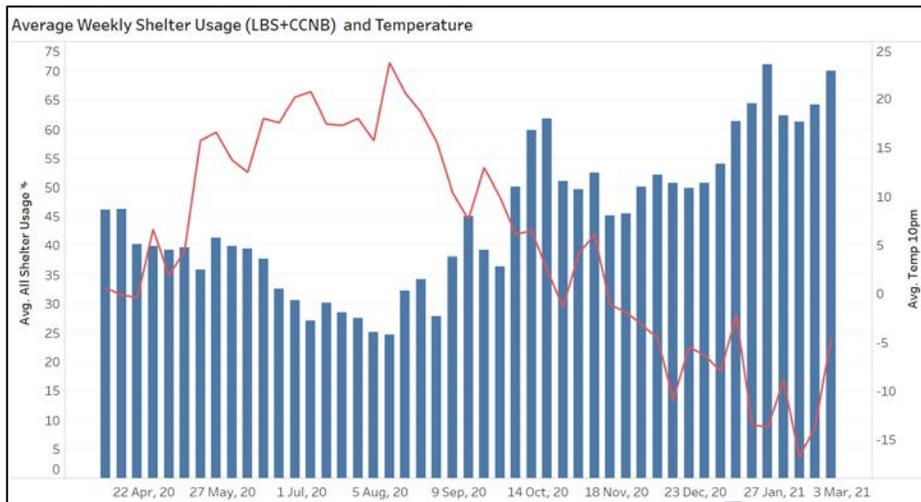
Crisis Centre North Bay and the Low Barrier Shelter located at the Gateway House Chippewa site, have been at capacity for overnight shelter beds since the Fall of 2020. In September 2020, the need for day programming during the winter months was recognized by the DNSSAB and funded through the Social Service Relief Fund.

The North Bay Indigenous Friendship Centre opened a Day Program effective December 12, 2020, offering services 12 hours a day on Saturdays and Sundays through the use of their gymnasium. Nipissing Mental Health Housing and Support Services is providing Day Programming 12 hours a day, Monday to Friday, effective December 23rd, 2020.

Report:

The addition of the day programming has provided those experiencing homelessness with a place to receive supports and connections with other services 24 hours a day, 7 days a week. This has been especially important while many other services have been shut down or limited in service during the stay at home order, and during the winter months. (Figure #1)

Figure #1 Weekly Average Shelter Usage and Average Temperature – April 2020 - February 2021



Provincial stay at home order imposed December 26, 2020

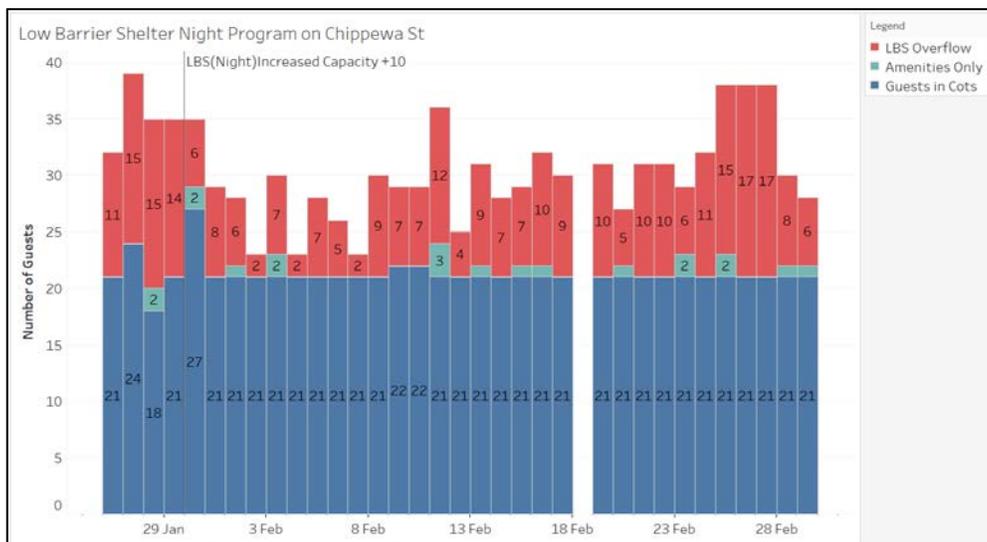
The Day Programming became available just before the provincial Stay-at-Home order came into effect on December 26. Both sites have experienced steady attendance.

Although the capacity within the system increased to 24 hours per day, 7 days a week, the need for shelter beds overnight continued to rise during January and February.

During January, the Low Barrier Shelter was consistently over capacity. NMHHSS and CCNB worked together to better place individuals within the system. Some individuals were moved to the Crisis Centre 4 Elms and some were temporarily housed in motels.

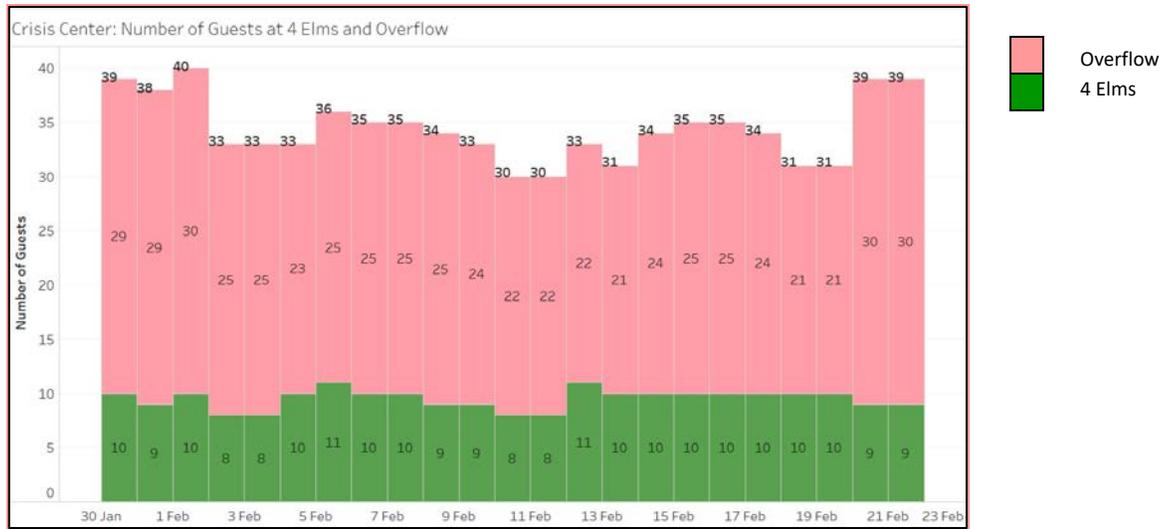
Working with the property owner at Chippewa, 10 LBS overflow spaces were created, opening on January 30th, 2021. Since this expansion no guests have been turned away due to limited space.

Figure #2 – Low Barrier Shelter Attendance and Overflow usage January – February 2021



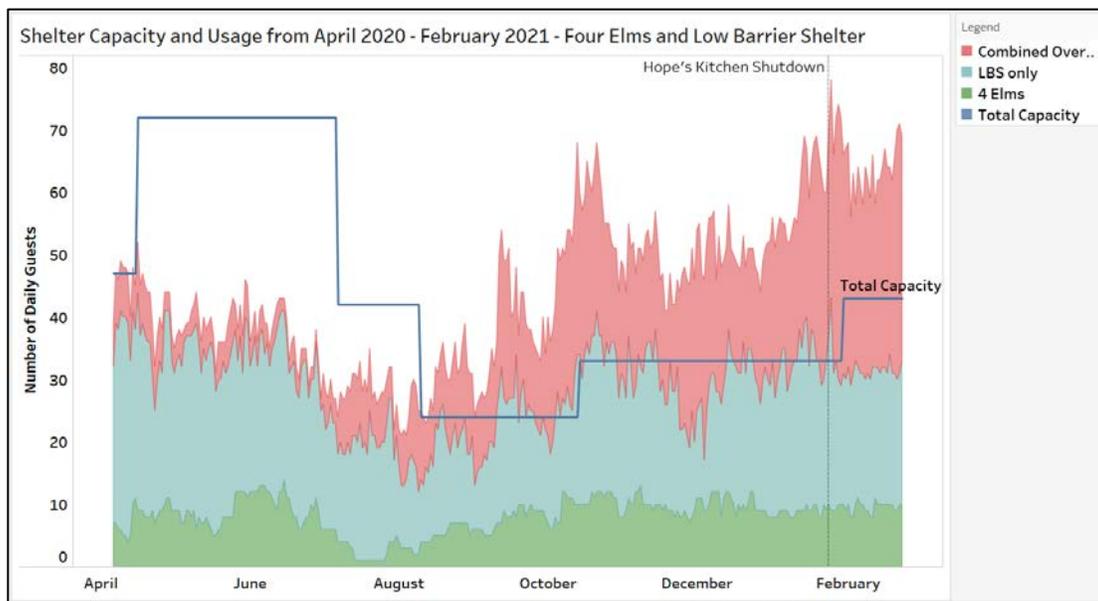
➤ The LBS Night program increased their capacity by 10 in January. Since then, guests have accessed this overflow every night.

Figure #3 – Crisis Centre North Bay Shelter Usage January – February 2021



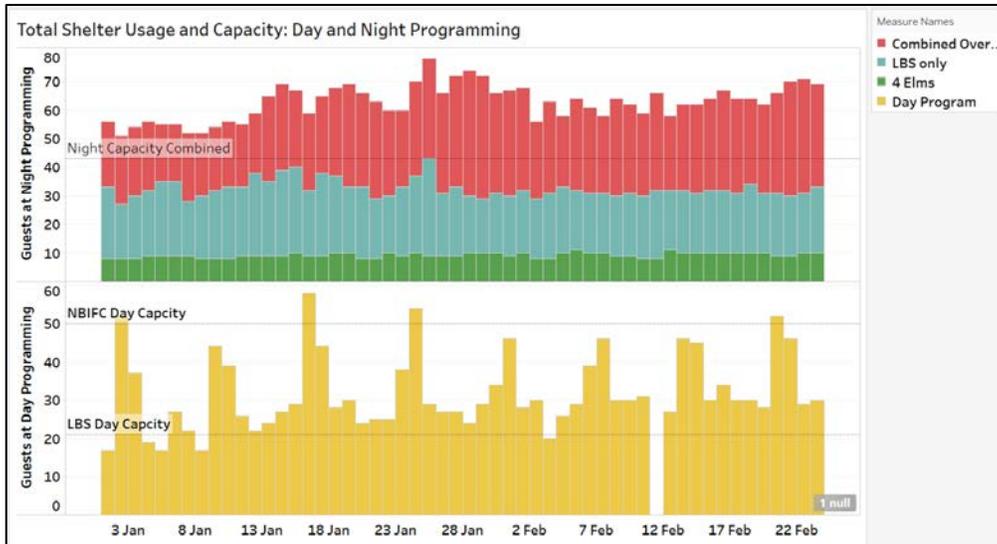
- CCNB is currently sheltering approximately 40 guests at 4 Elms and in Overflow combined.

Figure #4 Combined Overflow and usage for both LBS and CCNB



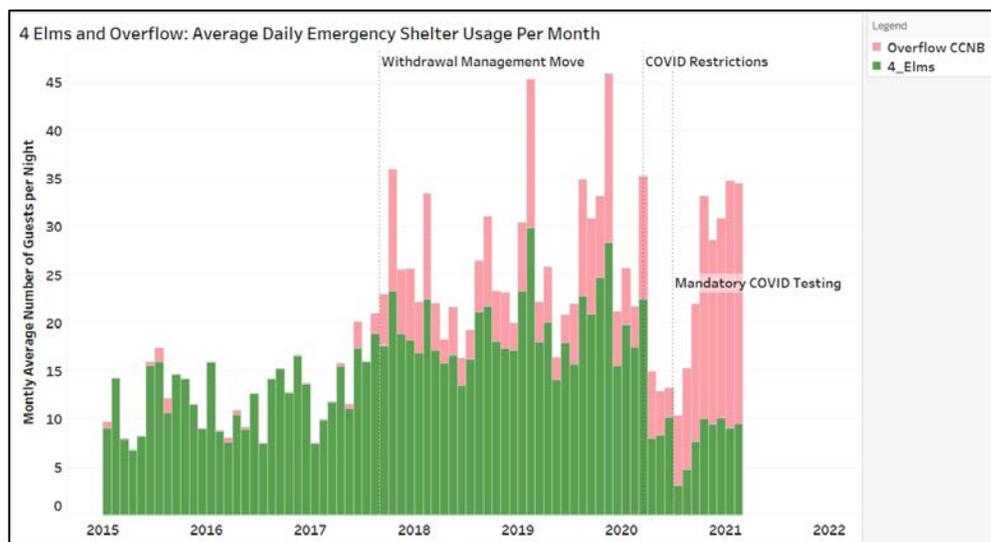
- Combined shelter usage between LBS and Crisis Center continues to climb. Early February saw a record high of 80 people in shelter and overflow.

Figure #5 Day and Night Programming: Usage and Capacity



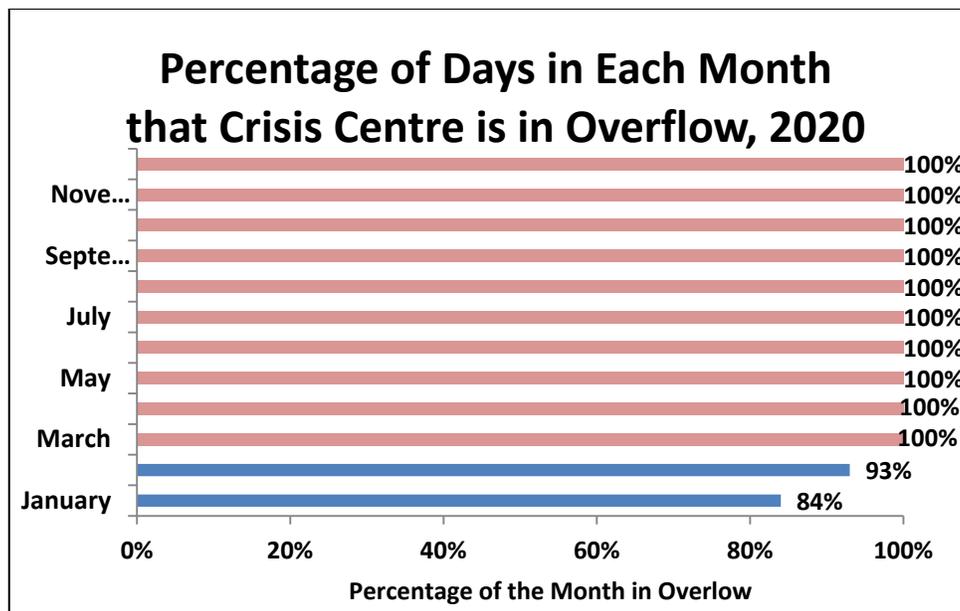
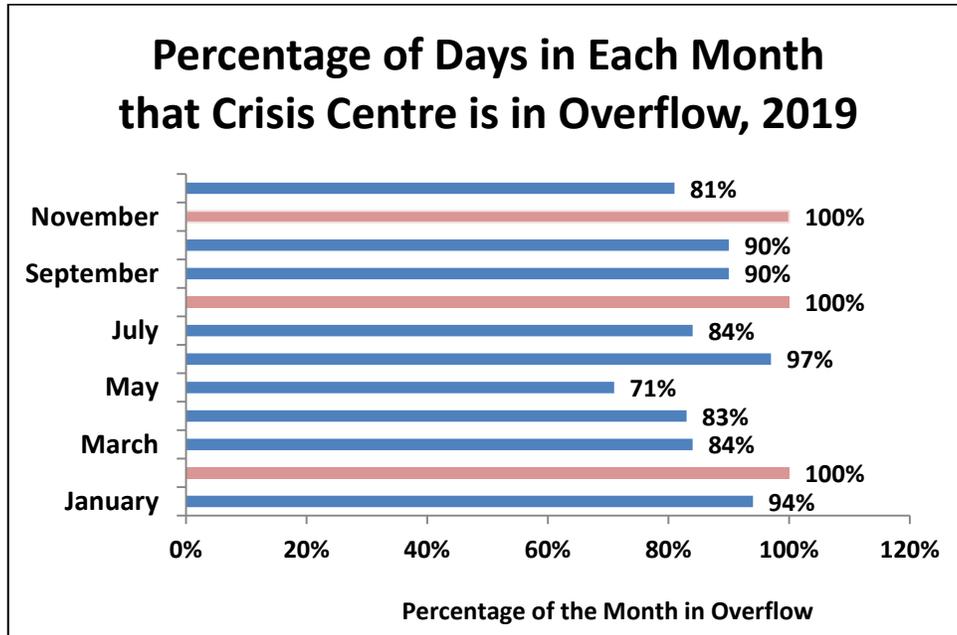
- Night Programming: Since January 1st, 2021, the combination of guest at CCNB and LBS (including overflow) has exceeded the combined capacity of both shelters every night.
- Day Programming: The LBS and NBIFC has been running at capacity respectively for 81% and 18% of days since January 1st, 2021. Overall the Day Program has been at capacity for 43 days out of 70 days since the beginning of the year.
- The number of guests at the Day Program is the total number of people recorded during the 12 hour program, which can exceed the maximum capacity of a given moment as people come and go.
- The spike in shelter demand for January and February has been consistent over the years, as depicted in the January and February historical usage graph below.

Figure #6 – CCNB Shelter Usage: Historical Comparison



- CCNB noted that since the beginning of COVID, they had to adopt a different strategy for overflow usage due to capacity restrictions and mandatory COVID testing.

Figure #7 - Percentage of time the crisis centre has been in overflow by month: 2019 & 2020



➤ Since the pandemic began in March 2020, the Crisis Center has been in overflow every day of the month.

Risks and Mitigation:

Risk: Access to services for individuals experiencing homelessness within the district continues to be challenging.

- The DNSSAB, in collaboration with other community partners, will continue to create opportunities for connections and referrals for supports, housing and treatment options.

- Within the next year, a Coordinated Access system will be implemented using the Homeless Individuals and Families Information System (HIFIS) and a standardized prioritized assessment tool, the Service Prioritization Decision Assistance Tool (SP-DAT). This will allow for the creation of a shared, By-Name-List of homeless individuals waiting for support and housing and also provide accurate and timely data to use for planning.

Risk: There is a shortage of affordable and appropriate housing options to which individuals can be referred.

- Early in 2021, funded through the Investment in Affordable Housing 2014 Extension, the first 16 units of the new Gateway House will open. This will provide stable, supported housing for 16 individuals who are currently homeless or at risk of homelessness and living with mental health or addiction issues.
- Phase 2 of the Gateway House has been funded through the Social Services Relief Fund and this will provide up to another 20 units of housing. To meet the funding requirements, this phase must be completed by December 31st, 2021.

Risk: There is finite funding for both the day Programs and the overnight Low Barrier Shelter beds.

- Funding has been allocated, through the SSRF Phase 2 funding, to keep the Day Programming open until the end of April.
- Through the use of unspent funding it is anticipated that the Low Barrier Shelter will remain open until the end of August 2021.
- The DNSSAB continues to advocate to all levels of government for sustainable funding for these services.

Risk: Nipissing Mental Health Housing & Support Services will no longer operate the Low Barrier Shelter as of May 1, 2021.

- The DNSSAB is in negotiations with Crisis Centre North Bay to take on the operations of the Low Barrier Shelter. This will enable a smooth transition between operators and provide continuity of service for individuals experiencing homelessness.

Conclusion:

The COVID-19 pandemic continues to challenge service providers and service recipients but has also provided opportunities for the DNSSAB and its partners to work together to face current and future challenges. The DNSSAB will continue to work with community partners and stakeholders to find creative and collaborative solutions to homelessness within the District of Nipissing.



BRIEFING NOTE HS14-21

For Information or For Approval

Date: March 24, 2021
Purpose: Housing and Homelessness Service Eligibility
Prepared by: Stacey Cyopeck, Director of Housing Programs
Reviewed by: Catherine Matheson, CAO

This briefing note provides information on service eligibility for Housing and Homelessness programs in the district, and the methods that will be used to manage shelter capacity and resources.

Background:

Over the past year, and tied significantly to the services restrictions and reductions imposed during the COVID-19 pandemic, visible evidence of homelessness has risen in Nipissing, and across the country. According to the Homeless Hub, the pandemic has forced individuals experiencing homelessness to search for services and beds. Many of the formal and informal supports in urban centres have been intermittently closed and/or only able to offer limited services during the pandemic.¹

This forced transience has placed even more risk on an already vulnerable population and created significantly more risk of virus spread within the homelessness population. It has also placed substantial pressure on the capacity of services and emergency shelters for individuals experiencing homelessness, at a time when the pandemic protocols have already forced major limitations on that same capacity.

Report:

People experiencing homelessness, especially in remote northern areas of Canada, have always been found to migrate to other areas in search of the services and housing they need. In the 2015 report, "*Migratory and Transient Homelessness in Northern Ontario*" to which Nipissing District was a contributing community,

(k)ey findings indicate(d) that migrants constitute about a fifth to a quarter of the local homeless population. Over three-quarters had come from Ontario communities, typically in northeastern or southern Ontario. There was no clear

¹ Canadian Observatory on Homelessness

pattern of increases in the number of migrants in the summer compared to winter. Recent and intermediate-term migrants were similar in a number of respects: most were men, most did not have custody of any children, and the cultural backgrounds reflected the linguistic/cultural composition of the local homeless population. Indigenous people comprised a significant proportion of homeless migrants...²

Because transience is an expected characteristic of a population living without anywhere to call home, provincial and federal funding for homelessness services and supports come with regulations and outcome expectations that require communities that receive the funding to treat all individuals accessing services equitably and without discrimination based on the individual's point of origin. This same expectation is formalized within the Housing Services Act:

A local eligibility rule may not treat a household differently from other households because the household resides, or at any time in the past did reside, outside the service manager's service area. O. Reg. 367/11, s. 40.³

Risk Identification and Mitigation:

With a legislated requirement from funders that all individuals who are experiencing homelessness will be eligible for services and housing regardless of their geographic origin, the risk of overwhelming an already stretched system capacity becomes a very evident threat. The mitigation of this risk requires the implementation of measures designed to allow equity of access while permitting the community services to create processes that move people through the system fairly and swiftly:

1. Standardized Assessment tools and processes
2. Standardized data compilation and reporting systems.
3. Collaborative and coordinated access processes for services and housing.
4. Evidence-based supports and services shared provincially and federally that encourage equitable funding.

Conclusion:

The implementation of HIFIS, Coordinated Access and a shared By-Name-List will create processes designed to mitigate the capacity and resource risks that have been exacerbated by the COVID-19 pandemic. They will also provide opportunities to plan for future systemic challenges. The DNSSAB will continue to advocate with provincial and federal funders for recognition of the additional challenges and resource costs to services for individuals who are experiencing homelessness in rural and remote communities.

² Kauppi, Carol & Pallard, Henri. (2015). MIGRATORY AND TRANSIENT HOMELESSNESS IN NORTHERN ONTARIO, CANADA PATHWAYS TO HOMELESSNESS IN SUDBURY AND ITS RELATED IMPACTS. *International Journal of Sustainable Development*. 8. 67-98.

³ Housing Services Act, 2011, ONTARIO REGULATION 367/11



BRIEFING NOTE EMS03-21

For Information or For Approval

Date: March 24, 2021
Purpose: EMS Response Times
Prepared by: Robert Smith, Chief of Emergency Medical Services
Reviewed by: Catherine Matheson, Chief Administrative Officer

The purpose of this report is to provide the Community Services Committee with both the background for the Ontario Ambulance Response Time Standards (RTS) and detailed compliance results for the 2020 period. A letter detailing the response performance will be submitted to the Ministry of Health & Long-Term Care (MOHLTC) Emergency Health Regulatory & Accountability Branch (EHRAB) Director by the March 31st deadline, as prescribed in the Ambulance Act Regulations.

BACKGROUND

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

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

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

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

CTAS 1: Severely ill, requires resuscitation

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

CTAS 2: Requires emergent care and rapid medical intervention

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

CTAS 3: Requires urgent care

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

CTAS 4: Requires less-urgent care

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

CTAS 5: Requires non-urgent care

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

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

CURRENT STATUS/STEPS TAKEN TO DATE

As detailed earlier, DNSSAB is required to report the projected response time standard targets to the MOHLTC by October 31st of each year. The 2020 targets were submitted in October of 2019, and the 2020 target results detailed on the table below will be submitted by March 31st of this year. Additionally, target noncompliance must be accompanied with detailed assessment findings and proposed methods to reach target response times.

MOHLTC Data Set Patient Severity	Target Time	Actual Time	Target Response Met	Call Volume By CTAS
SCA (Sudden Cardiac Arrest)	6 minutes, 40% of time	6 minutes, 53.3% of time	Yes	75
CTAS 1	8 minutes, 70% of time	8 minutes, 70.87% of time	Yes	206
CTAS 2	16 minutes 90% of time	16 minutes, 90.54% of time	Yes	2,590
CTAS 3	16 minutes 90% of time	16 minutes, 90.32% of time	Yes	3,461
CTAS 4	16 minutes 90% of time	16 minutes, 92.55% of time	Yes	2,256
CTAS 5	16 minutes 90% of time	16 minutes, 93.13% of time	Yes	1,019

CTAS 1 volume inclusive of SCA calls.

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

RISK IDENTIFIED AND MITIGATION

The Response Time Standard process for calculating Paramedic Service response efficiency is far more appropriate than the historic “MOHLTC 1996 90th percentile” model, previously in place. That Standard that simply required services to maintain their

response times, as they existed in 1996 and did not account for system evolution, demographic deviations, nor funding changes.

Despite the modernization of response measures, there is a wide acknowledgement that the current process has its own challenges. The current model places a greater focus on response to sudden cardiac arrest patients, patients who represent less than 0.7% of the total patient population and one where successful resuscitation is rare when the event is not witnessed.

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

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

Sudden Cardiac Arrests (SCA) compose less than 0.7% of the total volume of Paramedic responses, and while these events are of significant risk to the patient, capacity to respond to these calls should not be the greatest organizational metric of success. Slight changes to response times would have significant impact on success metrics. Each call would alter the overall performance rate by nearly 1.5%.

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

Non-urgent inter-facility utilization of Paramedics has a direct negative impact on resources, and collaboration with partner agencies to leverage the non-urgent system to reduce dependency on EMS will ensure emergency resources available for use in the deployed community.

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

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

NEXT STEPS

The response times for 2020 will be entered into the MOH portal, and subsequently will be reported publically, in accordance with the process established in 2013.

CONCLUSION

The last seven years of data confirms progressive improvement, and some ongoing challenges to success when measuring response times. The recently initiated assessment of the service model, and the evolving strategic design for potential direct delivery of EMS operations across Nipissing District will explore a variety of factors that staff believe can improve response times to the most serious incidents, while leveraging partnerships to ensure public safety is principal.